

AFFIX ID LABEL

**BOSTON AREA COMMUNITY HEALTH (BACH)
SURVEY
MEN'S QUESTIONNAIRE**



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If you have any questions or comments, please call the BACH Survey Project Director,
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- You should fill out this questionnaire by yourself. If you need help or have questions, the interviewer can help you. The interviewer has a blank copy and will not see any of your answers.
- We hope you are willing to answer all of the questions. If there are questions you prefer not to answer, just skip them.
- Please answer all questions to the best of your ability. There are no right or wrong answers, simply chose the best answer for each question by circling the number next to it.
- These questions are sensitive and personal, but they are an important part of this research. When you are finished, put the questionnaire into the envelope provided and seal it.
- Remember, all of your answers are confidential.
- Thank you for your help with this important health research.

The first set of questions asks about your sexual feelings and responses during the past 4 weeks. Please answer the following questions as honestly and clearly as possible. In answering these questions, please refer to the following definitions:

Sexual activity can include caressing, foreplay, masturbation and intercourse.

Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner’s sexual initiation, and thinking or fantasizing about having sex.

Sexual intercourse is defined as penile penetration (entry) of your partner.

Sexual arousal is a feeling that includes both physical and mental aspects of sexual excitement. It may include feelings of warmth or tingling in the genitals, or muscle contractions.

1. Over the past 4 weeks, **how satisfied** have you been with your **overall** sex life?

st4oasx_1

- Very satisfied 1
- Moderately satisfied 2
- About equally satisfied and dissatisfied..... 3
- Moderately dissatisfied..... 4
- Very dissatisfied..... 5

2. Over the past 4 weeks, **how often** did you feel sexual desire or interest?

fl4sdsin_1

- Almost always or always 1
- Most times (more than half the time) 2
- Sometimes (about half the time) 3
- A few times (less than half the time)..... 4
- Almost never or never 5

3. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest?

pt4sdsin_1

- Very high 1
- High 2
- Moderate 3
- Low 4
- Very low or none at all 5

4. Over the past 4 weeks, has a lack of enjoyment of sex or an inability to perform sexually been a problem for you?

nonjoysx4_1

- No problem 1
- Very small problem 2
- Small problem..... 3
- Medium problem 4
- Big problem..... 5
- No sexual activity 6

5. During the past 3 months, have you engaged in sexual activities, stimulation, or intercourse...

- | | YES | NO |
|---|------------|-----------|
| a. with a partner?
eng3sacp_1 | 1 | 2 |
| b. without a partner?
eng3sacnop_1 | 1 | 2 |

6. During the past 4 weeks, have you engaged in sexual activities, stimulation, or intercourse...

- | | YES | NO |
|---|------------|-----------|
| a. with a partner?
eng4sacp_1 | 1 | 2 |
| b. without a partner?
eng4sacnop_1 | 1 | 2 |

If you have engaged in sexual activities with a partner over the past 4 weeks, go to Question 8.

10. **How satisfied** have you been with the amount of **emotional closeness** during sexual activity, stimulation, or intercourse **with** your partner? **st4emlcl_1**

- Very satisfied 1
- Moderately satisfied 2
- About equally satisfied and dissatisfied 3
- Moderately dissatisfied 4
- Very dissatisfied 5
- No sexual activity with a partner 6

11. How do you rate your **confidence** that you could get and keep an erection? **rtcferc_1**

- Very low 1
- Low 2
- Moderate 3
- High 4
- Very High 5

12. When you had erections with sexual activity or stimulation, how often were your erections hard enough for penetration? **otercpnt_1**

- Almost never/never 1
- A few times (much less than half the time) 2
- Sometimes (about half the time) 3
- Most times (much more than half the time) 4
- Almost always/always 5
- No sexual activity 6

13. During sexual intercourse, **how often** were you able to maintain your erection after you had penetrated your partner? **otmnterc_1**

- Almost never/never 1
- A few times (much less than half the time) 2
- Sometimes (about half the time) 3
- Most times (much more than half the time) 4
- Almost always/always 5
- Did not penetrate your partner 6

14. During sexual intercourse, **how difficult** was it to maintain your erection to completion of intercourse? **dfmnterc_1**

- Extremely difficult..... 1
- Very difficult 2
- Difficult..... 3
- Slightly difficult 4
- Not difficult..... 5
- Did not attempt intercourse 6

15. When you attempted sexual intercourse, **how often** was it satisfactory for you? **ostxsatf_1**

- Almost never/never 1
- A few times (much less than half the time)..... 2
- Sometimes (about half the time) 3
- Most times (much more than half the time) 4
- Almost always/always 5
- Did not attempt intercourse 6

16. Regardless of whether you are currently sexually active, which response **best describes** who you have generally had sex with over your adult life? **whosxad_1**

- Have never had sex 1
- Only with women..... 2
- Mostly with women..... 3
- Both women and men 4
- Mostly with men 5
- Only with men 6

17. Regardless of whether you are currently sexually active, how would you define yourself?
sexornt_1

- Heterosexual 1
- Gay..... 2
- Bisexual..... 3
- Asexual..... 4
- Other 5

18. Do you have an abnormal bend or curvature in your penis?

bendingp_1

- Yes..... 1
- No..... 2

19. Have you ever been told by a healthcare provider that you have or had Peyronie's disease (abnormal curvature or bend in the penis)?

peyronied_1

- Yes..... 1
- No..... 2

If you answered “No” to Questions 18 and 19, go to Question 23.

20. Do you have a problem with the way your penis looks when it is erect?

penlooks_1

- No problem..... 1
- Very small problem..... 2
- Small problem..... 3
- Medium problem..... 4
- Big problem 5

21. Does your Peyronie's disease or abnormal curvature or bend in the penis make it difficult or impossible for you to have sexual intercourse?

peydnox_1

- Yes..... 1
- No..... 2 →Go to Question 23

22. Do you have a problem with this difficulty?

pbdiff_1

- No problem..... 1
- Very small problem..... 2
- Small problem..... 3
- Medium problem..... 4
- Big problem 5

We know that many people have had unwanted “sexual” or violent experiences as children or adults. These experiences may be so upsetting that they may not have been discussed with anyone. Sometimes they are forgotten for long periods of time, and sometimes they are frequently brought to mind. Please try to remember whether any of the following has occurred to you.

We would like to know if you experienced any of the following as a child (age 13 or younger) or as an adolescent/adult (age 14 or older). We know that it might be difficult to think about these experiences. For each question, please circle the best response. If YES, please tell us at what age(s) this happened to you.

			IF YES, How old were you when this happened?		
			Age 13 or younger	Age 14 or older	Age 13 or younger AND age 14 or older
23.	Has any adult done the following to you?	NO	YES		
a.	Exposed the sex organs of their body to you when you did not want it? exorg_1	2	1→	1	2 3 exorgage_1
b.	Threatened to have sex with you when you did not want this? thrsx_1	2	1→	1	2 3 thrsxage_1
c.	Touched the sex organs of your body when you did not want this? tchog_1	2	1→	1	2 3 tchogage_1
d.	Made you touch the sex organs of their body when you did not want this? yutch_1	2	1→	1	2 3 yutchage_1
e.	Forced you to have sex when you did not want this? frcsx_1	2	1→	1	2 3 frcsxage_1
f.	Have you had any other unwanted sexual experiences not mentioned above? ohuns_1	2	1→	1	2 3 ohunsage_1

If you never had any of these experiences, please go to Question 31.

24. What was your age the first time any of these unwanted sexual experiences happened?

fstsx_1

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25. What was your age the last time any of these unwanted sexual experiences happened?

lstsx_1

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26. How many times (different days) did this happen when you were age 13 or younger?

numchdsx_1

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27. How many times (different days) did this happen since age 14 or older?

numadsx_1

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28. How many times (different days) did this happen in the last two years?

adsx2yr_1

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29. And when this happened, were you ever afraid that you might be seriously injured or killed?
(Indicate for your worst incident)? **fearsx_1**

- Yes..... 1
No..... 2

For any unwanted sexual experiences, please tell us who did this. We are not asking for a name. Please tell if this experience occurred with this person when you were age 13 or younger (1), or when you were 14 years or older (2). If the experience with this person occurred at both ages, circle (3).

			IF YES,		
30. Please tell us who did this.	NO	YES	Age 13 or younger	Age 14 or older	Age 13 or younger AND age 14 or older
a. Parent, stepparent, guardian rentsx_1	2	1→	1	2	3 rentsxage_1
b. Other adult living in your home (e.g., mother’s boyfriend) adhmsx_1	2	1→	1	2	3 adhmsxage_1
c. Spouse/partner (can be an ex) spousx_1	2	1→	1	2	3 spousxage_1
d. Sibling sibsx_1	2	1→	1	2	3 sibsxage_1
e. Other family member ofamsx_1	2	1→	1	2	3 ofamsxage_1
f. Boyfriend/girlfriend bfgfsx_1	2	1→	1	2	3 bfgfsxage_1
g. Other teenager teensx_1	2	1→	1	2	3 teensxage_1
h. Other adult you knew oadsx_1	2	1→	1	2	3 oadsxage_1
i. Other adult you don’t know oaddksx_1	2	1→	1	2	3 oaddksxage_1
j. Someone else anyonsx_1 ↓ Specify: anyonsxsp_1 _____	2	1→	1	2	3 anyonsxage_1

The following questions ask about other unwanted experiences.

31. When you were a child (13 years or younger), did any adult do any of the following? If these things did not happen to you, circle 1 (NEVER).

	Never	Seldom	Occasionally	Often
a. Hit, kick, or beat you? chdbeat_1	1	2	3	4
b. Seriously threaten your life? chdthrlf_1	1	2	3	4

32. When you were an adolescent or adult (14 years or older), has any other adult done the following? If these things did not happen to you, circle 1 (NEVER).

	Never	Seldom	Occasionally	Often
a. Hit, kick, or beat you? adbeat_1	1	2	3	4
b. Seriously threaten your life? adthrlf_1	1	2	3	4

If you answered “Never” to Questions 31 and 32, go to Question 37.

33. What was your age the first time any of these experiences happened?

fsbeatthr_1

34. What was your age the last time any of these experiences happened?

lsbeatthr_1

35. How many times (different days) did this happen in the last two years?

beatthr2y_1

36. Did you suffer serious physical injuries, minor injuries, or no physical injuries as a result of any of these incidents?

injuries_1

- No injuries 1
- Minor injuries 2
- Serious physical injuries 3

37. When you were a child (13 or younger), did any adult emotionally abuse, humiliate, or insult you?

chdemlab_1

- Never 1
- Seldom 2
- Occasionally 3
- Often 4

38. When you were an adolescent or adult (14 years or older), did any adult emotionally abuse, humiliate, or insult you?

ademplabs_1

- Never 1
- Seldom 2
- Occasionally 3
- Often 4

If you answered “Never” to Questions 37 and 38, go to page 15.

39. What was your age the first time any of these experiences happened?

fsemlabs_1

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40. What was your age the last time any of these experiences happened?

lsemlabs_1

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41. How many times (different days) did this happen in the last two years?

emlabs2y_1

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For any unwanted physical or emotional experiences, please tell us who did this. We are not asking for a name. Please tell if this experience occurred with this person when you were age 13 or younger (1) or when you were 14 years or older (2). If the experience with this person occurred at both ages, circle (3). Then, in column 3, please tell us what this person did to you. If the person listed did not do this to you, please go to the next person on the list. Circle all that apply.

42.	NO	YES	IF YES,			IF YES, CIRCLE ALL THAT APPLY		
			Age 13 or younger	Age 14 or older	Age 13 or younger AND age 14 or older	Hit, kick, beat	Seriously threaten life	Emotionally abuse
a. Parent, stepparent, guardian grdpe_1	2	1→	1	2	3 grdpeage_1	1 grdpeh_1	2 grdpet_1	3 grdpee_1
b. Other adult living in your home (e.g., mother’s boyfriend) adhpe_1	2	1→	1	2	3 adhpeage_1	1 adhpeh_1	2 adhpet_1	3 adhpee_1
c. Spouse/partner (can be an ex) prtnrpe_1	2	1→	1	2	3 prtnrpeage_1	1 prtnrpeh_1	2 prtnrpet_1	3 prtnrpee_1
d. Sibling sibpe_1	2	1→	1	2	3 sibpeage_1	1 sibpeh_1	2 sibpet_1	3 sibpee_1
e. Other family member ofampe_1	2	1→	1	2	3 ofampeage_1	1 ofampeh_1	2 ofampet_1	3 ofampee_1
f. Boyfriend/girlfriend bfgfpe_1	2	1→	1	2	3 bfgfpeage_1	1 bfgfpeh_1	2 bfgfpet_1	3 bfgfpee_1
g. Other teenager teenpe_1	2	1→	1	2	3 teenpeage_1	1 teenpeh_1	2 teenpet_1	3 teenpee_1
h. Other adult you knew otadpe_1	2	1→	1	2	3 otadpeage_1	1 otadpeh_1	2 otadpet_1	3 otadpee_1
i. Other adult you don’t know adkpe_1	2	1→	1	2	3 adkpeage_1	1 adkpeh_1	2 adkpet_1	3 adkpee_1
j. Someone else neonepe_1 ↓ Specify: neonepesp_1	2	1→	1	2	3 neonepeage_1	1 neonepeh_1	2 neonepet_1	3 neonepee_1

Thank you for your help in this important research study. Please place the completed questionnaire in the envelope provided, seal it, and give it to the study interviewer.