

Venue

Date

Time

Researcher ID

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 by the Medical Research Council.

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

We aim to use the information you give us to devise new strategies to improve the sexual health of gay men in Scotland.

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

The questionnaire may take up to 15 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. EH6

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. Shirley MacRae =

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	<input type="checkbox"/>
self-employed	<input type="checkbox"/>
unemployed	<input type="checkbox"/>
student	<input type="checkbox"/>
retired	<input type="checkbox"/>

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

Job title (e.g. Heating engineer):

Job description (e.g. Installing central heating):

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

more than 25 employees

Please tick one

<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)

Do you have access to the internet ?

Please circle all that apply Yes (at home) Yes (at work) No Not sure

If yes,

Do you use the internet to access information about safer sex ?

Please circle one Yes (often) Yes (sometimes) Never

This questionnaire is very similar to one used in a survey at the end of 1996. Have you completed one of these questionnaires before?

Please circle

Yes

No

IN THE LAST MONTH

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 22.

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. In the last year have you been in a relationship?

Yes	No
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If NO, please go to question 21

If YES, thinking about your most recent relationship

Please circle

Do/did you and your boyfriend...

	Yes	Sometimes	No	Don't fuck
16. ...use condoms when you fuck?	Yes	Sometimes	No	Don't fuck
17. ...have an agreement to not use condoms with each other?	Yes	Yes, but the agreement was broken	No	N/A
18. ...have an agreement to not have sex with other people?	Yes	Yes, but the agreement was broken	No	N/A
19. ...have an agreement about the kind of sex you have with other partners?	Yes	Yes, but the agreement was broken	No	N/A
20. ...both have an HIV test before you stopped using condoms with each other?	Yes		No	N/A

21. 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 this 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 New romantic partner = B Regular partner-just sex = C One night stand = D Anonymous partner = E	Regular romantic partner = A New romantic partner = B Regular partner-just sex = C One night stand = D Anonymous partner = E

How long had you known this partner...? <i>For example: just met, a week, 2 years</i>		
Where did this take place? <i>e.g. My home, his home, a sauna, a public toilet, etc.</i>		
In which town / city / country did this take place? <i>e.g. Edinburgh, Ibiza, France</i>		
What kind of anal sex did you have? <i>Please tick one box</i>	We fucked each other <input type="checkbox"/> I fucked him <input type="checkbox"/> He fucked me <input type="checkbox"/>	We fucked each other <input type="checkbox"/> I fucked him <input type="checkbox"/> He fucked me <input type="checkbox"/>

Please circle yes or no

Please circle yes or no

Did you know your HIV status?	Yes No	Yes No
Did you know his HIV status?	Yes No	Yes No
Did you both have the same HIV status	Yes No Don't know	Yes No Don't know

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

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

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

23. My sex partners never mention safer sex

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

24. Most people I know always have safer sex

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

25. 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

26. Nobody has safer sex all the time

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

27. My friends never tell me to have safer sex

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

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

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

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

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

Please circle

30. Have you ever been vaccinated against Hepatitis B? Yes No

31. Have you ever been vaccinated against Hepatitis A? Yes No

32. Have you ever had a sexually transmitted disease? Yes No

33. Have you had a sexually transmitted disease in the last year? Yes No

34. In the last year, have you used any GUM (Genitourinary Medicine) services ?

Please circle as many as are appropriate

Yes, at Edinburgh
Royal Infirmary

Yes, at Edinburgh
Western General
Hospital

Yes, at other
hospitals

No

Not sure

If yes, how satisfied were you with the service you received there?

Very satisfied

Satisfied

Unsure

Not satisfied

Very unsatisfied

35. Does your GP know you have sex with men? Don't have a GP Yes No

36. Have you had an HIV antibody test? Yes No

37. If YES, what year did you have the HIV antibody test?

19

There are new treatments for HIV / AIDS.

Please tell us how much you agree with the following statements

38. I am less worried about HIV infection now that treatments have improved.

Please circle one

Strongly Agree

Agree

Unsure

Disagree

Strongly
Disagree

39. I believe that new drug therapies make people with HIV less infectious.

Please circle one

Strongly Agree

Agree

Unsure

Disagree

Strongly
Disagree

40. 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

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

Please circle one

none

1-2 times

3-6 times

7 or more times

42. Have you heard of the organisation 'Gay Men's Health'?

Please circle one response ☞

Yes No Not sure

43. Have you ever used any of the services provided by 'Gay Men's Health' ?

Please circle one response ☞

Yes No Not sure

If so, please tick which one(s) ☞

- 1. Counselling
- 2. Condoms & lube
- 3. Leaflets or booklets
- 4. Training
- 5. Workshops

- 6. Talking to staff or volunteers
- 7. Gay Men's Health Scene Events
- 8. West Lothian Group
- 9. Other (please give details)
-

44. How would you describe the services you used at 'Gay Men's Health' ?

Please circle one

Excellent Good Average Poor Very poor

45. Where do you usually get extra-strong condoms and lube from ?

Please circle one

N/A Bar jar C card Buy them from a shop Other (please give details)

.....

Please rate how strongly you agree with the following statements

46. The provision of free condoms and lube has encouraged me to practice safer sex.

Please circle one

Strongly Agree Agree Unsure Disagree Strongly Disagree

47. The provision of free condoms and lube has enabled me to practice safer sex.

Please circle one

Strongly Agree Agree Unsure Disagree Strongly Disagree

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.