

Diet, HPV and Oral Health Questionnaire

As part of the research study you agreed to take part in, there are some questions we would like to ask you. It is well known that smoking and drinking alcohol alter the environment in your mouth, so we would like to find out how much you smoke and how much alcohol you drink.

There is also recent evidence that a virus called HPV alters the cells within your mouth; HPV can be sexually transmitted. To better understand whether there is a link between oral HPV prevalence and sexual history we would like to ask you a few questions about your sexual history. While we understand this is a very sensitive topic, we would appreciate it if you would be willing to answer the following questions. The information gathered in this questionnaire is very important to the study. If you would prefer not to answer some of the questions please leave them blank.

Do not put your name or contact details on this form. It will only be linked to the samples you provided by the study ID number. Your samples will only be labelled with the study ID number.

Only the research team has access to this questionnaire and will keep any information contained in it confidential. Once you have completed the questionnaire please put it in the envelope provided and give it to a member of the research team. Do not put your name or other personally identifying information on it. If you have any questions regarding this questionnaire please ask a member the research team, who will be happy to help.

Many thanks.

Please complete the following details:

Age

Male Female

Smoking:

1) Please tick the box which best describes you smoking status:

Current smoker

Former smoker

Never smoked

2) How many years have you smoked for?

.....

3) How much tobacco did you/do you use on average?

Number of cigarettes per day.....

Number of hand rolled cigarettes per day

Other (please specify)

Alcohol:

4) How many days do you drink alcohol in a typical week?

.....

5) How many of the following do you drink in an average week?

Glasses of wine

Measures of spirits

Pints of beer/lager/cider

Vitamin supplements:

6) Do you currently take supplements containing vitamins?

Yes

No

If yes, please give details of type and frequency of consumption

.....

Sexual History

7) How old were you when you first had sexual intercourse?

.....

8) How many different sexual partners have you had in your life time?

.....

9) Have you ever performed oral sex on a partner?

Yes

No

10) If yes how many sexual partners have you performed oral sex on?

Male (please write the number of male partners)

Female (please write the number of female partners)

11) Have you ever been diagnosed or treated for genital warts?

Yes

No

Don't know

12) Have you ever been diagnosed or treated for oral warts?

Yes

No

Don't know

13) Have you ever had a sexual partner who has had genital or oral warts?

Yes

No

Don't know

Please answer the following questions if you have ever had sex with a woman (if not please go to question 16):

14) Have any of your sexual partners ever had an abnormal cervical (pap) smear?

Yes

No

Don't know

15) Have any of your sexual partners ever been diagnosed with cervical cancer?

Yes

No

Don't know

For women only (men please go to question 18):

16) Have you ever had an abnormal cervical (pap) smear?

Yes

No

Don't know

17) Have you ever been diagnosed with cervical cancer?

Yes

No

Don't know

For men only:

18) Are you circumcised?

Yes

No

Don't know

Thank you for completing the questionnaire.

Please place this in the envelope provided and hand it to the study team.

For free confidential information and advice on sexual health call:

NHS Sexual Health Helpline 0800 567 123

For advice and counselling on relationships and sex call:

Relate 0300 100 1234