

21. How often do you have HIV tests?

- I test once every 6 months ₁
- I test once a year ₂
- I test once every 2 to 3 years ₃
- I test when I think I have been at risk ₄
- I have only had one HIV test ₅
- Other (please specify) ₆

22. How many HIV tests have you had in the last 2 years?

tests

23. Have you had a sexually transmitted infection (STI) other than HIV in the last 12 months?

- Yes ₁ No ₂

24. When was your most recent STI test?

- In the last 6 months ₁
- Between 6 months and 12 months ago ₂
- Over 12 months ago ₃
- Never had an STI test ₄

If over 12 months or never, please go to question 26 →

25. Where have you been tested for HIV or other STIs in the last 12 months?

- Please tick YES or NO for each option*
- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| The Steve Retson Project | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| Another sexual health / GUM clinic (eg Sandyford Central or hub) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| The Brownlee | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| GP practice/surgery | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| A gay bar/sauna | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| I used a home testing kit | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

26. How much do you agree with the following statements?

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

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

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

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

27. Researchers are testing pre-exposure prophylaxis (PREP) – taking antiretroviral pills daily to help prevent HIV in HIV-uninfected people at high risk. This is different from PEP which is taken AFTER exposure.

Have you heard of PREP?

- Yes ₁ No ₂ Don't know ₃

28. Would you be willing to take part in a PREP research study, if one was to take place?

- Yes ₁ No ₂ Don't know ₃

If not, can you tell us why?

29. If PREP were available, how likely is it that you would take a pill on a daily basis to prevent HIV infection?

- very likely ₁ likely ₂ uncertain ₃ unlikely ₄ very unlikely ₅

If not, can you tell us why?

Many thanks for your time and help in completing this questionnaire. Please seal it in the envelope provided and return it to the researcher who gave it to you.

gay & bisexual men's sexual health survey 2011

Glasgow

PLACE
BARCODE
HERE

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

1. How would you describe your sexual orientation?

Gay ₁ Bisexual ₂ Straight ₃ Other ₄

2. What age are you? years

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

4. Are you currently...?

Employed ₁

Self-employed ₂

Unemployed ₃

Retired ₄

Student ₅

5. Could you tell us what your highest educational qualifications are?
(e.g. Standard Grades, Highers, A Levels, Degree)

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

4 - 5 times a week ₁

1 - 2 times a week ₂

2 - 3 times a month ₃

once a month or less ₄

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?

If you HAVE NOT had anal sex without a condom in the last 12 months please go to question 15 →

Thinking about the times you had anal sex WITHOUT a condom in the last 12 months...

10. How often was this with a casual partner?

Always ₁ Sometimes ₂ Never ₃

11. How often did you talk about HIV with your partners?

Always ₁ Sometimes ₂ Never ₃

12. How often did you know your partners' HIV status?

Always ₁ Sometimes ₂ Never ₃

13. Were any of these partners HIV positive?

Yes, all ₁ Yes, some ₂ No ₃ Don't know ₄

14. How often were you...

Please tick ONE answer for each option

	Always	Some times	Never
Drunk on alcohol?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Using poppers (nitrite inhalers)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Using Viagra or other erectile dysfunction drug?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Using stimulant drugs (e.g. speed, cocaine etc)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Using other recreational or illicit drugs? (e.g. ecstasy, ketamine) ↓ (please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

15. In the last 12 months have you paid a man (with money or other goods) to have sex with you?

Yes ₁ No ₂

16. In the last 12 months have you been paid by a man (with money or other goods) to have sex with him?

Yes ₁ No ₂

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

HIV positive ₁ HIV negative ₂ Don't know ₃

18. When was your most recent HIV test?

In the last 6 months ₁

Between 6 months and 12 months ago ₂

Between 1 and 5 years ₃

Over 5 years ago ₄

Never had an HIV test ₅ if never, go to question 23 →

19. Why did you have your most recent HIV test?

Please tick YES or NO for each option

	Yes	No
Part of a sexual health check-up	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Had unprotected sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Condom burst, split, tore or came off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Changed sex partner / started new relationship	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Test regularly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (please specify) ↓	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

20. What was the result of your most recent HIV test?

HIV positive ₁ HIV negative ₂ Don't know ₃