

Venue

Date

Time

Researcher ID

1699

GAY MEN'S SEXUAL HEALTH QUESTIONNAIRE

This questionnaire is part of a study of the sexual health of gay and bisexual men in Scotland, and is funded jointly by the Medical Research Council and Greater Glasgow Health Board.

The study is entirely voluntary and completely anonymous. There is no way the completed questionnaire can be traced back to you.

It is very important that you answer all the questions as fully as you can.

The questionnaire may take up to 10 minutes to complete.

Please fill it in now.

Then seal it in the envelope provided and hand it back to the researcher.

Please fill in the following:-

Your date of birth

Please write in the first part of your postcode e.g. G53

The first part of your postcode

Please write the initials of your mother's maiden name in the box below. This information produces a unique 'identity' for you in the study, but you will remain anonymous - we won't know who you are. If this name begins Mac or Mc, please miss this out.

e.g. Anna MacDonald =

Your mother's maiden name initials

This sheet will be torn off and kept separately from the rest of the questionnaire.

Which description best applies to what you do? (over the last four weeks).

Please tick one

employed
self-employed
unemployed
student
retired

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tell us what your job is/was called and describe what you do/did.

Job title (eg Heating engineer):

Job description (eg Installing central heating):

Does/did your firm/organisation have: fewer than 25 employees

Please tick one

more than 25 employees

<input type="checkbox"/>
<input type="checkbox"/>

Could you tell us what your highest educational qualifications are?
(e.g. Standard grades, highers, degree, SRN, Scotvecs, City and Guilds)

IN THE LAST MONTH

1699

- 1. With how many men have you had any sexual contact in the last month?
- 2. With how many men have you had anal sex in the last month?
- 3. With how many men have you had anal sex **WITHOUT** a condom in the last month?

If you haven't had anal sex in the last month or if you used a condom every time then please go to question 7.

Thinking about the times you fucked **WITHOUT condoms in the last month:**

- 4. How often was it with a casual partner?

Please tick

always	<input type="checkbox"/>
sometimes	<input type="checkbox"/>
never	<input type="checkbox"/>

- 5. How often did you know these partners' HIV status?

always	<input type="checkbox"/>
sometimes	<input type="checkbox"/>
never	<input type="checkbox"/>

- 6. Were any of these partners HIV positive?

yes	<input type="checkbox"/>
could have been	<input type="checkbox"/>
definitely not	<input type="checkbox"/>

WITHIN THE LAST 12 MONTHS

Totals should include the last month

- 7. With how many men have you had any sexual contact in the last 12 months?
- 8. With how many men have you had anal sex in the last 12 months?
- 9. With how many men have you had anal sex **WITHOUT** a condom in the last 12 months?
- 10. How many times has a condom torn or come off during anal sex in the last 12 months?

Total

If you haven't had anal sex in the last year then please go to question 16.

11. In the last year how often did you use condoms for anal sex?

please tick one box

always	<input type="checkbox"/>
sometimes	<input type="checkbox"/>
never	<input type="checkbox"/>

If you always used a condom, please go to question 15.

Thinking about the times you fucked WITHOUT condoms in the last year:

Please tick

12. How often was it with a casual partner?

always	<input type="checkbox"/>
sometimes	<input type="checkbox"/>
never	<input type="checkbox"/>


13. How often did you know these partners' HIV status?

always	<input type="checkbox"/>
sometimes	<input type="checkbox"/>
never	<input type="checkbox"/>

14. Were any of these partners HIV positive?

yes	<input type="checkbox"/>
could have been	<input type="checkbox"/>
definitely not	<input type="checkbox"/>

15. Within the last year, please think about the last time you had anal sex WITH a condom and the last time you had anal sex WITHOUT a condom:

What type was your partner...?	...last time you had anal sex WITH a condom?	...last time you had anal sex WITHOUT a condom?
<p><i>Please circle one letter</i> </p>	Regular romantic partner = A	Regular romantic partner = A
	New romantic partner = B	New romantic partner = B
	Regular partner-just sex = C	Regular partner-just sex = C
	One night stand = D	One night stand = D
	Anonymous partner = E	Anonymous partner = E

<p>How long had you known this partner? <i>For example: just met, a week, 2 years</i></p>		
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	<i>Please circle yes or no</i>		<i>Please circle yes or no</i>	
Did you fuck him?	Yes	No	Yes	No
Did he fuck you?	Yes	No	Yes	No
Did you know your HIV status?	Yes	No	Yes	No
Did you know his HIV status?	Yes	No	Yes	No

Please tell us how much you agree with the following statements by circling a number between 1 and 5.

16. I'm letting other people down when I have unsafe sex

strongly agree	agree	uncertain	disagree	strongly disagree
1	2	3	4	5

17. My sex partners never mention safer sex

strongly agree	agree	uncertain	disagree	strongly disagree
1	2	3	4	5

18. Most people I know always have safer sex

strongly agree	agree	uncertain	disagree	strongly disagree
1	2	3	4	5

19. Most of my friends think you should talk about safer sex with your partners

strongly agree	agree	uncertain	disagree	strongly disagree
1	2	3	4	5

20. Nobody has safer sex all the time

strongly agree	agree	uncertain	disagree	strongly disagree
1	2	3	4	5

21. My friends never tell me to have safer sex

strongly agree	agree	uncertain	disagree	strongly disagree
1	2	3	4	5

22. I'm letting myself down when I have unsafe sex

strongly agree	agree	uncertain	disagree	strongly disagree
1	2	3	4	5

23. You should tell your friends to always have safer sex

strongly agree	agree	uncertain	disagree	strongly disagree
1	2	3	4	5

Please circle

24. Have you ever been vaccinated against Hepatitis B? Yes No
25. Have you ever had a sexually transmitted disease? Yes No
26. Have you had a sexually transmitted disease in the last year? Yes No
27. Does your GP know you have sex with men? Yes No
28. Have you had an HIV antibody test? Yes No
29. If YES, what year did you have the HIV antibody test?

19

30. In the last month, how often did you go out on the gay scene?

Please circle one

4-5 times a week once or twice a week two to three times once never

31. In the last year, on how many occasions have you been to gay bars in Edinburgh?

Please circle one

none 1-2 times 3-6 times 7 or more times

**Thank you for your help in completing this questionnaire.
We hope to use the information you have provided to improve health services
for gay men.
If you would like to know more about safer sex and any of the issues raised in
this questionnaire then please don't hesitate to ask the researcher for more
information.**