



16. During your stay in Majorca, did you personally experience any of the following?:

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Been injured in an accident             | <input type="checkbox"/> | <input type="checkbox"/> |
| Needed to see a doctor / go to hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| Had personal belongings stolen          | <input type="checkbox"/> | <input type="checkbox"/> |
| Been physically or verbally threatened  | <input type="checkbox"/> | <input type="checkbox"/> |
| Been involved in an argument            | <input type="checkbox"/> | <input type="checkbox"/> |
| Been involved in a physical fight       | <input type="checkbox"/> | <input type="checkbox"/> |
| Been sexually harassed                  | <input type="checkbox"/> | <input type="checkbox"/> |

17. Did you visit Majorca with a sexual partner?

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

18. How many people did you have sex with in Majorca?

|                      |                      |
|----------------------|----------------------|
| Males                | Females              |
| <input type="text"/> | <input type="text"/> |

19. With how many of these did you always use a condom?

|                      |                      |
|----------------------|----------------------|
| Males                | Females              |
| <input type="text"/> | <input type="text"/> |

20. On any occasion this holiday, did you have sex that you felt was against your will?

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

21. How many people did you have sex with in the 12 months before your holiday?

|                      |                      |
|----------------------|----------------------|
| Males                | Females              |
| <input type="text"/> | <input type="text"/> |

22. If you have been in a fight or argument during your stay in Majorca, please answer the following questions: *If not, please continue to question 23*

|   |   |                      |                          |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
|---|---|----------------------|--------------------------|----------------------|--|-------------------------------------|-----------------------------------|---|--------------------------------|--|-------|----------------------|---------|----------------------|-----|--------------------------|----|--------------------------|--|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|---------|--------------------------|-------------------|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|---------------------------------|---------------------------------------|---------------------------------------|--|--|---|---------------------------------------|--------------------------------|
| <p>a) How many fights or arguments have you been involved in during this stay in Majorca?</p> <table border="0"> <tr> <td style="text-align: right;">Fights</td> <td><input type="text"/></td> <td style="text-align: right;">Arguments</td> <td><input type="text"/></td> </tr> </table> <p>b) Thinking about your <b>most serious</b> fight or argument in Majorca, was this a:</p> <p style="margin-left: 40px;">Fight? <input type="checkbox"/>                      Argument? <input type="checkbox"/></p> <p>c) Was your opponent(s):</p> <p style="margin-left: 40px;">A friend <input type="checkbox"/></p> <p style="margin-left: 40px;">A partner/spouse <input type="checkbox"/></p> <p style="margin-left: 40px;">A stranger <input type="checkbox"/></p> <p>d) What nationality was/were your opponent(s)?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>e) Where did the fight / argument occur?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">In the street <input type="checkbox"/></td> <td style="width: 50%;">At a hotel <input type="checkbox"/></td> </tr> <tr> <td>At a bar <input type="checkbox"/></td> <td>At a nightclub <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td></td> </tr> </table> <p>f) How many people were involved?</p> <table border="0"> <tr> <td style="text-align: right;">Males</td> <td><input type="text"/></td> <td style="text-align: right;">Females</td> <td><input type="text"/></td> </tr> </table> <p>g) At what time did it occur?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>h) Were the police involved or informed?</p> <table border="0"> <tr> <td style="text-align: right;">Yes</td> <td><input type="checkbox"/></td> <td style="text-align: right;">No</td> <td><input type="checkbox"/></td> </tr> </table> | Fights  | <input type="text"/> | Arguments                | <input type="text"/> | In the street <input type="checkbox"/> | At a hotel <input type="checkbox"/> | At a bar <input type="checkbox"/> | At a nightclub <input type="checkbox"/> | Other <input type="checkbox"/> |  | Males | <input type="text"/> | Females | <input type="text"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <p>i) At the time of the fight / argument, had you been drinking?</p> <table border="0"> <tr> <td style="text-align: right;">Yes</td> <td><input type="checkbox"/></td> <td style="text-align: right;">No</td> <td><input type="checkbox"/></td> </tr> </table> <p>j) Do you think your opponent(s) had been drinking?</p> <table border="0"> <tr> <td style="text-align: right;">Yes</td> <td><input type="checkbox"/></td> <td style="text-align: right;">No</td> <td><input type="checkbox"/></td> </tr> </table> <p>k) At the time of the fight / argument, had you taken any drugs?</p> <table border="0"> <tr> <td style="text-align: right;">Yes</td> <td><input type="checkbox"/></td> <td style="text-align: right;">No</td> <td><input type="checkbox"/></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>If yes, which drug(s)?</p> </div> <p>l) Was anyone injured?</p> <table border="0"> <tr> <td style="text-align: right;">Yes, me</td> <td><input type="checkbox"/></td> <td style="text-align: right;">Yes, someone else</td> <td><input type="checkbox"/></td> <td style="text-align: right;">No</td> <td><input type="checkbox"/></td> </tr> </table> <p>m) If you were injured, did you need medical treatment?</p> <table border="0"> <tr> <td style="text-align: right;">Yes</td> <td><input type="checkbox"/></td> <td style="text-align: right;">No</td> <td><input type="checkbox"/></td> </tr> </table> <p>n) Did the fight / argument start for any of the following reasons? (tick all that apply)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Insult <input type="checkbox"/></td> <td style="width: 50%;">Disagreement <input type="checkbox"/></td> </tr> <tr> <td>Self defence <input type="checkbox"/></td> <td>Queue jumping <input type="checkbox"/></td> </tr> <tr> <td>Competition over a sexual partner <input type="checkbox"/></td> <td>Pushing / crowding / spilt drink <input type="checkbox"/></td> </tr> <tr> <td>Just for fun <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> </table> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes, me | <input type="checkbox"/> | Yes, someone else | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Insult <input type="checkbox"/> | Disagreement <input type="checkbox"/> | Self defence <input type="checkbox"/> | Queue jumping <input type="checkbox"/> | Competition over a sexual partner <input type="checkbox"/> | Pushing / crowding / spilt drink <input type="checkbox"/> | Just for fun <input type="checkbox"/> | Other <input type="checkbox"/> |
| Fights  | <input type="text"/>                                      | Arguments            | <input type="text"/>     |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| In the street <input type="checkbox"/>  | At a hotel <input type="checkbox"/>                       |                      |                          |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| At a bar <input type="checkbox"/>   | At a nightclub <input type="checkbox"/>                   |                      |                          |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Other <input type="checkbox"/>  |   |                      |                          |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Males   | <input type="text"/>                                      | Females              | <input type="text"/>     |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Yes   | <input type="checkbox"/>                                  | No                   | <input type="checkbox"/> |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Yes   | <input type="checkbox"/>                                  | No                   | <input type="checkbox"/> |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Yes   | <input type="checkbox"/>                                  | No                   | <input type="checkbox"/> |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Yes   | <input type="checkbox"/>                                  | No                   | <input type="checkbox"/> |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Yes, me   | <input type="checkbox"/>                                  | Yes, someone else    | <input type="checkbox"/> | No                   | <input type="checkbox"/>               |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Yes   | <input type="checkbox"/>                                  | No                   | <input type="checkbox"/> |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Insult <input type="checkbox"/>   | Disagreement <input type="checkbox"/>                     |                      |                          |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Self defence <input type="checkbox"/>   | Queue jumping <input type="checkbox"/>                    |                      |                          |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Competition over a sexual partner <input type="checkbox"/>  | Pushing / crowding / spilt drink <input type="checkbox"/> |                      |                          |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |
| Just for fun <input type="checkbox"/>   | Other <input type="checkbox"/>                            |                      |                          |                      |  |                                     |                                   |   |                                |  |       |                      |         |                      |     |                          |    |                          |  |     |                          |    |                          |     |                          |    |                          |     |                          |    |                          |         |                          |                   |                          |    |                          |     |                          |    |                          |                                 |                                       |                                       |  |  |   |                                       |                                |

23. Excluding fights in Majorca, how many other fights have you been involved in during the last 12 months (write 0 if none)?

24. How would you define your financial level according to your country's average income?

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| High                     | Medium High              | Medium                   | Medium Low               | Low                      |
| <input type="checkbox"/> |

25. Do you think you will return to Majorca for a future holiday?

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

**Thank You**

For further information on this survey contact [k.e.hughes@ljmu.ac.uk](mailto:k.e.hughes@ljmu.ac.uk)



IREFREA



Centre for Public Health

