

Venue

Date

Time

Researcher ID

survey 2002

**gay men's sexual health
Edinburgh**

INFORMATION ABOUT THIS SURVEY

This page provides some information about the survey.

Why carry out this survey?

To collect information on the sexual behaviour of gay and bisexual men in Scotland in order to improve sexual health services.

Who funds the survey?

The survey is funded by the Medical Research Council.

What is involved?

The questionnaire may take about 10 minutes to complete. It is entirely voluntary, anonymous and completely confidential. Do not put your name on the questionnaire. There is no way the completed questionnaire can be traced back to you.

Please answer all the questions as fully as you can. You are free to leave any question you do not want to answer or which is not relevant – although we hope you will answer all that are applicable.

What will be done with the survey?

Your responses will be added to the responses of everyone else and entered onto a computer for statistical analysis.

We aim to use the information you give us to devise new strategies to improve the sexual health of gay men in Scotland. We would be grateful for your co-operation in completing this questionnaire.

All information collected in this questionnaire will be confidential. Do not write your name on the questionnaire.

If you have any questions or comments on the survey, please contact the main researcher (Lisa Williamson) on 0141 357 3949 during office hours or by email at the following address: lisa@msoc.mrc.gla.ac.uk

Please fill in the questionnaire now.

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

Thank you for your help.

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

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.

If this name begins Mac or Mc, please miss this out.

e.g. Shirley MacRae =

Your mother's maiden name initials

This information produces a unique 'identity' for you in the study, but you will remain anonymous - we won't know who you are.

Please tick or give a number as appropriate.

1. In the last 12 months where have you met sexual partners?

Please tick all that apply

- | | | | | | |
|---------------------------|--------------------------|---|------------------------|--------------------------|----|
| A bar / club | <input type="checkbox"/> | 1 | A backroom | <input type="checkbox"/> | 7 |
| A sauna | <input type="checkbox"/> | 2 | A telephone chatline | <input type="checkbox"/> | 8 |
| An outdoor cruising area | <input type="checkbox"/> | 3 | The Internet | <input type="checkbox"/> | 9 |
| Personal ads in the press | <input type="checkbox"/> | 4 | A private party | <input type="checkbox"/> | 10 |
| At work / college | <input type="checkbox"/> | 5 | Other (please specify) | <input type="checkbox"/> | 11 |
| Through friends | <input type="checkbox"/> | 6 | | | |

IN THE LAST MONTH

2. With how many men have you had any sexual contact in the last month?

3. With how many men have you had anal sex in the last month?

4. 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 8 →

Thinking about the times you had anal sex WITHOUT condoms in the last month

5. How often was it with a casual partner?

- | | | |
|-----------|--------------------------|---|
| Always | <input type="checkbox"/> | 3 |
| Sometimes | <input type="checkbox"/> | 2 |
| Never | <input type="checkbox"/> | 1 |

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

- | | | |
|-----------|--------------------------|---|
| Always | <input type="checkbox"/> | 1 |
| Sometimes | <input type="checkbox"/> | 2 |
| Never | <input type="checkbox"/> | 3 |

7. Were any of these partners HIV positive?

- | | | |
|-----------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 3 |
| Could have been | <input type="checkbox"/> | 2 |
| Definitely not | <input type="checkbox"/> | 1 |

WITHIN THE LAST 12 MONTHS
Totals should include the last month

8. With how many men have you had any sexual contact in the last 12 months?
9. With how many men have you had anal sex in the last 12 months?
10. With how many men have you had anal sex **WITHOUT** a condom in the last 12 months?
11. How many times has a condom torn or come off during anal sex in the last 12 months?
12. In the last 12 months have you been in a relationship with the same person?

Total

For all of the 12 months	<input type="text"/>	1
For some of the 12 months	<input type="text"/>	2
For none of the 12 months	<input type="text"/>	3

If you haven't had anal sex in the last 12 months then please go to question 18 →

13. In the last 12 months how often did you use condoms for anal sex?

Always	<input type="text"/>	1
Sometimes	<input type="text"/>	2
Never	<input type="text"/>	3

If you always used a condom, please go to question 17 →

Thinking about the times you had anal sex **WITHOUT condoms in the last 12 months**

14. How often was it with a casual partner?

Always	<input type="text"/>	3
Sometimes	<input type="text"/>	2
Never	<input type="text"/>	1

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

Always	<input type="text"/>	1
Sometimes	<input type="text"/>	2
Never	<input type="text"/>	3

16. Were any of these partners HIV positive?

Yes	<input type="text"/>	3
Could have been	<input type="text"/>	2
Definitely not	<input type="text"/>	1

17. 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 tick one box</i></p> <p>Regular romantic partner <input type="checkbox"/>₁</p> <p>New romantic partner <input type="checkbox"/>₂</p> <p>Regular partner-just sex <input type="checkbox"/>₃</p> <p>One night stand <input type="checkbox"/>₄</p> <p>Anonymous partner <input type="checkbox"/>₅</p>	<p><i>Please tick one box</i></p> <p>Regular romantic partner <input type="checkbox"/>₁</p> <p>New romantic partner <input type="checkbox"/>₂</p> <p>Regular partner-just sex <input type="checkbox"/>₃</p> <p>One night stand <input type="checkbox"/>₄</p> <p>Anonymous partner <input type="checkbox"/>₅</p>
Did you know your HIV status?	<p>Yes, HIV negative <input type="checkbox"/>₁</p> <p>Yes, HIV positive <input type="checkbox"/>₂</p> <p>Didn't know HIV status <input type="checkbox"/>₃</p>	<p>Yes, HIV negative <input type="checkbox"/>₁</p> <p>Yes, HIV positive <input type="checkbox"/>₂</p> <p>Didn't know HIV status <input type="checkbox"/>₃</p>
Did you know his HIV status?	<p>Yes, HIV negative <input type="checkbox"/>₁</p> <p>Yes, HIV positive <input type="checkbox"/>₂</p> <p>Didn't know HIV status <input type="checkbox"/>₃</p>	<p>Yes, HIV negative <input type="checkbox"/>₁</p> <p>Yes, HIV positive <input type="checkbox"/>₂</p> <p>Didn't know HIV status <input type="checkbox"/>₃</p>

18. Do you have access to the Internet?

Please tick all that apply

Yes (at home) ₁ Yes (at work) ₂ Yes (other) ₃ No ₄ Not sure ₅

Please specify

19. Have you used the Internet to look for a sexual partner in the last 12 months?

Yes ₁ if yes, please go to question 20 ↓

No ₂ if no, please go to question 25 →

20. Why did you use the Internet to look for a sexual partner?

Please tick all that apply

It's exciting ₁ It's a safe place to cruise ₅

To find men who like the same kind of sex as me ₂ It's anonymous ₆

For anal sex without a condom (barebacking) ₃ I don't have to leave the house ₇

It's the only way to meet other men ₄ Other (please specify) ₈

.....

21. How often do you log on to look for a sexual partner (on average)?

Daily ₁ 2-3 times a week ₂ Once a week ₃ 2-3 times a month ₄ Once a month ₅ 2-3 times a year ₆

22. In the last 12 months have you had anal sex WITHOUT condoms with men you met through the Internet?

Yes ₁ if yes, please go to question 23 ↓
No ₂ if no, please go to question 25 ↓

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

Always ₁
Sometimes ₂
Never ₃

24. Were any of these partners HIV positive?

Yes ₃
Could have been ₂
Definitely not ₁

25. Have you used the Internet to access information about safer sex?

Yes, once ₁ Yes, occasionally ₂ Yes, frequently ₃ No, never ₄

26. Do you access safer sex information elsewhere? Yes ₁ No ₂

If yes, please indicate where:

Please tick all that apply

The gay press ₁
A Helpline (e.g. Gay Switchboard) ₂
Leaflets/information at gay venues ₃
GUM clinics ₄
Friends ₅
Other (please specify) ₆

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27. Have you ever been vaccinated against Hepatitis B? Yes ₁ No ₂

28. Have you ever been vaccinated against Hepatitis A? Yes ₁ No ₂

29. Have you ever had a sexually transmitted infection?

Please tick all that apply

- Yes, gonorrhoea ₁ Yes, genital warts ₃ Yes, syphilis ₅ No ₇
Yes, chlamydia ₂ Yes, genital herpes ₄ Other ₆
(please specify)

30. Have you had a sexually transmitted infection in the last 12 months?

Please tick all that apply

- Yes, gonorrhoea ₁ Yes, genital warts ₃ Yes, syphilis ₅ No ₇
Yes, chlamydia ₂ Yes, genital herpes ₄ Other ₆
(please specify)

- 31. Have you had an HIV antibody test?** Yes ₁ if yes please go to question 32 ↓
No ₂ if no please go to question 35 ↓

32. What year did you last have the HIV test?

33. What was the result of your last HIV test?

- HIV positive ₁ HIV negative ₂

34. How many HIV tests have you ever had?

35. If you have not had an HIV test in the last 12 months, why not?

Please tick all that apply

- I'm certain I know my HIV status ₁
I haven't put myself at risk of HIV infection ₂
I don't want to know if I have HIV infection ₃
I don't know where to get a confidential HIV test ₄
I don't want others to know (e.g. insurance) ₅
I'm too frightened of the results ₆
Other (please specify) ₇

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36. How many people do you know who are HIV positive?

none
₁

one
₂

2-3
₃

4-6
₄

7 plus
₅

37. Please tell us how much you agree with the following statements about new treatments for HIV / AIDS.

	Strongly disagree	Disagree	Agree	Strongly agree
I am less worried about HIV infection now that treatments have improved.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I believe that new drug therapies make people with HIV less infectious.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

38. In the last 12 months have you used any GUM (Genitourinary Medicine) services?

Please tick all that apply

Yes, at Edinburgh Royal Infirmary ₁

Yes, at Edinburgh Western General Hospital ₂

Yes, elsewhere ₃

Not sure ₄

No ₅

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

Very satisfied ₁ Satisfied ₂ Unsure ₃ Not satisfied ₄ Very unsatisfied ₅

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

Yes ₁ No ₂ Not sure ₃

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

Yes ₁ please go to question 42 →

No ₂ please go to question 43 →

Not sure ₃ please go to question 43 →

42. Which of the services provided by 'Gay Men's Health' have you used?

If you have used any of these services, please also indicate how you would rate them.

Please tick all that apply

		Excellent	Good	Average	Poor	Very Poor
Counselling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Condoms & lube	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Leaflets or booklets	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Training	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Workshops	<input type="checkbox"/> ₅	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Talking to staff or volunteers	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Gay Men's Health Scene Events	<input type="checkbox"/> ₈	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
West Lothian Group	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other (please specify)	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
.....						

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

4-5 times a week	Once or twice a week	Two to three times a month	Once a month	Less than once a month
<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

44. Which bars do you regularly go to?

Please tick all that apply

CC Blooms	<input type="checkbox"/> ₁	Planet Out	<input type="checkbox"/> ₄
Frenchies Bar	<input type="checkbox"/> ₂	Stag & Turret	<input type="checkbox"/> ₅
Newtown Bar	<input type="checkbox"/> ₃		

45. In the last 12 months on how many occasions have you been to gay bars in Glasgow?

None

 ₁

1-2 times

 ₂

3-6 times

 ₃

7 or more times

 ₄

46. Do you regularly join in the activities of any of the following types of organisation?

Please tick all that apply

Gay organisations (any group or activity specifically for gay men)

 ₁

Political parties, trade unions, environmental groups

 ₂

Tenants groups, residents groups, neighbourhood watch

 ₃

Church, other religious groups, charitable organisations

 ₄

Education, arts or music groups, evening classes

 ₅

Sports club, gym, exercise classes

 ₆

Other groups or organisations (please specify)

 ₇

.....

None of the above

 ₈

47. In total, how many different organisations are there whose activities you regularly join in with?

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

Employed	<input type="checkbox"/>	1
Self-employed	<input type="checkbox"/>	2
Unemployed	<input type="checkbox"/>	3
Student	<input type="checkbox"/>	4
Retired	<input type="checkbox"/>	5

49. 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):

50. Does/did your firm/organisation have: fewer than 25 employees ¹
more than 25 employees ²

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

52. This questionnaire is very similar to one used in surveys in bars in Edinburgh and Glasgow in 1996 and in 1999. Do you remember completing either of these questionnaires?

Please tick all that apply

Yes 1999 ₁

Yes 1996 ₂

Unsure ₃

No ₄

You have reached the end of the questionnaire.

Please seal the completed questionnaire in the envelope provided and hand it back to the researcher.

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 or any of the issues raised in this questionnaire then please don't hesitate to ask the researcher for more information.

Many thanks for you time and co-operation.