



# The fourth National Survey of Sexual Attitudes and Lifestyles (Natsal-4)

## Responses to the Consultation on Questionnaire Content

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## 1 Executive summary

Development work for the fourth National Survey of Sexual Attitudes and Lifestyles (Natsal-4) began in May 2019. In the initial stages of the survey, the Natsal team held an open consultation between 30<sup>th</sup> June 2019 and 28<sup>th</sup> July 2019 to capture the views of stakeholders and interested members of the public on the content of the Natsal-4 questionnaire.

We received 294 responses (online and via email); 30 from organisations and 264 from individuals including members of the public, researchers, clinicians, policy makers, educators, and those representing voluntary or community groups.

In addition to commenting on topics that they thought should be added or removed, consultees were asked to rank the importance of topics which have been included in the previous Natsal surveys, and new topics planned for Natsal-4. The five highest ranking topics were: 'Experience of sex against your will', 'Gender identity' (NEW), 'Sexual attraction, experience and identity', and 'Use of sexual health services and testing'.

Consultees proposed many new topics and specific questions they thought to be relevant for Natsal-4, and there were relatively few suggestions for topics to remove from the existing questionnaire. The consultation responses fed into a series of prioritisation exercises (undertaken August-September 2019) to determine which questions would be taken forward as part of the questionnaire for the Natsal-4 pilot study. This was necessary due to restrictions on the overall feasible questionnaire length (under 1 hour) against the large number of potential new topics and questions and the need to retain many questions from previous surveys.

Consultees also proposed improvements to existing questions, which fed into a wider questionnaire design review. Decisions about which changes to make balanced the need to make improvements to the existing questionnaire (some sections were initially developed in the late 1980s) with the need to keep core question wording the same to enable examination of change over time.

For each section of the questionnaire, a summarised version of consultees' comments and the corresponding decisions is provided in section [6.3](#).

The pilot study for Natsal-4 was due to take place in Spring 2020. This was postponed due to the COVID-19 pandemic, which made face-to-face fieldwork unfeasible, and is now scheduled to take place in mid-2021. The questionnaire for the Natsal-4 pilot study will be reviewed again in 2021 and it is possible that some changes may be needed to reflect the impact of the pandemic. Changes may reflect our complementary contextual national research work on Sexual Health and Relationships during COVID-19 (the 'Natsal-COVID study', results forthcoming).



## 2 Overview of Natsal

The National Surveys of Sexual Attitudes and Lifestyles (Natsal) are among the largest and most detailed studies of sexual behaviour to have been undertaken anywhere in the world. Their data have been used extensively to improve understanding of sexual behaviour and to guide sexual and reproductive health policy and practice.

To date, the Natsal studies have taken place every 10 years, involving large representative surveys that collect data on the sexual behaviours, attitudes, and lifestyles of people living in Britain.

- Natsal-1 (1990-1991) interviewed 18,876 people aged 16-59 years.
- Natsal-2 (1999-2001) interviewed 12,110 people aged 16-44 years.
- Natsal-3 (2010-2012) interviewed 15,162 people aged 16-74 years.

People are randomly selected, based on their postcodes, and invited to take part so that the surveys represent the general population in Britain. They are interviewed at home by trained interviewers using a combination of computerised face-to-face and self-completion questions. The interview lasts, on average, just under an hour. Some participants are then invited to provide biological samples e.g. urine samples to test for sexually transmitted infections (STIs).

Results from these surveys have been used to design and evaluate sexual wellbeing, health and education-related services and policies, including the National Chlamydia Screening Programme, HPV vaccination policy and England's Teenage Pregnancy Strategy.

We are now planning a fourth Natsal survey (Natsal-4), with interviews scheduled to start in 2022.

### 2.1 The Natsal Team

Natsal-4 is being delivered by a multi-disciplinary team of researchers from University College London (UCL), the London School of Hygiene & Tropical Medicine (LSHTM), the University of Glasgow, and NatCen Social Research (NatCen).

The Natsal Resource is supported by a grant from the Wellcome Trust (212931/Z/18/Z), with contributions from the Economic and Social Research Council and the National Institute for Health Research. The views expressed in this Output are those of the authors and not necessarily those of the funders.



## 3 Consultation overview

### 3.1 Rationale

Much of the core content of Natsal stays the same in each round to enable analyses of how things change over time. However, this is balanced against the need for each round of the survey to ask questions which reflect current public health priorities, and changes in service delivery, technology, as well as society more broadly. In addition, the questionnaire also needs to remain a reasonable length (under 1 hour on average) to ensure the survey is not too burdensome for participants.

Some new topics had already been identified by the research team for inclusion in Natsal-4:

- gender identity: a personal sense of your own gender, which may be the same or different to sex assigned at birth.
- sexual wellbeing: a feeling of psychological wellbeing in relation to your sex life.
- the use of technology in sexual lifestyles: including use of the internet and apps in meeting and interacting with partners, accessing pornography, and accessing services and information about sex.

To ensure input from as broad a range of potential data-users as possible, in 2019 the Natsal team conducted an open consultation to capture the views of stakeholders on existing and new topics.

The aim of the open online consultation on Natsal-4 was to help the Natsal team understand which questions stakeholders felt should be prioritised or changed, and which could be removed to make room for new, more relevant questions that stakeholders believed were important to include in the fourth round of the Natsal study.

#### 3.1.1 Consultation methods

The Natsal team held a consultation, using an online/email questionnaire, to seek views about which topics should be included or excluded in Natsal-4. The consultation was aimed at professionals working in sexual and reproductive health and wellbeing practice, policymaking, and education, as well as interested members of the public.

The consultation went live on 30<sup>th</sup> June 2019 and closed on 28<sup>th</sup> July 2019. It was made available online for completion on a PC, laptop, tablet, or smartphone. Invitations to take part were sent by email to individuals who had already expressed



an interest in sharing their views, or whose work has been identified by the Natsal team as relevant to the study. A call for consultees was also shared via the study Twitter account and advertised through engagement at national and international sexual health conferences (the British Association of Sexual Health and HIV (BASHH) and the joint meeting of the International Society for Sexually Transmitted Diseases Research (ISSTD) and the International Union Against Sexually Transmitted Infections (IUSTI)). We encouraged interested audiences to share the invitation with their own networks via email or social media. The online consultation method meant that the link and information about Natsal could be shared consistently, quickly, and easily with colleagues, friends, and interested members of the public.

Consultees were asked to read a short summary document about the Natsal study, a list of the existing (Natsal-3) survey topics and proposed new topics for Natsal-4 and plans for Natsal-4, and an overview of the consultation process, before answering the questions. This document provided some background about Natsal, its history, and briefly described the way in which Natsal surveys are carried out. A copy of this documents can be found in [9.1](#). A copy of the consultation questionnaire can be found in [9.2](#).

The consultation was approved by the UCL Ethics Committee (Project ID/Title: 16237/001: Natsal-4 Open Stakeholder Consultation) and registered with the UCL Data Protection Office (registration number: Z6364106/2019/06/157).



## 4 Consultation Response

In total we received 294 responses, almost all (n=284) via the online consultation questionnaire and ten as emails. As none of the questions were compulsory, denominators for each question vary.

### 4.1 Consultees

Of the 294 responses, 90% (n=264) were responding as individuals and 10% (n=30) responded on behalf of an organisation.

Table 1 shows the types of individuals who responded, and Table 2 shows sectors represented by organisations that took part in this consultation. A list of organisations who took part is included at the end of this report and shows representation from sexual health, reproductive health, general public health, education and human rights/advocacy organisations. Sixty-two per cent of consultees (n=184) said that they had heard of Natsal before taking part in the consultation, with similar proportions of respondents hearing about the survey through the study team as through referral from a colleague or friend (table 3).

#### Types of Individual taking part in the consultation

Consultees could select more than one option; numbers sum to more than 264 and percentages to more than 100% for this table.

Table 1: Types of Individual taking part in the consultation

Table 1: Types of individuals participating in the Natsal-4 Stakeholder Consultation		
Individual type	N	%
Member of the public	95	36
Clinic/public health practitioner/therapist	84	32
Researcher	73	28
Teacher/Lecturer/Educator	19	7
Representative of a charity, community group or collective	11	4
Service commissioner/Policy maker	7	3
Other	3	1
<b>Total</b>	<b>288</b>	





## Types of Organisation taking part in the consultation

Table 2: Types of Organisation taking part in the consultation

Table 2: Types of organisation (sectors) participating in the Natsal-4 Stakeholder Consultation		
Organisation type	N	%
Charity/Volunteer Sector	10	33
Clinical/ Health Service	7	23
Academic/Research	6	20
National Government Department	5	17
Local or regional government	1	3
Community/Grassroots Sector	1	3
<b>Total</b>	<b>30</b>	

## How consultees learnt about the consultation

Consultees could select more than one option; numbers sum to more than 294 and percentages to more than 100% for this table.

Table 3: How consultees learnt about the consultation

Table 3: How consultees learnt about the consultation		
	N	%
Email from the study team	87	30
Word of mouth e.g. friends or colleagues	84	29
Other social media	48	16
Twitter	44	15
Other	37	13
At the British Association of Sexual Health and HIV (BASHH) conference	10	3
<b>Total</b>	<b>310</b>	



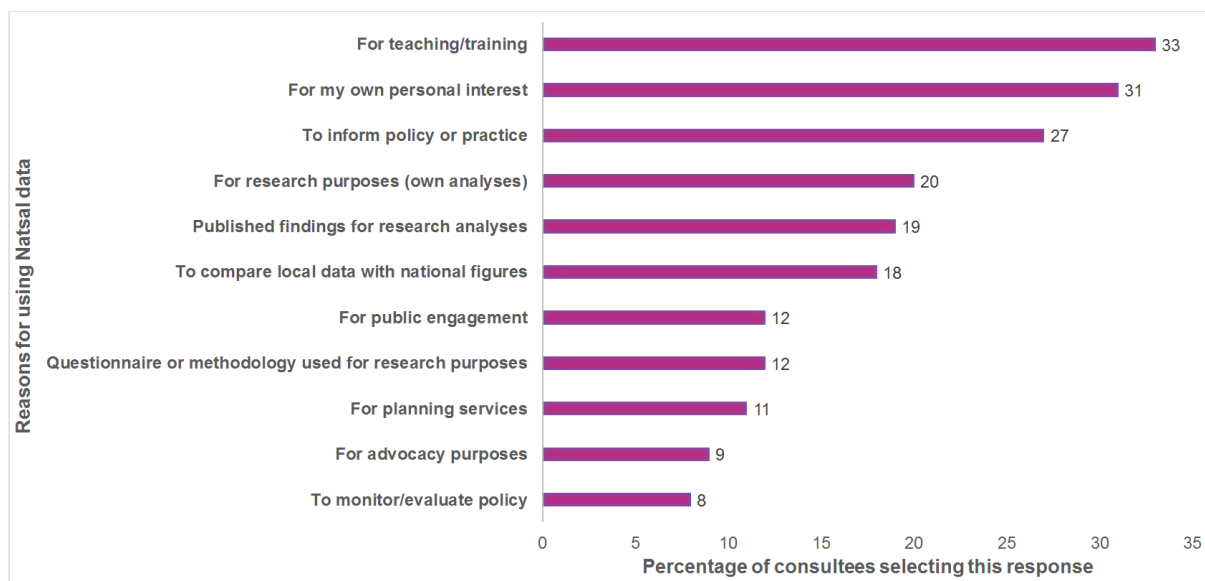
## 4.2 Using Natsal data

### 4.2.1 How consultees have used Natsal data in the past

Consultees were asked whether they had ever used Natsal data and were given a choice of responses which describe the way in which they had used the data in the past. Consultees could select more than one reason for using Natsal data. Among the 185 people who answered this question (who had heard of Natsal before the consultation), 72% of consultees indicated that they had used Natsal data in the past. The three most common ways of using Natsal data were:

- For teaching/training (33%, n=61)
- For personal interest (31%, n=57)
- To inform policy or practice (27%, n= 50)

Figure 1: Reasons consultees have previously used Natsal data



Note that the figures sum to more than 100% as consultees could select multiple answers.

We asked consultees to tell us about specific Natsal data or findings which have been particularly useful and to comment on how these had been used in the past:

*“Over the last two surveys I have used the questions around first sexual experience, unplanned and planned conception, and sex with opposite and same sex partners on a regular and routine basis. These have been used in a range of settings including research summaries, briefing sessions for politicians and policy makers, using the questions to inform other surveys”*



*“Data about percentage of adults with same sex sexual experience. Also experience of non-consensual sex. Useful in talks to med students, GPs and others around sexual health.”*

*“I used the number of (new) partners in the last year, partnership duration and the number of people in a partnership (determined by the question whether someone would have sex again in the future with his/her partner) to parameterise mathematical models”*

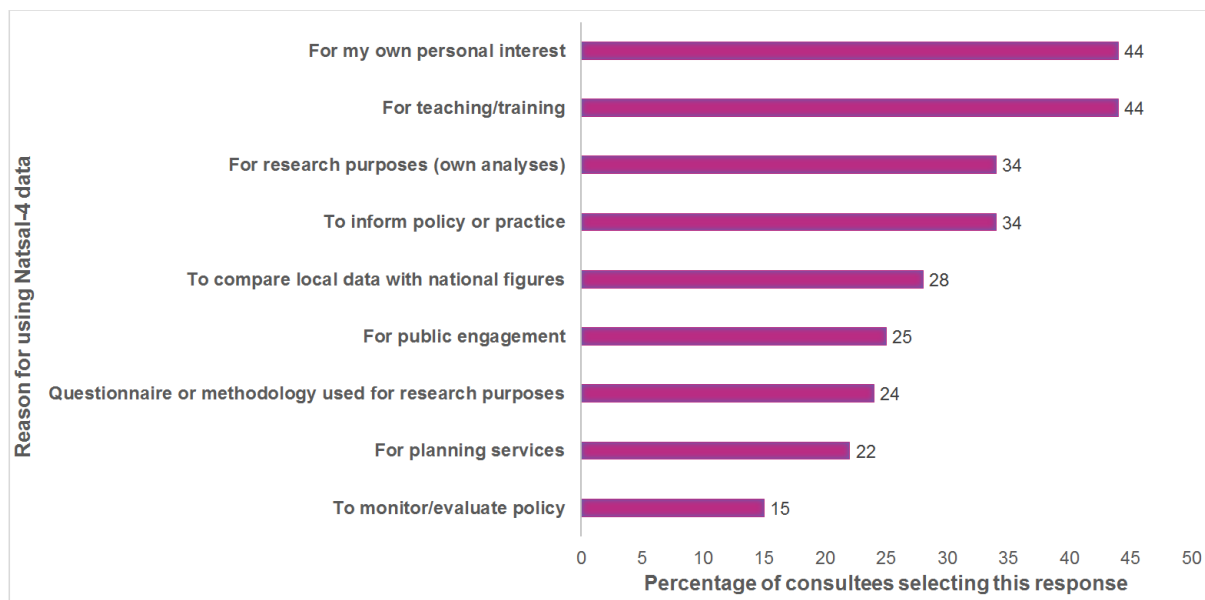
### 4.2.2 How Natsal-4 data may be used in the future

Consultees were asked whether they expected to use the results of Natsal-4 survey. Among the 185 people who answered this question, 89% of consultees indicated an expectation of using Natsal-4 data in the future.

The three most common expected uses of Natsal-4 data mirrored the way in which people reported that they had used data before:

- For own personal interest (44%, n=82)
- For teaching/training (44%, n=82)
- For research purposes (own analyses) (34%, n=63)

Figure 2: Reasons consultees anticipate they will use Natsal-4 data



Note that the figures sum to more than 100% as consultees could select multiple answers.



We asked our consultees for general suggestions, and these comments capture how we can make the Natsal-4 data and results more useful:

*“Please consult widely with queer & LGBTIQ+ groups and organisations to help gather vital data on our growing freedom to identify our sexuality outside of hetero & monogamous norms.”*

*“I feel finding more information about the non-monogamous people in the UK is important so we can look towards tailoring therapy, relationship/sexual counselling and sexual health clinics towards helping their specific needs without judgment or ignorance.”*

*“Please put more emphasis on sexual coercion and violence within this questionnaire. The lack of detail on this subject has been a real hindrance to the previous Natsal datasets, and in the current political climate, this data is needed now more than ever. Rates of sexual violence have remained consistent in this country since 2005 (according to the Crime Survey for England and Wales), and yet the number of people prosecuted and convicted is declining...”*

*“We welcome the inclusion of 15-year olds in the sample and the exploration of the role technology plays in sexual experiences of young people, including before the age of 18. We would welcome if these questions explored also the extent to which any such experiences may have been unwanted/unwelcome.”*

### 4.2.3 Importance of topics for inclusion in Natsal-4

Consultees were asked to rate the importance of topics which have been included in previous Natsal surveys, and new topics planned for the next survey, Natsal-4. Consultees were asked to consider the importance of each topic to them and their organisation, and to bear in mind the need to represent the views and experiences of the general population in Britain. Ratings were based on a scale from 1 (not very important) to 5 (very important). Table 4 shows the mean score for each topic, ranked from highest to lowest based on online responses. Higher mean scores signify topics seen to be of greater importance to include in the Natsal-4 survey. Mean scores ranged from 3.02 to 4.63. The neutral mid-point between scores is 3, therefore some topics on average scored around this neutral mid-point, but most scored above this indicating that overall consultees felt they were important.

Notably, all the new topics under consideration by the Natsal team for inclusion in Natsal-4 (denoted ‘NEW’ in Table 1) were given a mean score of over 4.



Table 4: Mean scores of importance of topics for inclusion in Natsal-4

Topic	Mean score <sup>1</sup>
Experience of sex against your will	4.63
<i>Gender identity (NEW)</i>	4.44
Sexual attraction, experience and identity	4.43
<i>Sexual wellbeing (NEW)</i>	4.42
Use of sexual health services and testing	4.41
Attitudes	4.40
Contraception	4.39
First sexual experience	4.38
Learning about sex	4.37
<i>Using technology in sexual lifestyles (NEW)</i>	4.35
Experiences of sexual practices	4.31
Mental health	4.27
Perceived risk of HIV and other STIs	4.26
HPV vaccination and cervical screening	4.23
<i>Pornography (NEW)</i>	4.22
Paying for sex	4.19
Sexual function	4.16
Number of sexual partners	4.12
Previous STI diagnoses	4.10
Occasions of sex and condom use	4.09
General health	4.09
Periods, menopause and hormone replacement therapy	4.07
Unplanned pregnancy in past year	3.93
Masturbation	3.89
Smoking, drinking and drug use	3.85
Ethnicity and country of birth	3.81
Most recent partner	3.74
Fertility, intentions and infertility	3.74
Pregnancy history	3.73

<sup>1</sup> The mean score was calculated from valid answers for each topic and has a maximum score of 5. Bases vary for each question. The highest base is 278 and the lowest is 265 based on 284 online responses. Consultees also had the option to code each question as 'don't know' - these responses are excluded from the calculation of mean score. No statistical testing has been carried out on mean scores. When scores are similar, there may be no significant difference between the scores when compared using a statistical test.



Topic	Mean score <sup>1</sup>
Religion	3.65
Education and qualifications	3.64
Economic activity	3.58
Having sex while abroad	3.47
Who lived with growing up	3.46
Household	3.45
Children	3.42
Household income	3.39
Sex with people from other countries	3.32
Previous live-in partnerships	3.29
Circumcision	3.26
Live-in partner's economic activity	3.18
Parents' occupation	3.02



## 5 Consultees' suggestions for changes to content /questions

Consultees suggested changes/updates to existing questions. The suggestions can be summarised as follows:

### 5.1 New topics to add

- Digital technology and sex
- Kink/BDSM/fetish
- Pubic grooming
- FGM/cutting

### 5.2 Topics to broaden

- Paying for sex (e.g to include being paid for sex)
- Sexual violence
- Masturbation/solo sex
- Relationship types

### 5.3 Topics to change

- Gender identity
- Sexual identity

### 5.4 Topics to remove

Very few consultees proposed whole topics to be removed, some suggested for some to be deprioritised and others suggested particular questions that could be removed.

- Circumcision
- Masturbation
- Paying for sex
- Demographic questions: e.g. parents' information, previous live in partnerships religion and income

Some topics that were proposed for removal by some consultees were highlighted as important, and even as topics that needed expanding, by others.

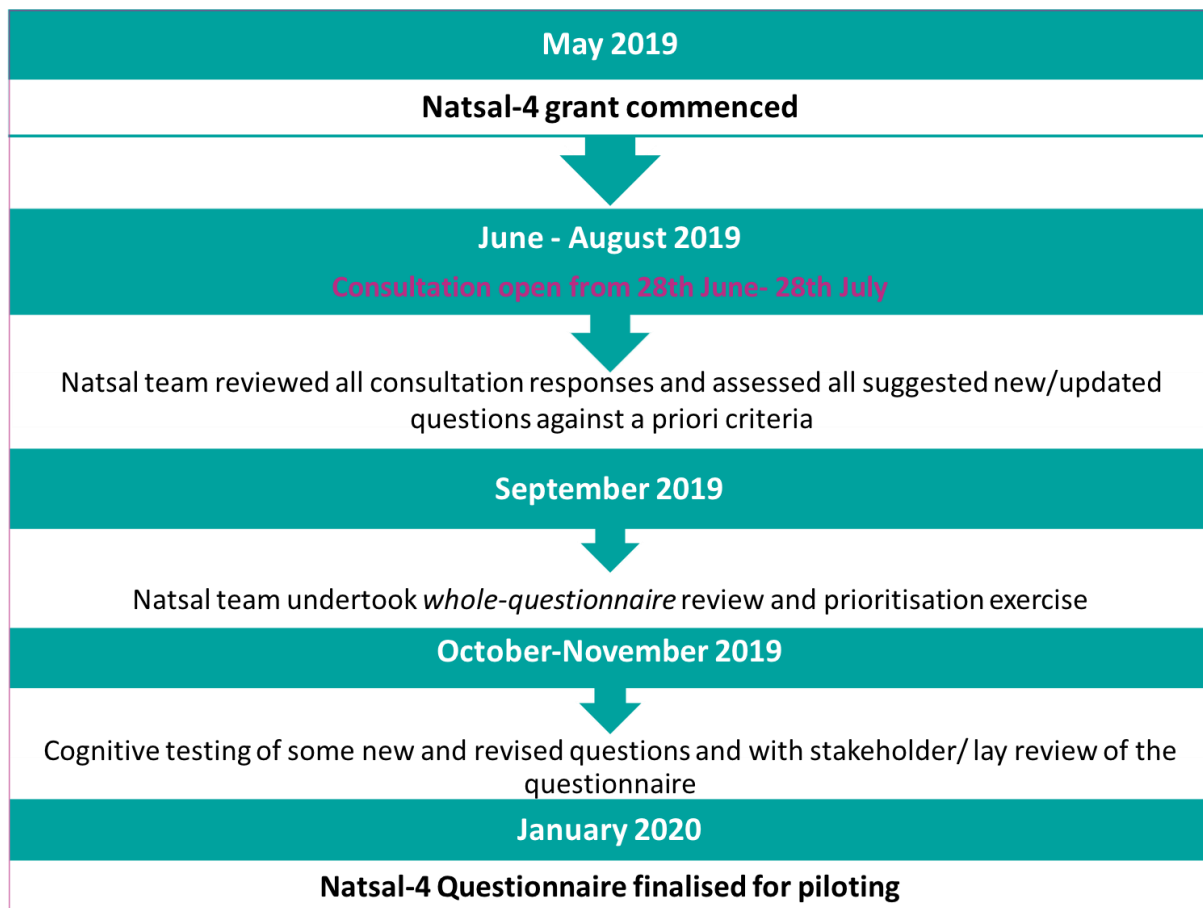
We also received comments relating to the design of the study and general comments about the survey (see [6.3.12](#)).



## 6 ‘You said we did’: post-consultation development work

The consultation was an important initial step in the development work for Natsal-4 and all responses were considered in full. Following the consultation, the Natsal team conducted exercises to prioritise topics and develop questions for inclusion in Natsal-4. Throughout all stages input was sought from external experts on new and revised question topics. For some topics which were new/expanded, and for which there were no clear validated questions from other sources that met Natsal’s data collection needs, additional engagement work was undertaken as described below and summarised in Figure 3.

Figure 3: Post-consultation timeline



In June 2019, the Natsal team and collaborators formed working groups, tasked with reviewing and updating (if necessary) different sections of the Natsal-4 questionnaire. Decisions about reviewing/updating questions took account of the team’s own expertise in this area, that of collaborators, and the responses to this consultation. These working groups undertook the initial review of suggestions for new topics and revisions to existing topics arising from the consultation in terms of





whether they met a set of *a priori* criteria to be taken forward to further development work (the full details can be found below in section 6.1).

## 6.1 Decision making criteria

Over a 3-month period (June to August 2019), a decision-making exercise took place. The following *a priori criteria* were considered for new each topic and proposed question.

### 1) Importance to Natsal beneficiaries (policy, public, practice)

- Public health / policy importance
- Societal interest – is it a topic that is of high interest to the general public
- Timeliness – is this a new/emerging topic that may become increasingly important?

### 2) Scientific justification

- Does the topic address evidence gaps identified in Natsal-3 (or by other studies/stakeholders)?
- Would these data complement/enhance existing core Natsal data?
- Is there a good sense of what data this question would provide and how this would be used in analysis?
- Importance as an explanatory/confounding variable

### 3) Need specifically for Natsal-4 to ask these questions

- Is Natsal uniquely placed to collect these data/answer the research question? Are there other/better ways of getting these data/answering these research questions (e.g. other surveys, routine data, qualitative research)?
- If topics have previously been included in Natsal-1-2-3: is it important to include again to assess change over time, or have these topics been covered sufficiently so we can remove them for Natsal-4 (in line with models used by other repeat cross-sectional surveys which have a set of core topics and other topics covered only on some waves)?
- If topics have been included in Natsal-1-2-3 have the data been sufficiently(?) used?

### 4) Feasibility

- Is it possible to get good quality data on this topic (in terms of reliability, validity, missing data)?
- Is the behaviour/attitude sufficiently prevalent to yield sufficient numbers to permit meaningful analysis?
- Are questions on this topic going to be acceptable to participants?
- Are there existing questions (e.g. from other surveys) that can be used in Natsal-4? If not, is development work needed to develop new questions and is this feasible within Natsal-4 timeframes?
- What would the impact of adding these questions be on respondent burden (are they asked of everyone, or a subset of people, are they difficult/time-



consuming to answer, repetitive)? And for existing questions, what would the impact be of cutting these questions on respondent burden?

## 6.2 Whole questionnaire review

In August 2019, there was an Away Day, where the Natsal team came together for a whole-questionnaire review and iterative prioritisation exercise. These activities were necessary as the majority of existing and new topics met several of our *a priori* criteria set out in section 6.1 and given the need to keep the overall Natsal-4 survey length to under one hour on average. Prioritisation involved further debate on the extent to which questions met the original criteria, consideration of the overall flow and burden of the survey for respondents, balance between topics, and consideration of whether there were existing measures on the topic for use in a general population survey. Section [6.3](#) sets out which topics were taken forward for further development, which included:

- Further engagement with stakeholders on particular topics: FGM/cutting, sexual violence, gender identity, sex work, non-monogamous relationships (September-November 2019)
- Cognitive testing of some new and revised questions (October-November 2019). Read NatCen's cognitive testing report [here](#).
- Full review of the draft Natsal-4 questionnaire with lay/community reviewers belonging to or working closely with particular population groups<sup>2</sup> (October-December 2019).

This further development fed into final decisions about which questions would be included in the questionnaire for the pilot study (see [section 7](#)).

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<sup>2</sup> These population groups were: young people, black people (black African, black Caribbean, black mixed ethnicity, or otherwise identifying as black), lesbian, gay and bisexual people, people belonging to gender minorities (e.g. identifying as transgender or non-binary). These groups were selected as those who for whom the survey topic is particularly relevant but are either not well represented in academic research teams and/or would not be included in sufficient numbers in our general population cognitive testing or pilot work to be able to understand their experiences of the questionnaire.



### 6.3 Natsal team decisions about consultees suggestions, following review

For each module of the questionnaire, a summarised version of consultees' comments and the corresponding decisions is set out in the tables below. Some comments cut across topics e.g. comments about pleasure and romantic experiences, and some related to the whole questionnaire – these are responded to separately in section [6.3.12](#).

The decisions below record whether a suggestion was taken forward following the consultation, but at the time of publication development work is ongoing, therefore these decisions do not necessarily reflect what will be in the final Natsal-4 questionnaire.

If you would like to see a copy of the draft questionnaire for the Natsal-4 pilot study (currently scheduled for 2021), on the understanding that this is still subject to revision, please email [natsal@ucl.ac.uk](mailto:natsal@ucl.ac.uk)



### 6.3.1 Demographics

Summary of suggestion from stakeholder consultation	Decision	Additional information
Add questions about caring responsibilities	Not taken forward	An appropriate question was identified from the Welsh Health Survey (2015) and was added to the long list of questions but was removed following the whole questionnaire review. Although this met some of our a priori criteria for inclusion, it was removed due to lack of questionnaire space.
Numerous suggestions to remove questions: previous live-in partnerships, parents' social class, income, occupation/education and whether always lived in current city/town/village	Taken forward  Demographics section reviewed and some questions removed	Some of the suggestions to cut (e.g. education level; occupation questions which are used to derive National Statistics Socio-Economic Classification) were considered essential questions for understanding the representativeness of the sample, and also to understand inequalities in sexual health and access to services. Parents' social class was felt to be important for younger respondents (for whom good measures of socio-economic status and education level are lacking) but we propose to restrict the age range for these questions so that they are not unnecessarily asked of older respondents. For other topics (the more detailed questions about previous live-in partnerships; income, whether always lived in city/town/village) we agreed with suggestions that these could be cut to make space for some of the new proposed questions.
Suggestions to remove/adapt questions on religion	Not taken forward	Retained in the questionnaire following whole questionnaire review, felt to be an important dimension of people's lives to capture.



### 6.3.2 Gender identity

Summary of suggestion from stakeholder consultation	Decision	Additional information
Several requests to include questions on gender identity	Taken forward  The approach to measuring gender and sex on Natsal-4 underwent review and further development work to identify potential questions from other sources, refine these to meet the survey's needs, and test them with members of the public.	In previous Natsal surveys a single measure of 'sex' was used, which was interviewer coded, therefore primarily based on respondents' appearance, name etc. For some, this will be a poor measure of either gender identity or sex, and was therefore identified by the team as a priority for revision
Several requests to make language around gender in rest of questionnaire more inclusive, and not make assumptions about genitalia from gender	Taken forward  Whole questionnaire reviewed and revised to ensure that wording, routing and response options do not exclude trans participants or those with trans partners.	Identified by team, consultees, and several stakeholders (for example attendees at Natsal-3 public events) as a limitation of the previous Natsal questionnaires, and one that has become more critical over time since the Natsal-3 questionnaire was written.
One comment to recognise the distinction between gender and sex.	Taken forward	The proposed new questions distinguish between gender identity and aspects of sex that are most relevant to the topic, providing the information needed for social and epidemiological analyses.
Several requests to better capture fluidity in gender identity and sexual identity	Taken forward  Captured to some extent within new proposed gender identity questions (which go into more detail than many surveys about gender identity) Captured by new proposed questions on changes to sexual identity over time	Met several <i>a priori</i> criteria for inclusion and likely to be relatively low burden for participants. Was taken forward following team prioritisation of topics.
Several requests to include asexuality within sexual identity.	Not taken forward  We will not change the main Sexual ID question as it is an ONS harmonised question and consistent with Natsal-3	Low burden for respondents (only asked of those who report 'other'). Number of asexual participants within our sample is likely to be too small for detailed analysis of this group but overall population



Summary of suggestion from stakeholder consultation	Decision	Additional information
	making it useful to keep the same for comparison over time and with other data sources. However, we will add a follow up for those who answer 'other' which will include asexual as an option.	prevalence estimate will nonetheless yield useful data.
Public understanding of non-binary identities	Not taken forward	Limited questionnaire space, and attitudes to gender identity are covered by the British Social Attitudes (BSA) survey. BSA is carried out more regularly than Natsal so better able to capture change over time, given this is a rapidly changing area.

### 6.3.3 Health

Summary of suggestion from stakeholder consultation	Decision	Additional information
Several suggestions for questions on wellbeing via existing validated measures (e.g. ONS wellbeing) as well as suggestions for questions on loneliness, and on non-romantic/sexual relationships	Questions on wellbeing taken forward: The Warwick-Edinburgh Mental Wellbeing Scale (WEBWBS-7) validated scale proposed for inclusion in the pilot questionnaire	WEMWBS-7 met several <i>a priori</i> criteria and was taken through following a team prioritisation exercise as being preferred for its focus on positive mental wellbeing and wide use in other studies. Limited questionnaire space meant that longer measures or other questions could not be included.
Numerous consultees proposed including questions on intimate grooming (pubic hair removal)	Taken forward: new question drafted	Met several a priori criteria, and was taken forward following team prioritisation exercise and felt to be relevant to a range of potential research questions (including around body image and sexually transmitted infections)



Summary of suggestion from stakeholder consultation	Decision	Additional information
Several consultees proposed including questions about body image and body enhancements, piercings and other related topics such as use of the gym, steroids, make-up and other methods to enhance physical appearance, and peer pressure to make changes to appearance	A new question about how respondents' view their body weight (taken from the British Social Attitudes Survey) proposed for inclusion in pilot questionnaire; other suggestions not taken forward	We reviewed a range of potential questions about body image taking into account the limited space available and considering whether some aspects of body image might be captured in the sexual wellbeing measure. We favoured a question about self-perception of weight because we can triangulate this with information about height/weight from electronic health record linkage.
Questions about eating disorders	Not taken forward	While this is clearly an important topic, the team ultimately felt this was not sufficiently central to sexual health and well-being and it was deprioritised given the limited space available and the demands on question.
Questions on gambling addiction	Not taken forward	Although felt to be of potential relevance to this survey, questions on gambling were not included due to restrictions on questionnaire space and the need to include other more directly relevant topics. It was noted that other surveys, such as the next national Adult Psychiatric Morbidity Survey may be better placed to look at clustering of risky sexual behaviours with other types of risk behaviour and mental health problems.
Questions about self-harm	Taken forward to further development, and questions identified, but not included in proposed pilot questionnaire	Given limited questionnaire space to dedicate to mental health questions, these were removed from the questionnaire following full questionnaire review by the team as they were felt to be insensitive and potentially harmful to respondents without the forewarning, context, and support that respondents would receive on a specialist mental health survey. We noted the potential for the next Adult Psychiatric Morbidity Survey to look at associations



Summary of suggestion from stakeholder consultation	Decision	Additional information
		between self-harm and aspects of sexual health.
Several suggestions for disability to be prioritised and expanded	Prioritisation taken forward by retaining disability questions, but expansion of these questions not taken forward.	The team recognised that this is an important topic. The existing questions from the Natsal-3 survey capture whether respondents have a disability and whether this is limiting. More detailed information about disability may be available through electronic health record linkage.
Questions on personality type, risk aversion	Not taken forward	The team were in agreement that this could be of interest, but ultimately was not felt to be a priority area in comparison with other topics, particularly likely need for several questions to measure these concepts.
Questions about substance use during sexual contacts	Taken forward  Questions about use of alcohol and drugs during sex drafted for the pilot questionnaire	Although several studies have examined chemsex among particular sub-groups at high risk of STIs and HIV (e.g. Men who have sex with men), Natsal provides a unique opportunity to look at broader alcohol and drug use during sex among the general population.
Requests to retain existing questions on injecting non-prescribed drugs	Taken forward (questions retained)	Consultee made a strong case for the retention of this question despite the small numbers in the general population reporting this behaviour for estimating the size of this hard-to-reach population and better understand other non-representative data sources to inform models of Hepatitis C Virus and related policy.





Summary of suggestion from stakeholder consultation	Decision	Additional information
Update drugs question to include Ketamine and other commonly used New Psychoactive Substances	Taken forward	
Specific questions on treatment for depression to better understand the effects of these on sexual dysfunction.	Not taken forward	The team considered that detailed collection of pharmacological treatment for depression was not feasible within the constraints of a 1h interview and a population-based study such as Natsal. This might be better achieved within clinical studies.

### 6.3.4 Learning about sex

Summary of suggestion from stakeholder consultation	Decision	Additional information
Positive comments about the value of data on SRE from previous Natsals and the need to retain these questions in Natsal-4	Agreed – and questions retained (with some adaptations and expansions) in pilot questionnaire.	
Questions on whether received sex education in school? How much? How was it?	Taken forward  Covered by existing Natsal questions, and 'How was it' will be captured by new proposed question. Question about how much not included.	Question about how much sex education received felt to be difficult to answer and lower priority than question on quality.
New questions: Have you heard of free condom schemes (like C-Card)? Do you know contraception is free for everybody? How do you access it? Do you pay for it?	Not taken forward	Too specific given age range and limited questionnaire space; lower priority than other questions on contraception access



Summary of suggestion from stakeholder consultation	Decision	Additional information
<p>Include learning about consent, sexual communication skills, learning about online sex, how to access sexual health services.</p>	<p>Taken forward</p> <p>Consent, communication, staying safe online and accessing services added as response options to existing questions.</p>	
<p>In the section about learning about sex, it could also be important to ask about sources of information they thought were unhelpful or inaccurate, and why they didn't use particular sources.</p>	<p>Added a question about school-based SRE to the pilot questionnaire.</p> <p>Not adding a question about unhelpful/inaccurate sources.</p>	<p>We considered the proposal to ask about unhelpful/inaccurate sources but felt that there might be challenges in terms of the sources people identify as having learnt from, and in when the information was found to be inaccurate vs. when learnt about. We felt it would be difficult to capture succinctly given the range of sources and topics and better suited to a specialist survey.</p> <p>Would be difficult to ask concisely about why particular sources weren't used.</p>
<p>Sources of (mis)information - forums, websites that are not related to a medical body</p>	<p>Taken forward</p> <p>We have expanded the sources we list</p>	
<p>Source of advice or information on sex, internet friends etc Who would you be comfortable talking to about sexual health, doctor, nurse, youth leader etc</p>	<p>No changes made</p>	<p>Felt to be covered in questions about who respondents want to learn from</p>
<p>Understanding of consent (not just lack of consent as seeming here)</p>	<p>Taken forward</p> <p>Added to response options</p>	



### 6.3.5 Reproductive health

#### 6.3.5.1 Contraception questions

Summary of suggestion from stakeholder consultation	Decision	Additional information
Information about menstrual tracking apps (period tracking, ovulation tracking etc.).	Taken forward: added as a method of contraception and as an aid to conception.	.
Contraception section could ask why no contraception was used if they answered that no method at all was used. This question could also be added to the contraception questions in the sexual experience section.	Not taken forward	We considered asking about satisfaction with contraceptive methods but decided that it would be difficult to link satisfaction to specific contraceptive methods without substantially expanding this section of the questionnaire.
Attitudes to Contraception and contraceptive use after unplanned or termination of pregnancy	Not taken forward	The team decided that this could be better addressed in another more focussed study.
Knowledge of emergency contraception including copper IUD	Not taken forward.	Not prioritised given limitations on questionnaire space; could be covered by other studies
When asking about contraception, should there be differentiation here between carelessness and partner who has passed through menopause?	Not taken forward.	Still interested in the use of contraception other than for pregnancy prevention.

#### 6.3.5.2 Family formation

Summary of suggestion from stakeholder consultation	Decision	Additional information
Within questions about family formation: include options for being a sperm donor but not knowing whether it has resulted in children	Not taken forward	Not felt to add useful information for analysis.



### 6.3.5.3 History of pregnancies

Summary of suggestion from stakeholder consultation	Decision	Additional information
Experience of support provided/received by women who experienced miscarriage, stillbirth or neonatal death.	Not taken forward	Would need to add quite a few questions to address this properly. Other surveys better placed to address this (e.g. NPEU maternity care surveys)
Knowledge about miscarriage and experience of it.	We will ask about whether a woman has ever experienced a miscarriage, but will not assess knowledge.	Would need to add quite a few questions to address this properly. Not feasible to add given questionnaire length constraints
A question around when pregnancies result in subsequent abortions would be useful: what is the background to a subsequent abortion: no contraception used in terms of contraceptive use?	Not taken forward.	Difficult to address in a cross-sectional survey such as this; issue of recall bias.
Suggested change to existing questions: ask about abortion directly rather than asking for pregnancy history.	Taken forward	We agree, this has been shown to be the best approach to ask about abortion, and the draft questionnaire for Natsal-4 has been revised to ask a direct question about abortion.
Several suggestions that the questions on reproduction, pregnancy, and fertility are removed from the survey to make space for other topics.	Not taken forward	These are important topics for Natsal in their own right, but also a key component of holistic sexual health.

### 6.3.5.4 Unplanned pregnancies

Summary of suggestion from stakeholder consultation	Decision	Additional information
Add questions on unplanned pregnancy in lifetime and outcome	Not taken forward	Difficult to get reliable recall of planned status for pregnancies many years previously.
Add questions about whether unplanned	Not taken forward.	Although we agreed with the rationale behind the suggestion, the



Summary of suggestion from stakeholder consultation	Decision	Additional information
pregnancies were the result of non-consensual sex – current questions would be inappropriate and insensitive in this context.		questions we use in Natsal about unplanned pregnancy are a validated measure ( <a href="http://www.lmup.com/">http://www.lmup.com/</a> ) therefore we need to keep the questions as per the official measure to allow comparison over time and with other data sources.
Suggestion to removed detailed questions on unplanned pregnancy and replace with a single question for each pregnancy in the pregnancy history section about whether that pregnancy was planned or not.	Not taken forward	Important to keep LMUP for comparison with previous surveys, and there are known limitations to asking a single question on whether a pregnancy was planned or not; additionally, issues with recall bias when asking about pregnancies that occurred a long time ago.

### 6.3.5.5 Fertility questions

Summary of suggestion from stakeholder consultation	Decision	Additional information
Add more questions in the fertility section: what kind of treatments; where they successful etc.	Questions added about type of fertility treatment received. Considered asking about the conception type for each pregnancy but felt this would be cumbersome.	The new questions enable comparison with previous data but allow different treatments and recipient groups to be identified.
Add questions on fertility intentions in the next year and any steps being taken to improve preconception health.	We ask about fertility intentions but not in a specific timescale. Questions about preconception health not taken forward.	This question might be better addressed by a survey targeted at this specific group.
Add a question on gamete storage.	Taken forward. We have added this as a response option to the question about fertility treatment	



### 6.3.5.6 Periods and menopause

Summary of suggestion from stakeholder consultation	Decision	Additional information
Add questions on the use of different period products.	Not taken forward	Not felt to be a priority topic for Natsal
Several suggestions that questions on periods/menopause could be dropped from the survey.	Not taken forward	Both topics needed to understand fertility and calculate unmet need for contraception. Menopause also potentially important in the context of sexual function.
Add a question about age of onset of puberty for males.	Not taken forward	Difficult to measure as not a single event and of less clear need for the data than some of other proposed new questions.

### 6.3.6 Sexual lifestyles

Summary of suggestion from stakeholder consultation	Decision	Additional information
Greater recognition of diverse sexual practices (e.g. use of sex toys) within existing questions about sexual intercourse, including for questions about sex between women.	Taken forward.  Questionnaire revised in response to this suggestion, including changes to the definition of sex between women.	Defining 'sex' and 'sexual partners' on a general population survey like Natsal is challenging due to the different requirements of our data users (e.g. using these data to understand STI risk, vs using these data to understand sexual behaviour more generally) and respondents (different respondents will have their own definitions of what 'counts' as sex). In general, for Natsal-4 we have kept definitions of sex the same as in previous surveys – both because this is important to examine change over time, and because these definitions have undergone extensive development work with members of the public. However, we have received consistent feedback that our questions about sex between women were heteronormative, and therefore for Natsal-4 we have updated the questionnaire to include a greater range of sexual practices within our definitions of sex between women



Summary of suggestion from stakeholder consultation	Decision	Additional information
		<p>than were previously included (for example, including vaginal and anal penetration with fingers or sex toys). For all respondents, we have also included sex toys within the response options for a new draft question about different things respondents might have used to enhance medical performance.</p>
<p>Consistency in definitions of sex between same-sex and opposite-sex partners (expanding the latter to include other genital contact, not just oral, vaginal, and anal sex).</p>	<p>Not taken forward</p>	<p>Definitions have been kept comparable with previous surveys where possible (with the exception of the point above) as examining change over time is a key aim of Natsal-4, and these definitions have been devised following extensive development work with members of the public about how they define sex (although we acknowledge the wide variation in individuals' own definitions).</p>
<p>Add questions on 'deep kissing'.</p>	<p>Taken forward Included as a response option within some questions about practices in the draft pilot questionnaire. Not including a specific question about number of deep kissing partners</p>	<p>Felt that additional questions on deep kissing partners would be too detailed and burdensome for participants given the level of detail we already ask about sexual practices, and there would be issues with recall bias.</p>
<p>Questions about dental dam use for protection during cunnilingus.</p>	<p>Dental dams now included in some questions about protection from STIs.</p>	<p>We have included use of dental dams as a response option in proposed questions about 'contraception and STI prevention'.</p>
<p>Several suggestions to include questions on non-monogamy</p>	<p>Taken forward</p>	<p>Questions on partnership types within the 'most recent partners' section of the questionnaire have been revised in collaboration with experts on non-monogamy.</p>



Summary of suggestion from stakeholder consultation	Decision	Additional information
Several suggestions to add questions on BDSM/Kink/fetish	Not taken forward	Although this met some of our a priori criteria for inclusion, it was not taken forward following the whole questionnaire review and prioritisation exercise due to lack of questionnaire space.
Add question on bestiality	Not taken forward	Not felt to be a priority topic and may be offensive and upsetting to participants of a general population survey.
Add questions about group sex.	Taken forward	Group sex covered under proposed new questions about having multiple partners simultaneously.
Being paid for sex as well as paying for sex – asking people about their experience of doing sex work – drugs money or other goods	Taken forward	Questions about being paid for sex added. Definition of both being paid for sex and paying for sex expanded to include payment with things other than money.
Criticism of existing questions on sex overseas and sex with people from overseas.	These questions have been removed from the Natsal-4 questionnaire	Although this topic is of interest, it is difficult to succinctly capture all the relevant information needed to interpret these data. Therefore, to address the limitations of the existing questions, this section of the questionnaire would need expanding. Following whole questionnaire review and prioritisation it was decided that this topic should instead be removed from the draft Natsal-4 questionnaire to make space for other topics.
Some suggestions to remove questions on masturbation and paying for sex	Not taken forward	All of these questions were considered in the whole questionnaire review and prioritisation exercise and felt to remain priority questions for Natsal-4 to include.





### 6.3.7 STI questions

Summary of suggestion from stakeholder consultation	Decision	Additional information
Inclusion of PrEP and PEP	Taken forward	Included in response options to relevant questions
Update HPV questions to reflect the HPV programme for MSM aged up to 45.	Taken forward	Questions added
Questions about perceptions of frequency of HIV testing, among those who test	Not taken forward	The team recognise HIV testing as a crucial component of sexual health care and prioritised collection of information about who has tested, when and where – as it was felt to be particularly important to understand the characteristics and behaviours of those not testing. Space limitations meant that we did not prioritise questions about perceptions of testing frequency, which might be better collected in clinic or service-based research.
Online Health Seeking Barriers and expectations related to online ordering self- sampling and testing for STIs	Taken forward	We recognise that a major shift has taken place over the past decade in how people can access sexual health care online. We have added a number of questions to understand the characteristics and behaviours of those using and not using services.



### 6.3.8 Sexual violence

In addition to this stakeholder consultation, advice was sought on the previous content of the questions on sexual violence, as well as priorities for new content from stakeholders (researchers, practitioners and survivors organisations) at the Sexual Violence and Health Research Network. The set of questions being developed was reviewed externally at various stages for further prioritisation and to refine wording, including in a half day meeting with stakeholders and question design experts.

Summary of suggestion from stakeholder consultation	Decision	Additional information
Removing/changing the age restriction of 13 to look at sexual violence in childhood	Taken forward	
Domestic violence / Intimate Partner Violence (IPV)	Not taken forward	Met several a priori criteria for inclusion, but not taken forward following whole questionnaire review due to limitations on questionnaire space. We noted that data on IPV was captured on the Adult Psychiatric Morbidity Survey so Natsal is not uniquely placed to provide these data.
Add questions on perpetration of sexual violence	Not taken forward	Concerns about duty of care / reporting duties in a survey that is not anonymous. Concerns that disclosure may be low due to social desirability bias.
Add questions on online grooming and perpetration of sexual violence online	Not taken forward	Not included given a decision to keep the Child Sexual Abuse questions brief to limit respondent burden.
Add questions on consent (understanding of practice of)	Taken forward (questions on practice of consent)	Questions on 'agreement to having sex' the first time respondents had sex with their most recent partner are proposed for inclusion in the pilot questionnaire. Questions about a specific sex act were felt to give a more accurate picture of actual practices than questions about knowledge and practice in general.



### 6.3.9 Digital technology

#### 6.3.9.1 Online sex and online partner seeking

Summary of suggestion from stakeholder consultation	Decision	Additional information
Add questions on online sexual information seeking, and reliability of sources	Not taken forward	Considered but not taken forward following whole questionnaire review and prioritisation exercise due to limitations in questionnaire space.
Questions that allow examination of social Media use	Not taken forward	Evidence is that there is poor correlation between self-reports and actual usage
Prevalence/Engagement in Cybersex as well as information on virtual sex	Taken forward	Proposed questions include gauging the prevalence of use of live streaming technology to interact with one or more people sexually. In addition, questions attempt to ascertain whether those engaged with were previous offline sexual partners.
Questions on perceived safety of online/cybersex	Not taken forward	Questions not proposed due to questionnaire space limitations.
Questions on use of VR technology and avatars.	Not taken forward	Not proposed due to space and priorities.
Add questions on image sharing/ sexting generally; app use; sexting specifically within relationships; who sent sexts to; motivations for sexting; outcomes of sexting; pressure to send sexts; permission for sharing sexts.	Some new questions on sexting added.	Proposed new questions prioritise asking about the prevalence of sexting, pressure to sext, and image sharing without permission.



### 6.3.9.2 Pornography (Porn)

Summary of suggestion from stakeholder consultation	Decision	Additional information
Suggestions about the importance of a clear definition of pornography; suggestions to include all pornography (images, text, audio, video); importance of treating porn neutrally as another sexual activity	Taken forward	The proposed definition attempts to specify or include all of these aspects with the exception of “audio” which could be considered under “material on the internet”. The definition attempts to treat porn neutrally.
Suggestion to add questions about problems related to pornography use including non-engagement in sex with others, erectile dysfunction, viagra use, physical and mental health problems.	Not taken forward	We have not added questions about perceptions of problems related to pornography – instead we have prioritised a question on overall perceptions about whether pornography is a positive or negative aspect of participants’ sex lives.
Include questions on attitudes to pornography: do you feel pornography is normalised in society, does porn encourage us to be open about sex, perceptions of other people’s consumption of porn	Not taken forward	This has not been proposed due to space constraints and other priorities.

### 6.3.9.3 Online dating/partner seeking

Summary of suggestion from stakeholder consultation	Decision	Additional information
Include an option in any question how sought partners ‘another online/digital way’, with an open ended follow-up question	Taken forward.	Included in a question on how sought partners is the option “elsewhere online” without an open coded response. The option was discounted due to resource constraints (there are a limited number of open text questions possible within the survey).
Ask which apps are used to seek partners digitally and why.	Not taken forward	This would involve considerable cognitive burden given the need for a long list of dating apps; it’s unlikely that it would be possible to capture all apps/keep this list up-to-date, and this would make it



Summary of suggestion from stakeholder consultation	Decision	Additional information
		difficult to include a comparable question in future waves of the survey. Instead our questions ask about different types of apps. Motivations for use of different types of apps are beyond the scope of Natsal-4 and may be better addressed by industry data where available.
Questions about whether met people from apps face-to-face, and whether they undertook a sexual relationship and/or long-term relationship.	Taken forward.	Questions proposed attempt to ascertain whether people interact with through apps are met face-to-face and the nature of their relationship.
Other proposals for additional questions about meeting partners online, including: positive and negative experiences of meeting people using apps.; how online dating is different to meeting someone in real life; whether first sexual experience was online.	Not taken forward	Not prioritised due to questionnaire space constraints
Suggestions for changes to Natsal-3 'internet access' question.	This question has subsequently been removed from the Natsal-4 questionnaire	Question about whether access to internet at home felt to be outdated given the number of ways people can be connected online, and lower priority than other topics.

### 6.3.10 Sexual function

Summary of suggestion from stakeholder consultation	Decision	Rationale (see appendix A for criteria to consider)
Suggestions for questions which enable better understanding of satisfaction, pleasure, enjoyment of sex and orgasm/ ejaculation: including overall feelings on whether sex life is pleasurable and satisfying; whether pleasure/ orgasm/	Taken forward	As part of the development work for Natsal-3, we designed and validated a new psychometric measure of Sexual Function (the Natsal-SF). Thus for Natsal-4 our work on this module focused on small tweaks and improvements to items additional to the measure.



Summary of suggestion from stakeholder consultation	Decision	Rationale (see appendix A for criteria to consider)
ejaculation occurs with partnered sex or masturbation; hormonal influences on these; influences on gender or sexual preferences on these; attitudes towards sexual pleasure		<p>The Natsal-SF includes items on orgasm, enjoyment, sexual satisfaction, in addition to the partner context and problems with sexual response.</p> <p>For Natsal-4 we have developed a new measure of sexual wellbeing, which includes items on sexual pleasure. We have data on testosterone and sexual function from natsal-3 published/in press. This is not a focus for Natsal-4 since we are not collecting biological hormone data this time. In terms of 'attitudes towards sexual pleasure' we have an item on importance of sex but not specifically on importance of pleasure/orgasm</p>
Addition of questions on perceived discrepancy/compatibility in sexual interests	Included in the questionnaire	Part of the existing Natsal-SF measure
Questions on frequency of partners' sexual problems	Not taken forward	There is an existing question on whether a partner experiences sexual difficulties. Further detail on this was not prioritised due to space constraints. Asking a participant to report on behalf of their partner may not give accurate information.
Questions on intimacy including emotional intimacy, affection, hugging, kissing.	Not taken forward	There is an existing item on 'emotional closeness' in the Natsal-SF. Kissing is included in the sexual practices module
Questions on negotiating sex with partner (frequency, type etc.)	Taken forward	We have improved wording on existing items on ease of talking about sex with a partner. The question now gives an example of 'talk' as telling a partner what you like and dislike in sex. We did not have space to ask about frequency separately and felt that talking



Summary of suggestion from stakeholder consultation	Decision	Rationale (see appendix A for criteria to consider)
		about likes and dislikes was more of a priority.
Questions to determine the number of men who have erectile dysfunction problems and associated factors.	Already covered within existing Natsal-SF measure.	Part of the Natsal-SF measure
Questions on motivations for taking viagra: recreational party drug, taken without prescription or for erectile dysfunction (with/without pornography use).	Taken forward	We have developed the existing item on taking medication for sexual performance (in Natsal-3) to provide a full range of options (so differentiating between prescribed and non-prescribed treatment for sexual dysfunction and recreational drugs, and other enhancements like sex toys). We did not feel we had space to ask about motives.
Pleasure and mindfulness/attentiveness during sex	Taken forward	Items on mindfulness and pleasure are included in the new sexual wellbeing module

### 6.3.11 Attitudes

Summary of suggestion from stakeholder consultation	Decision	Rationale (see appendix A for criteria to consider)
Add questions on what people find attractive	Not taken forward	This was not prioritised due to lack of space. We felt the Public Health rationale was less strong for this item compared with others.
Questions about knowledge of informed consent.	In attitudes section we now include an item on whether consent can be assumed	See section <a href="#">6.3.6</a> - we plan to include a new question about practice of consent but will not include a question about knowledge of consent
Questions on attitudes towards non-monogamous relationships; whether polyamorous marriages should become legal.	New item proposed on open relationships.	We felt attitude question on whether polyamorous marriages should become legal was too specific.
Experience of representation of gender or sexual identity in culture and community; relation to	Taken forward somewhat in new module on sexual wellbeing	These topics are not included in the attitudes module but several items in the proposed sexual wellbeing module will tap into



Summary of suggestion from stakeholder consultation	Decision	Rationale (see appendix A for criteria to consider)
own sexual understanding and wellbeing; experiences of societal rejection of gender/sexual identity and impact of this; experience of discrimination and hate crime.		experiences of sexual identity in culture and community (e.g. acceptance of sexual identity and preferences by those close to you; shame about sexual thoughts and desires). We did not have space to ask about specific experiences of discrimination and hate crime.
Questions on rape myths.	Taken forward	We are proposing a new item on a rape-myth attitude
Adapt existing questions on sex outside marriage to take into account consensual non-monogamy vs 'cheating'.	We are proposing a new item on acceptability of agreeing to have sex outside the relationship	This assesses attitudes towards open relationships but is limited to consensual arrangements only
Add questions to enable understanding of relationships between gender norms, sexual behaviour and health outcomes.	Taken forward	We have proposed four new items on gender: two on gendered roles/division of workload, and two on expressing emotions/fears
Questions about how concerned respondents are about different sexually transmitted infections.	Already in questionnaire	Two items from Natsal-3 survey about self-perceived risk of a) HIV and b) other STIs There is not space to further split (b) into different STIs
Questions about attitudes to pornography	Taken forward	See section <a href="#">9.6.2</a> above. Attitudes module to also include item on acceptability of a partner watching porn without telling you





### 6.3.12 Other suggestions

Summary of suggestion from stakeholder consultation	Decision	Rationale (see appendix A for criteria to consider)
Add questions on motivations for having sex, beyond only fertility or pleasure.	Not taken forward	Was thought too difficult to capture this complex concept in a succinct survey question and may be better addressed via qualitative research.
FGM/cutting		Initially taken forward to further development work as there are no existing general population prevalence data on this and it was felt that Natsal was one of the few surveys that could capture this. However, following engagement with several experts in the field (researchers, activists, service providers) these questions were not taken forward due to feedback about the insensitivity of asking these questions within the broader Natsal survey, without the appropriate forewarning, context and support that asking about FGM/cutting would require. In addition there were no existing set of questions available that had been designed for use in a survey like this, and it was felt that the work required to develop and test appropriate questions was out of scope of the budget and timescale available.
Suggestion to remove question on circumcision	Not taken forward	Reviewed and felt to be an important topic to retain in the Natsal-4 questionnaire.

### 6.3.13. Feedback not relating to the questionnaire content

We also received a range of feedback relating to the design of the survey (not relating to the questionnaire content itself). These were all fed back to the wider research team for consideration, but are not reported in detail in this report which focuses on the content of the questionnaire.



## 7 Conclusion and next Steps

Engaging with stakeholders has been critical for shaping Natsal-4, and the comments that we received via this consultation have directly influenced our questionnaire design work. This consultation, along with our other engagement and question testing work has brought us to a comprehensive Natsal-4 questionnaire. We believe this questionnaire takes account of critical societal shifts since Natsal-3, while preserving core questions to enable us to look at change over time and maintain a positive experience for survey respondents.

The next stage for Natsal-4 is a fieldwork pilot, which, due to COVID-19, has been postponed (previously planned for May 2020, but now currently scheduled for summer 2021). As a result of the COVID-19 pandemic the questionnaire is likely to require further review before piloting to ensure it is fit-for-purpose, and some reprioritisation of topics may be necessary to expand existing or new topics, in order to reflect recent changes in sexual behaviour, relationships, and access to services. Any such changes to the questionnaire will be based on further engagement with stakeholders, and results of our own and others' empirical work around the impacts of the pandemic.



## 8 Acknowledgements

The Natsal team would like to thank all those who took part in the consultation and provided information. This will be used to inform discussions about the content of the survey going forward.

List of organisations/named consultees who agreed to be listed in this report:

Cabinet Office

Home Office (Analysis and Insight)

Office for National Statistics – Social-Wellbeing analysis branch, Quality of Life branch and the Centre for Equalities and Inclusion

National Infection Service – Public Health England

Medical Research Council Biostatistics Unit, University of Cambridge (School of Clinical Medicine)

NHS Blood and Transplant

The Centre of expertise on child sexual abuse

University of Bristol, prostitution/sex work research team at the Centre for Gender and Violence Research

Warwick University

Sexuality and Intimacy in Later Life Forum/Edge Hill University

Survivors UK

LGBT Foundation

The Reward Foundation – Love, Sex and Internet

HIV Scotland

Association for Lichen Sclerosus and Vulval Health

DECIPHer

Untrap at Warwick

NHS Ayrshire & Arran

Sexual Health Department, NHS Ayrshire & Arran

NHS Orkney

Orkney Rape & Sexual Assault Service (ORSAS) SCIO

NHS Grampian



NHS Tayside

Sandyford initiative NHS GGC

Devon Rape Crisis and Sexual Abuse Services

Hwupenyu Health and Wellbeing Project

Apause/Health Behaviour Group

Association Culture and Law, Sibiu, Romani

We would also like to thank the researchers, health professionals, members of community groups, and members of the public who were integral to our further questionnaire development work following the consultation.



## 9 Appendices

### 9.1 Background information given to consultees

The British National Surveys of Sexual Attitudes and Lifestyles (Natsal) are among the largest and most detailed studies of sexual behaviour to have been undertaken anywhere in the world. Their data have been used extensively to improve understanding of sexual behaviour and to guide sexual and reproductive health policy and practice.

**To date, the Natsal studies have taken place every 10 years, involving large representative surveys that collect data on the sexual behaviours, attitudes, and lifestyles of people living in Britain.**

- Natsal-1 (1990-1991) interviewed 18,876 people aged 16-59 years.
- Natsal-2 (1999-2001) interviewed 12,110 people aged 16-44 years.
- Natsal-3 (2010-2012) interviewed 15,162 people aged 16-74 years.
- People are randomly selected, based on their postcodes, and invited to take part so that the surveys represent the general population in Britain. They are interviewed at home by trained interviewers, using a combination of computerised face-to-face and self-completion questions. The interview lasts just under an hour on average. Some participants are asked for biological samples e.g. urine samples to test for sexually transmitted infections (STIs).
- We are now planning a fourth Natsal survey, with interviews starting in 2021. We will interview around 10,000 people aged 15-59 years. By combining data with the previous surveys, we will be able to provide a comprehensive picture of the sexual health of the nation and how this changed over time generations.

For more information about what is planned for Natsal-4 click [here](#).

#### **Consultation on the content of the Natsal-4 questionnaire**

- This table shows the topics covered in the previous Natsal surveys. The full Natsal-3 questionnaire can be found [here](#). Note the questionnaire has filtering ('routing') which means that people are only asked the questions that are relevant to them. For example, someone who hasn't had sexual experience would not be asked further questions about sexual behaviours.

#### **For Natsal-4, we intend to include new questions on:**

- gender identity: a personal sense of your own gender, which may be the same or different to sex assigned at birth
- sexual wellbeing: a feeling of psychological wellbeing in relation to your sex life
- the use of technology in sexual lifestyles: including use of the internet and apps in meeting partners, accessing pornography, and accessing services and information about sex.



To make room for these new questions, and others that are suggested during this consultation process, we will need to remove some existing topics from the questionnaire. This consultation will help us understand which questions should be prioritised, which need to be changed, and which can be removed. In general, we will keep questions the same as in previous surveys wherever possible so that Natsal can be used to look at change over time.



Current questionnaire topic and how the questions are asked
<i>Face-to-face questions</i>
General health including health conditions, treatments and medications (including medication for depression), alcohol use, smoking
Who you lived with when growing up
Learning about sex
Attraction and experience
First experiences with someone of the opposite sex
Contraception
Periods, menopause and use of hormone replacement therapy
Attitudes to different kinds of relationship and sexual lifestyles
Perceived risk of HIV and other STIs
Socio-demographics (including household structure, marital status, economic activity, education)
Details of previous live-in partnerships
Sexual identity
Ethnicity
Religion
<i>Self-completion questions (only asked of those with some sexual experience)</i>
First experiences with someone of the same sex
Experience of different practices (vaginal, oral and anal intercourse, genital contact)
Sex in the last 4 weeks and condom use
Masturbation
Number of sexual partners in different time periods (lifetime, 5 years, 1 year, 3 months)
Detailed questions about (up to) three most recent people you had sex with (e.g. dates of sex, condom use, details about the person)
Having sex with people from other countries and sex while abroad
Experience of sex against your will
Paying for sex
Pregnancy history
Unplanned pregnancy
Children
Fertility intentions and infertility
Previous STI diagnoses
Use of sexual health services and STI and HIV testing
HPV vaccination and cervical screening
Circumcision (asked face-to-face for those who don't complete the self-completion)
Sexual function and satisfaction
Use of Viagra
Use of recreational drugs
Depressive symptoms
Attitudes to different kinds of relationship and sexual lifestyles
Perceived risk of HIV and other STIs
Details of previous live-in partnerships



### **How long is the consultation open for?**

The consultation has now closed. Thank you to everyone who has taken part.

### **I have questions about the survey or the consultation – who should I contact?**

Please email the research team at [natsal@ucl.ac.uk](mailto:natsal@ucl.ac.uk)

### **How will taking part in the consultation make a difference?**

This is your chance to shape the questions asked in the next Natsal. Your answers will help the research team make decisions about which questions should be included and excluded, and which need to be changed.

### **Will I be able to see the results of the consultation?**

We will produce a report summarising the findings of the consultation which will be available later in the year – you can leave your contact details in the consultation and indicate that you would like to be emailed about it. It will also be available on our website.

### **Are responses confidential?**

We will not publish your name, or any information which can identify you, but if you agree we may use your anonymised comments when reporting the results of the consultation. If you are responding on behalf of an organisation we will report a list of the organisations contributing to the consultation (you can opt-out of this in the final section of the consultation questionnaire).

### **Do I have to leave my name and contact details?**

No, you don't have to. However, if you would like to be kept up-to-date about the results of the consultation, invited to take part in further consultations or events relating to Natsal, or be sent more information about Natsal, please leave your contact details in the consultation questionnaire. If you would rather not leave your details here, you can still get updates about the survey – please email [natsal@ucl.ac.uk](mailto:natsal@ucl.ac.uk) and ask to be added to the mailing list.

### **Can I withdraw or change my consultation responses once I've taken part?**

You will not be able to go back and edit your consultation responses once you have submitted them. However if there's anything you'd like to add or change, or if you would like to withdraw your responses, you can email us at [natsal@ucl.ac.uk](mailto:natsal@ucl.ac.uk). Please note we can only change or withdraw responses if you have given your name/email address.





## Privacy notice

The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at [data-protection@ucl.ac.uk](mailto:data-protection@ucl.ac.uk). Information on how UCL uses participant information can be found in our 'general' privacy notice [here](#).

## What's planned for Natsal-4?

The fourth Natsal survey will interview 10,000 people aged 15-59 years. Survey answers will be combined with information from biological samples (e.g. urine to test for sexually transmitted infections) and routinely collected data (e.g. health records). We will oversample ('boost') young people and people from black African and black Caribbean groups to allow more detailed statistical analyses of these groups.

## Why has this age range been chosen?

The age range covered by Natsal has varied with each survey round. Although we wanted to include people over 59 years in Natsal-4, there were limited resources available and this was one of the difficult decisions we had to make. Natsal-3, which included people aged 16-74 years, focused on [how people's experiences vary throughout their lives](#). Natsal-4 will focus more on young people, including oversampling 15-29 year olds so that we can better understand variation within this age group. This is because young people experience the greatest social and sexual changes and are more likely to experience adverse sexual health outcomes than other groups. For the first time in Natsal's history, we are planning a lower age limit of 15 years, since [almost one-third of young people start having sex before 16](#). The survey development phase will consider the feasibility and ethics of this.

## Why are you boosting the numbers from black Caribbean and black African backgrounds?

Even with a sample size of around 10,000, we would not usually interview enough people from these groups to be able to analyse them separately. For this reason, in Natsal-3 we often had to group non-white ethnic groups together in analysis. Compared with people from other ethnic groups, people of black African ethnicity are disproportionately affected by HIV, and people of black Caribbean ethnicity are more likely to be diagnosed with some STIs or experience teenage pregnancy. This is why we have decided to boost the number of people we interview from these groups, so that they can be represented in the study's findings. Unfortunately, this kind of boost sample is resource intensive, and so we have not been able to oversample other ethnic minority groups.



### **What biological samples will Natsal-4 collect and what will they be used for?**

We will invite men and women to provide samples to test for sexually transmitted infections (STIs) ([Chlamydia trachomatis](#), [Neisseria gonorrhoeae](#), [Mycoplasma genitalium](#), [Trichomonas vaginalis](#), and for women only [Human Papillomavirus](#) (HPV)). These will be urine samples for men, and for women we will explore the feasibility of self-collected vulvo-vaginal swabs because these allow more accurate testing. We will assess the feasibility of returning clinically relevant results to participants using an online NHS results service. The biological samples will be stored in a biobank so that they can be used for future research. For example, the samples could be tested for the microbiota, which are the groups of microorganisms which inhabit our bodies: some are beneficial, but others may cause illness.

### **What routinely collected data will you use?**

All Natsal-4 participants will be invited to consent to link their survey and biological data to their health records and other routinely-collected data. Linking these records creates opportunities to expand the range of data we have to answer complex research questions in ways that have not previously been possible



## 9.2 The Natsal-4 consultation questionnaire

Below we provide a version of the consultation questionnaire, which was available to download from the Natsal website.

### [Natsal-4 questionnaire content consultation](#)

Welcome to the consultation on the questionnaire for Natsal: a survey of the British population's sexual health and wellbeing. Please read the [short summary about Natsal before taking part](#).

You may also want to look at the [frequently asked questions about the consultation](#).

### **Natsal consultation #addyourvoice**

The fourth Natsal will take place in 2021. We need to make sure the questions we ask are relevant to today's society and meet the needs of the people who use the survey's results.

#### **About this consultation**

This consultation will run from 30<sup>th</sup> June to 22<sup>nd</sup> July 2019. We will use the findings to help decide what information should be collected by the next Natsal. Please take part and add your voice as to the questions *you* think this valuable national resource should ask.

#### **The results**

The results of this consultation will be published in a short report on the Natsal website later this year. If you would like to be informed about the results of the consultation, please leave your contact details in the questionnaire.

#### **Getting in Touch**

If you have queries or comments about the consultation process, please email [natsal@ucl.ac.uk](mailto:natsal@ucl.ac.uk)

#### **Confidentiality and data protection**

When we report the results of the consultation, we intend to keep all individual responses anonymous. With your permission, we may publish some of the comments we receive, but we will not attach names to these. We will also give you the option to be kept up to date about Natsal – if you agree we will only contact you about things you have agreed to, and we will not share your contact details beyond the research team. You can complete the consultation without leaving your name and contact details. For UCL's privacy notice please click [here](#).



### **Alternative ways to have a say**

If you prefer, you can also give feedback over the phone – email us and we will arrange to call you.

*Please note that the consultation questions and the Natsal questionnaire include language of a sexual nature. Please only continue with this consultation if you are comfortable with this.*



## Consultation questions

### About you

1. Please tell us a bit about yourself. Are you taking part in this consultation as an individual, or on behalf of an organisation?

- Individual → Go to question 3
- Organisation → Go to question 2

### *For those taking part on behalf of ORGANISATIONS*

2.

a. Name of organisation you are completing this consultation on behalf of:

b. Type organisation (*Please select the option that best describes your organisation*)

- Research
- Clinical/Health service
- Charity/voluntary sector
- Community/grassroots
- Local or regional government
- National government department
- Private sector
- Other (please say what)

c. Focus of organisation (*select all that apply*)

- Sexual health
- Reproductive health
- General public health
- Education



- Human rights / advocacy for particular population groups
- Other (please say what)

**d.** Are you happy for us to list this organisation as having taken part in the consultation when we report the findings?

- Yes
- No

**For those taking part as INDIVIDUALS**

**3.** Are you taking part as a (*choose the option most relevant to you*):

- Member of the public
- Researcher
- Clinician/public health practitioner/therapist
- Representative of a charity, community group, or collective
- Service commissioner / Policy maker
- Teacher/Lecturer/Educator
- Other (please say what)

**4.** How did you hear about this consultation? (*select all that apply*)

- Email from the study team
- At the British Association of Sexual Health and HIV (BASHH) conference
- International Society for Socially Transmitted Diseases Research (ISSTD) conference
- Twitter
- Other social media (please say what)

- Word of mouth e.g. friends or colleagues



- Other

**5. Had you heard of Natsal before taking part in this consultation?**

- Yes → Go to question 6
- No → Go to question 8
- Not sure → Go to question 8

***For those who HAD heard of Natsal before taking part in this consultation***

**6. Have you ever used Natsal? (select all that apply)**

- Yes – for my own personal interest]
- Yes – to inform policy or practice]
- Yes – to monitor / evaluate policy]
- Yes – to compare local data with national figures]
- Yes – for planning services]
- Yes – data used for research purposes (own analyses)]
- Yes – published findings used for research purposes]
- Yes – questionnaire or methodology used for research purposes]
- Yes – for public engagement]
- Yes – for advocacy purposes]
- Yes – for teaching / training]
- Yes – other (please say what)]
- No → Go to question 7

***Qu.6. a, and b. For those who selected ANY of the yes options at Qu.6.***

**a.** If any specific Natsal questionnaire data or findings have been particularly useful to you it would be helpful to know more about what these were and how you used it. Otherwise please leave the box blank.



**b.** If you have used the results of the biological samples from Natsal before, it would be helpful to know more about how you used them. Otherwise please leave the box blank.

**7.** Do you expect to use the results of the next survey? *(select all that apply)*

- Yes – for my own personal interest
- Yes –to inform policy or practice
- Yes –to monitor / evaluate policy
- Yes – to compare local data with national figures
- Yes – for planning services]
- Yes – for research purposes (own analyses)]
- Yes – for research purposes (questionnaire or methodology)]
- Yes – for public engagement]
- Yes – for teaching / training]
- Yes – other (please say what)]
- No → Go to question 7.a
- Not sure → Go to question 7.a

***For those who selected NO or NOT SURE for Qu.7***

**a.** Please let us know if there's anything we could do to make the results or data more useful to you, otherwise leave blank.





**What should the next Natsal survey cover?**

8. The table on pages 6-8 shows the topics covered in the previous Natsal surveys, and new topics planned for the next survey. For each topic, please choose how important **you or your organisation** think it is for Natsal to include, as a survey that represents the views and experiences of the general population in Britain.

Please answer on a scale of 1 to 5, where 1 is not very important and 5 is very important, or choose don't know. Mark your answer by placing an x in your chosen box.

Questionnaire topic	1 Not very important questions to include	2	3	4	5 Very important questions to include	Don't know
<b>Learning about sex,</b> including: how you learned about sex, things you wished you'd known more about, how you would have liked to learn about them						
<b>Sexual attraction, experience, and identity</b>						
<b>Gender identity (NEW)</b>						
<b>First sexual experiences</b> (for both same and opposite-sex partners) including: age, partner's age, own willingness, partner's willingness, use of contraception, relationship to partner, how long you had known each other, reasons for having sex, whether you feel it happened at the right time						
<b>Contraception,</b> including methods used (ever, past year, currently), services used						

Questionnaire topic	1 Not very important questions to include	2	3	4	5 Very important questions to include	Don't know
<b>Periods, menopause and use of hormone replacement therapy</b>						
<b>Experience of different sexual practices</b> (vaginal, oral and anal intercourse, genital contact)						
<b>Masturbation</b>						
<b>Number of occasions of sex and condom use, in the last 4 weeks</b> including whether any of these partners were new partners						
<b>Number of sexual partners in different time periods</b> (lifetime, 5 years, 1 year, 3 months), including numbers of partners without using a condom.						
<b>Having sex with people from other countries</b>						
<b>Having sex while abroad</b>						
<b>Experience of sex against your will</b> (sexual coercion / violence)						
<b>Paying money for sex</b>						
<b>Pornography</b> ( <i>NEW</i> )						
<b>Use of technology (e.g. internet, apps) in sexual lifestyles</b> ( <i>NEW</i> )						
<b>Pregnancy history</b> (women): including dates of each pregnancy and its outcome						
<b>Unplanned pregnancy in the past year</b>						
<b>Children, including step and adopted</b> (men and women)						

Questionnaire topic	1 Not very important questions to include	2	3	4	5 Very important questions to include	Don't know
<b>Fertility intentions and infertility</b>						
<b>Previous STI diagnoses</b>						
<b>Use of sexual health services and STI and HIV testing</b>						
<b>HPV vaccination and cervical screening</b>						
<b>Perceived risk of HIV and other STIs</b>						
<b>Circumcision</b>						
<b>Sexual function</b> including experience of sexual difficulties, the relationship context, satisfaction with sex life, sources of support and medication (e.g. Viagra).						
<b>Sexual wellbeing</b> (a feeling of psychological wellbeing in relation to your sex life) <i>(NEW)</i>						
<b>Attitudes to different kinds of relationship and sexual lifestyles</b>						
<b>General health</b> including a measure of how good health is in general, disability and limiting illnesses						
<b>Mental health</b> including treatment for depression and mood/feelings about life in general						
<b>Smoking, drinking, and drug use</b>						
<b>Household</b> including marital status, who you live with, whether you own or rent the house						



Questionnaire topic	1 Not very important questions to include	2	3	4	5 Very important questions to include	Don't know
<b>Details of previous live-in partnerships</b> including dates, why relationship ended						
<b>Economic activity</b> (e.g. whether you are working and if so type of work, looking for work, studying etc),						
<b>Live-in partner's economic activity</b>						
<b>Household income</b>						
<b>Education and qualifications</b>						
<b>Who you lived with when growing up</b>						
<b>Parents' occupation</b>						
<b>Ethnicity and country of birth</b>						
<b>Religion</b>						



**9.** Are there any **additional questions** that you think it is important for the next Natsal to ask about? This could be a new topic not listed above, or new questions that you think should be added to an existing topic.

Please bear in mind that Natsal cannot explore in detail rare behaviours or experiences (those that affect less than around 2% of the population).

You can look at the full Natsal-3 questionnaire [here](#).

- Yes → Go to question 9.a
- No → Go to question 10
- Don't know → Go to question 10

**Qu. 9a. For those who selected YES for any additional questions on Natsal**

**a.** Please tell us which other questions or topics should be included in the next Natsal, and why.

Please bear in mind that we have limited space to include new questions in the survey, as we need to keep the interview a reasonable length for people who take part. So please give as much information as you can about why these new questions are important.

**10.** Are there any **existing questions** that you think need changing or updating (e.g. changes to the question wording or answer options)?

You can look at the full Natsal-3 questionnaire [here](#).

- Yes → Go to question 10.a
- No → Go to question 11
- Don't know

**Qu. 10.a. For those who selected YES for any existing questions that are thought to need changing or updating**

**a.** Please tell us what changes need to be made and why.



**11.** To make room for new questions in the next survey, we will have to remove some existing questions. Which questions would **you** choose to **remove** from the survey to make room for new questions? Please explain why if you can.

*You can see the list of broad topics again [here](#), or you can look at the full Natsal-3 questionnaire [here](#).*

*Please leave blank and move on to the next question if you don't know or aren't able to comment.*

**12.** If there are any other suggestions you'd like to make to the research team, please use this box:

### Contact details and communication preferences

It would be helpful for us to know who has taken part in this consultation. We will not publish individuals' names in any results summaries, they will only be seen by the Natsal research team. You don't have to complete these details if you prefer not to.

**13.** Name:

**14.** Questions regarding contact preferences

**a.** Are you happy for us to email you to discuss your answers to this consultation?

Yes

No

**b.** Would you like us to keep you updated by email about the results of this consultation?



- Yes
- No

**c.** Would you like us to keep you updated by email about Natsal more generally?

- Yes
- No

**For those who answered YES for questions 14.a, b, and c**

**15.** Email address (optional):

*This is so that we can keep you updated as you have indicated – we will not publish your email address or share it with anyone outside the research team.*

Email:
--------

**16.** Are you happy for us to anonymously report any comments you made in this consultation (for example if we publish a summary of the consultation results on our website)? We will not attach your name/your institution's name to these comments.

- Yes
- No, I would prefer my comments to remain confidential

**Thank you**

Thank you for taking part in this consultation, we really appreciate you taking the time to give us your thoughts. If you have any questions about the study, please email the team on [natsal@ucl.ac.uk](mailto:natsal@ucl.ac.uk), and follow [@NatsalStudy](https://twitter.com/NatsalStudy) on twitter for updates.



[Natsal.ac.uk](https://www.natsal.ac.uk)

[@NatsalStudy](https://twitter.com/NatsalStudy)