

**24. 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
A clinic for gay men (e.g. The Steve Retson Project or The Gay Man's Clinic at Edinburgh Royal Infirmary)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Another sexual health/GUM clinic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
HIV clinic (e.g. the Brownlee)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
An outreach or community clinic (e.g. ROAM, SRP@GMH, THT Fast Test service or GMH/NHS Lothian 10a clinic)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
GP practice/surgery	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A gay bar/sauna	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
I used a home testing kit	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**25. How much do you agree or disagree with the following statements?**

	strongly agree	agree	uncertain	disagree	strongly disagree
A person on HIV treatments is unlikely to transmit HIV	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
A person with an undetectable viral load cannot pass on HIV	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Because of HIV treatments I'm less worried about HIV infection than I used to be	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Taking HIV treatments is simple and straightforward	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
HIV-positive people are healthier when they are taking combination HIV treatment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
The drugs used in HIV treatments can have many side effects	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

HIV self testing kits were licensed in the UK in April. This will enable men to do a test themselves and get the result immediately. This is different from self sampling, when you do the test at home, but send the sample to a laboratory for testing.

**26. Have you heard of HIV self testing kits?**

	Yes	No	Don't know
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**27. How likely is it that you would use a self testing kit?**

	very likely	likely	uncertain	unlikely	very unlikely
On your own	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
With a partner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
In a community clinic or other supervised location	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
If you had to pay for the test kit	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
If the test kit was freely available on the NHS	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**28. Can you tell us the circumstances in which you would use an HIV self testing kit?**

Please tick YES or NO for each option

	Yes	No
Instead of going to a clinic for a test	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Instead of using a self sampling kit (i.e. when sample is sent to lab for testing)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Before having sex with a new partner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
After a condom bursts or having unprotected sex	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Other (please specify) 	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

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 2014

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 <sub>1</sub>      Bisexual <sub>2</sub>      Straight <sub>3</sub>      Other <sub>4</sub>

**2. What age are you?**

years

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

**4. Are you currently...?**

Employed <sub>1</sub>      Self Employed <sub>2</sub>      Unemployed <sub>3</sub>      Retired <sub>4</sub>      Student <sub>5</sub>

**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 <sub>1</sub>      1-2 times a week <sub>2</sub>      2-3 times a month <sub>3</sub>      Once a month or less <sub>4</sub>

**7. Do you ever go online or use an app to meet sexual partners?**

Yes <sub>1</sub>      No <sub>2</sub>

**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?**

If you HAVE NOT had anal sex without a condom in the last 12 months please go to question 14 ➔

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

**11. How often was this with a casual partner?**

Always <sub>1</sub>      Sometimes <sub>2</sub>      Never <sub>3</sub>

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

Always <sub>1</sub>      Sometimes <sub>2</sub>      Never <sub>3</sub>

**13. Were any of these partners HIV positive?**

Yes, all <sub>1</sub>      Yes, some <sub>2</sub>      No <sub>3</sub>      Don't know <sub>4</sub>

**14. Have you...**

Please tick all that apply

Never      Ever      In last 12 months

Been fisted <sub>1</sub>      <sub>2</sub>      <sub>3</sub>

Taken part in group sex/sex party <sub>1</sub>      <sub>2</sub>      <sub>3</sub>

Had bleeding from the rectum after anal sex <sub>1</sub>      <sub>2</sub>      <sub>3</sub>

Taken part in any other sexual activity that could lead to bleeding (e.g. bondage, dominance/submission, sadism/masochism) <sub>1</sub>      <sub>2</sub>      <sub>3</sub>

Injected drugs (e.g. slamming) <sub>1</sub>      <sub>2</sub>      <sub>3</sub>

Snorted drugs (e.g. amphetamines, ketamine, cocaine etc.) <sub>1</sub>      <sub>2</sub>      <sub>3</sub>

Used new psychoactive substances (e.g. legal highs) <sub>1</sub>      <sub>2</sub>      <sub>3</sub>

**15. What do you believe your current HIV status is?**

HIV positive <sub>1</sub>      HIV negative <sub>2</sub>      Don't know <sub>3</sub>

**16. When was your most recent HIV test?**

Please tick ONE box

In the last 6 months <sub>1</sub>

Between 6 months and 12 months ago <sub>2</sub>

Between 1 and 5 years <sub>3</sub>

Over 5 years ago <sub>4</sub>

Never had an HIV test <sub>5</sub>

If never, go to question 20 ➔

**17. 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 <sub>1</sub>      <sub>2</sub>

Had unprotected sex <sub>1</sub>      <sub>2</sub>

Condom burst, split, tore or came off <sub>1</sub>      <sub>2</sub>

Changed sex partner / started new relationship <sub>1</sub>      <sub>2</sub>

Test regularly <sub>1</sub>      <sub>2</sub>

Other (please specify) <sub>1</sub>      <sub>2</sub>



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

HIV positive <sub>1</sub>      HIV negative <sub>2</sub>      Don't know <sub>3</sub>

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

tests

**20. Have you ever been tested for the Hepatitis C (HepC) virus?**

Yes <sub>1</sub>      No <sub>2</sub>      Don't know <sub>3</sub>

**21. What was the result of your most recent HepC test?**

HepC positive - EVER infected. <sub>1</sub>      HepC negative - NEVER infected <sub>2</sub>      Don't know <sub>3</sub>

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

Yes <sub>1</sub>      No <sub>2</sub>

**23. When was your most recent STI test?**  
Please tick ONE box

In the last 6 months <sub>1</sub>

Between 6 months and 12 months ago <sub>2</sub>

Over 12 months ago <sub>3</sub>

Never had an STI test <sub>4</sub>

If never, go to question 25 ➔