

24. Please tell us how much you agree with the following statements about 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that new drug therapies make people with HIV less infectious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Have you heard of the following gay men's or sexual health services?

Please tick all that apply

	Yes	No	Not sure
Phace Scotland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steve Retson Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandyford Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasgow LGBT Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. In the last 12 months have you used any of the following services?

Please tick all that apply

	Yes	No	Not sure
Phace Scotland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steve Retson Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GUM at the Sandyford Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GUM outside Glasgow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasgow LGBT Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4-5 times a week

1-2 times a week

2-3 times a month

once a month

<1 a month

28. What age are you? _____ years

29. What is the first part of your postcode? (e.g. G42)

30. Are you currently...?

Employed Self-employed

Unemployed Retired

Student

31. 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)

32. Could you tell us what your highest educational qualifications are?

(e.g. Standard grades, highers, degree, SRN, Scotvecs, City and Guilds)

Many thanks for your time and help in completing this questionnaire. We hope to use the information you have provided to improve health services for gay men

The questionnaire is entirely voluntary, anonymous and completely confidential. Do not put your name on the questionnaire.

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

Funded by the Medical Research Council

IDNO

survey 2005

**gay men's sexual health
Glasgow**

Please tick or give a number as appropriate. Try to answer all the questions as fully as you can.

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

Please tick all that apply

- Bar / club Sauna/backroom
Internet Chatline/personal ads
Work/college Private party/friends
Outdoor cruising area Other (please specify) _____

2. Are you currently in a relationship with a man?

Yes how long? → _____ years _____ months

No → if no go to question 4

IF yes

3. Do you know your regular partner's HIV status?

HIV positive HIV negative Don't know

4. With how many men have you had any sexual contact in the last 12 months?

5. With how many men have you had anal sex in the last 12 months?

6. With how many men have you had anal sex WITHOUT a condom in the last 12 months?

7. How many times has a condom torn or come off during anal sex in the last 12 months?

If you haven't had anal sex WITHOUT condoms in the last 12 months please go to question 11 ↓

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

8. How often was it with a casual partner?

Always Sometimes Never

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

Always Sometimes Never

10. Were any of these partners HIV positive?

Yes Could have been Definitely not

11. In the last 12 months, have any of your oral sex partners ejaculated in your mouth? (whether or not you swallowed)

Yes No → if no go to question 13

IF yes

12. How many partners ejaculated in your mouth?

13. In the last 12 months, have you ejaculated in a partner's mouth?

Yes No → if no go to question 15

IF yes

14. With how many partners?

15. In the last 12 months, to how many of your casual sex partners did you tell your HIV status?

None Some All No casual partners

16. In the last 12 months, how many of your casual sex partners told you their HIV status?

None Some All No casual partners

17. Have you had a sexually transmitted infection in the last 12 months? Please tick all that apply

Yes, gonorrhoea Yes, genital warts

Yes, genital herpes Yes, chlamydia

Yes, syphilis Other (please specify)

No _____

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

19. Have you had an HIV antibody test?

Yes No → if no go to question 23

20. What year did you last have an HIV test?

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

HIV positive HIV negative Don't know

22. How many HIV tests have you ever had?

23. What do you believe your current HIV status is?

HIV positive HIV negative Don't know