

# About you

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## The SMMASH3 Survey

### Social Media, Men who have Sex with Men and their Sexual and Holistic Health 2019

Which country are you currently in?

(Click on the down arrow to show a list of options, then click the country you are in just now)

Scotland  Wales  Northern Ireland  Republic of Ireland  England  Other (Please specify)

Which 'other' country are you currently in?

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• Are you completing this survey on  
(click the circle to choose your answer)

A smartphone  A tablet or iPad  A laptop or computer  Other (please specify)

Please tell us what 'other' device you are using.

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• What age are you?  
(Please type your age into the box below)

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• Ethnicity (please choose one)

- White Scottish
- White Welsh
- White British
- White Irish
- Any other white background
- Pakistani
- Indian
- Bangladeshi or any other East Asian
- Chinese
- Other South Asian
- African
- Caribbean, Black Scottish or any other Black background
- Any Mixed background
- Any other background (please specify)

Please tell us what your ethnic background is.

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• Please tell us what your highest educational qualification is? (e.g. Standard Grades, National 5s, Highers, Advanced Highers, A Levels, Degree)

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Your employment.

• Are you currently...?

- Employed    Self-employed    Unemployed    Retired    Student    Disability or sickness benefits  
 Full-time carer    Other (please specify)

Please describe this to us.

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• Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? (please tick all that apply)

- No condition  
 Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)  
 Learning difficulty (for example, dyslexia)  
 Learning disability (for example, Down's Syndrome)  
 Blindness or partial sight loss  
 Deafness or partial hearing loss  
 Mental health condition  
 Physical disability  
 Long-term illness, disease or condition other than HIV (we will ask about HIV in a later section)  
 Other condition

Please tell us more about this condition.

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## More about you

Your gender...

• Which option best describes you?

(Please choose one)

- Male  
 Female  
 Trans woman  
 Trans man  
 Non-binary  
 Other

Please tell us how you describe your gender.

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• Is your gender the same as the sex you were assigned at birth?

- Yes  
 No  
 Prefer not to say

• Your Sexual Orientation...

(please choose one)

- Gay  
 Bisexual  
 Straight  
 Other (please specify)

You selected 'Other'. Please tell us what this is

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	Out to everyone <sup>1</sup>	2	3	4	Not out to anyone <sup>5</sup>
I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- 3 or more times a week  
  1-2 times a week  
  2-3 times a month  
  Once a month or less  
 Never

	Nearby				Too far	Don't know
Is your nearest gay venue within easy reach?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

• What is your current partnership status? (please tick all that apply)

- Single  
 Boyfriend / Regular male partner  
 Civil Partnership / Married to a man  
 Girlfriend / Regular female partner / Married to a woman  
 Other (please specify)

Please tell us what partnership status is.

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- What is your current living situation? (please tick all that apply)

- alone
- with my partner
- in a shared flat
- with my parents
- in student accommodation
- in a retirement / care home / with my carer(s)
- I am homeless / I don't have a regular place to live
- in a temporary shelter
- Other (please specify)

Please tell us about your 'other' living situation.

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We would like to know your postcode. Remember, any information your tell us is completely confidential and anonymous.

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

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The second part of your postcode will help us to work out your local health authority and understand the kind of area you live in.

The study team will work this out as soon as possible then delete your postcode information from our database. We will not use this to find out specifically where you live. No-one else will ever see this information. This will make sure the information you tell us is completely anonymous.

If you don't want to tell us this, it would still be really helpful if you could complete the rest of the survey.

- What is the second part of your postcode? (e.g. G42 6CG)

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We would like to know which city or town you live in. Remember, any information your tell us is completely confidential and anonymous.

If you don't want to tell us this, it would still be really helpful if you could complete the rest of the survey.

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- We'd like to know what your total household income is.

If you on your own, or in shared accommodation, just include your own income.

If you live with a partner, please include your and their income together.

If you live with your parents, please include your and their income together.

- Unemployed / On benefits
- Under £2,500 per year
- £2,500 - £4,999 per year
- £5,000 - £9,999 per year
- £10,000 - £19,999 per year
- £20,000 - £29,999 per year
- £30,000 - £39,999 per year
- £40,000 - £49,999 per year
- £50,000 - £74,999 per year
- £75,000 - £99,999 per year
- £100,000 or more per year

- We'd like to know what your total household income is.

If you on your own, or in shared accommodation, just include your own income.

If you live with a partner, please include your and their income together.

If you live with your parents, please include your and their income together.

- Unemployed / On benefits
- Under €3,000 per year
- €3,000 - €5,999 per year
- €6,000 - €11,999 per year
- €12,000 - €23,999 per year
- €24,000 - €35,999 per year
- €36,000 - €47,999 per year
- €48,000 - €59,999 per year
- €60,000 - €89,999 per year
- €90,000 - €119,999 per year
- €120,000 or more per year

- Do you currently have any financial worries?

- All of the time
- Most of the time
- Sometimes
- Occasionally
- Never

Thank you.

Please click the 'submit' button to move on to the next page of the survey.

# About your sexual behaviour

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**We'd like to find out about your sexual behaviours with MEN in the last 12 months.**

**These questions are completely confidential and anonymous.**

**Remember you can miss out any questions you don't want to answer.**

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**First, we want to ask about sex with your REGULAR male partner(s) (like a boyfriend, fuck buddy etc.) in the last 12 months.**

- With how many REGULAR male partners have you had any sexual contact in the last 12 months?

\_\_\_\_\_

- With how many REGULAR male partners have you had anal sex in the last 12 months?

\_\_\_\_\_

- With how many REGULAR male partners have you had anal sex WITHOUT a condom in the last 12 months?

\_\_\_\_\_

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Thinking about the times you had anal sex WITHOUT a condom with your REGULAR male partner(s) in the last 12 months...

I fucked him without a condom.

- Never  Occasionally  Often  Always

He fucked me without a condom.

- Never  Occasionally  Often  Always

How often did you know your REGULAR partners' HIV status?

- Always  Sometimes  Never

- Were any of these REGULAR partners HIV positive?

Yes, all    Yes, some    No    Don't know

- Did any of these HIV positive REGULAR partners say they had an undetectable viral load?

Yes, all    Yes, some    No    Don't know

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**Next, we want to ask about sex with your CASUAL male partner(s) in the last 12 months.**

- With how many CASUAL male partners have you had any sexual contact in the last 12 months?

\_\_\_\_\_

- With how many CASUAL male partners have you had anal sex in the last 12 months?

\_\_\_\_\_

- With how many CASUAL male partners have you had anal sex WITHOUT a condom in the last 12 months?

\_\_\_\_\_

Thinking about the times you had anal sex WITHOUT a condom with CASUAL male partner(s) in the last 12 months...

I fucked him without a condom.

Never    Occasionally    Often    Always

He fucked me without a condom.

Never    Occasionally    Often    Always

How often did you know your CASUAL partners' HIV status?

Always    Sometimes    Never

- Were any of these CASUAL partners HIV positive?

Yes, all    Yes, some    No    Don't know

- Did any of these HIV positive CASUAL partners say they had an undetectable viral load?

Yes, all    Yes, some    No    Don't know

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**Now we'd like to ask you about sex you've had with MEN more recently.**

Thinking about CASUAL AND REGULAR male partners...

- With how many men have you had anal sex WITHOUT a condom in the last 3 months?

\_\_\_\_\_

For these [yuaiptr3] male partners..

How often did you know these partners' HIV status?

Always  Sometimes  Never

• Were any of these partners HIV positive?

Yes, all  Yes, some  No  Don't know

• Did any of these HIV positive partners say they had an undetectable viral load?

Yes, all  Yes, some  No  Don't know

Thinking about CASUAL and REGULAR male partners...

• How likely do you think it is that you will have anal sex without a condom with 2 or more men in the next three months?

(please select one)

Definitely will  Likely  Unlikely  Definitely will not

Are any of your CURRENT partners HIV+ AND have a DETECTABLE viral load?

(please select one)

Yes  No  Don't know  I don't know what this means

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**The following statement is TRUE. Did you already know this?**

HIV+ positive people who have an undetectable viral load cannot transmit HIV through sex.

This is known as "Undetectable = Untransmittable" (U=U).

Yes, I already knew this  No, I did not know this  I don't believe this  I don't understand this

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**We'd like to find out about some of your other sexual practices with men.**

• Have you ever been fisted?

- No  
 Yes, in the last 24 hours  
 Yes, in the last 7 days  
 Yes, in the last 4 weeks  
 Yes, in the last 6 months  
 Yes, in the last 12 months  
 Yes, in the last 5 years  
 Yes, it was more than 5 years ago

• Have you ever taken part in group sex or a sex party?

- No  
 Yes, in the last 24 hours  
 Yes, in the last 7 days  
 Yes, in the last 4 weeks  
 Yes, in the last 6 months  
 Yes, in the last 12 months  
 Yes, in the last 5 years  
 Yes, it was more than 5 years ago



- Have you ever received money in return for sex?

- No
- Yes, in the last 24 hours
- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 6 months
- Yes, in the last 12 months
- Yes, in the last 5 years
- Yes, it was more than 5 years ago

- Have you ever had sex to make sure you had a place to sleep?

- No
- Yes, in the last 24 hours
- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 6 months
- Yes, in the last 12 months
- Yes, in the last 5 years
- Yes, it was more than 5 years ago

- Have you ever had sex with someone in return for anything else? (like cigarettes, drugs, food etc.)

- No
- Yes, in the last 24 hours
- Yes, in the last 7 days
- Yes, in the last 4 weeks
- Yes, in the last 6 months
- Yes, in the last 12 months
- Yes, in the last 5 years
- Yes, it was more than 5 years ago

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**We'd now like to find out about your sexual behaviours with WOMEN.**

- When did you last have any kind of sex with a woman?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- With how many women have you had any sexual contact in the last 12 months?

\_\_\_\_\_

- With how many women have you had vaginal or anal sex in the last 12 months?

\_\_\_\_\_

- With how many women have you had vaginal or anal sex WITHOUT a condom in the last 12 months?

\_\_\_\_\_

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Thinking about the times you had vaginal or anal sex WITHOUT a condom with a woman in the last year...

• How often was this with a casual female partner? (please select one)

Always  Sometimes  Never

• How often did you know your female partners' HIV status? (please tick one)

Always  Sometimes  Never

• Were any of these female partners HIV positive? (please tick one)

Yes, all  Yes, some  No  Don't know

• Did any of these HIV positive female partners say they had an undetectable viral load?

Yes, all  Yes, some  No  Don't know

Thank you.

Please click the 'submit' button to move on to the next page.

# About your HIV status and testing

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**We'd now like to ask about your HIV status and testing behaviours.**

**Remember these questions are confidential and anonymous.**

**You can also miss out any questions you do not want to answer.**

• What do you believe your current HIV status is?

HIV positive    HIV negative    Don't know

• When was your most recent HIV test?

In the last 3 months  
 Between 3 and 6 months ago  
 Between 6 months and 1 year ago  
 Between 1 and 5 years ago  
 Over 5 years ago  
 Never had an HIV test

• What was the result of your last HIV test?

HIV positive  
 HIV negative  
 Don't know

• Why did you have your last HIV Test? (Please tick all that apply)

It's just part of my regular sexual health check  
 I'd had risky sex that I was worried about  
 I'd just not had a test for a long time  
 I was offered one at a clinic when I went for an STI test  
 I regularly have anal sex without a condom  
 I had a condom accident / break  
 So I could get PrEP  
 Other (please specify)

Please tell us about the 'other' reason for your most recent HIV test.

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• How regularly do you take an HIV test? (Please tick all that apply)

Every 3 months  
 Every 6 months  
 Every year  
 Every few years  
 After risky sex  
 I've only had one test  
 I only have a test when I need one  
 I don't think there's a pattern to my HIV testing  
 Other (please specify)

Please tell us about the 'other' pattern to your HIV testing.

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

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- Would you be willing to test yourself for HIV using a self-testing or self-sampling kit?

Yes    No    Don't know

- How long have you known you are HIV+?

Years

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Months

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- Are you on HIV treatment?

Yes    No    Don't know

- What was your last viral load result?  
(fill in the number or choose an option below)

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- Undetectable  
 I can't remember  
 Detectable, but I can't remember the level  
 I've never had a viral load test.

Thank you.

Please click the 'submit' button to move on to the next page.

## About your PrEP use

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**PrEP is the medication that people who do not have HIV can take to stop them getting HIV.**

### We'd like to ask you about your PrEP use.

Which of the following options best describes you?

- I have NEVER heard of PrEP
- I have heard of PrEP but never taken it
- I am taking PrEP daily
- I am taking PrEP on alternating days
- I am taking PrEP when needed (sometimes called 'on-demand' or 'event based')
- I took PrEP in the past but not now

• Can you tell us why you stopped taking PrEP? (Please select all that apply).

- I was worried about possible consequences of long-term PrEP use
- I experienced side effects
- I entered a stable relationship where my risk of getting HIV is low
- My partner advised me to stop taking PrEP
- I no longer want to have sex without condoms
- I kept forgetting to take my PrEP
- I could not afford PrEP
- I can no longer access PrEP
- Too much testing and clinic visits
- My doctor, nurse or other health professional advised me to stop taking PrEP
- Other

What was your 'other' reason for stopping PrEP? \_\_\_\_\_

• Do you think that you might benefit from PrEP?

- Yes
- No
- I don't know

• Have you ever been offered PrEP at a sexual health clinic or as part of a clinical trial?

- Yes
- No
- I don't know

In the past 7 days, how many days did you take your PrEP?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Not sure

- What was your most recent way of getting PrEP?  
(please select one)

- Free from a sexual health clinic/GUM clinic
- Free as part of a clinical trial
- I bought PrEP online
- I bought privately PrEP from a clinic
- I got PrEP from a friend/boyfriend/sex partner
- I got PrEP from another source (please specify):

What was that 'other' source? \_\_\_\_\_

How long have you been taking PrEP?

Years \_\_\_\_\_

Months \_\_\_\_\_

Would you take PrEP in the future?

- Yes
- No
- I don't know

In the future, I would consider taking PrEP...

- Regularly (Every day)
- Regularly (every other day)
- Event-based (ie only take it when I plan to have sex without condoms)
- I don't know.

- Can you tell us why you would not take PrEP in the future?

Please select all that apply.

- I do not have risky sex
- I do not think I'll get HIV
- I am not sure if PrEP works
- I am worried about possible side-effects
- PrEP only protects against HIV, no other STIs
- I am worried about what my sex partner(s) might think if they found out I was on PrEP
- I am worried about what my family and friends might think if they found out I was on PrEP
- I am worried about being judged by my healthcare provider
- Too much testing and clinic visits
- I prefer other safer sex methods (e.g. condoms)
- I don't like taking pills
- Other (please specify):

- Can you tell us why you would not take PrEP in the future?

Please select all that apply.

- I do not have risky sex
- I do not think I'll get HIV
- I am not sure if PrEP works
- I am worried about possible side-effects
- PrEP only protects against HIV, no other STIs
- I am worried about what my sex partner(s) might think if they found out I was on PrEP
- I am worried about what my family and friends might think if they found out I was on PrEP
- I am worried about being judged by my healthcare provider
- Too much testing and clinic visits
- I prefer other safer sex methods (e.g. condoms)
- I cannot access it
- I cannot afford it
- I don't like taking pills
- Other (please specify):

Please tell us why you would not take PrEP in the future.

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- Can you tell us why you are unsure about taking PrEP in the future?

Please select all that apply.

- I do not have risky sex
- I do not think I'll get HIV
- I am not sure if PrEP works
- I am worried about possible side-effects
- PrEP only protects against HIV, no other STIs
- I am worried about what my sex partner(s) might think if they found out I was on PrEP
- I am worried about what my family and friends might think if they found out I was on PrEP
- I am worried about being judged by my healthcare provider
- Too much testing and clinic visits
- I prefer other safer sex methods (e.g. condoms)
- I don't like taking pills
- Other (please specify):

- Can you tell us why you are unsure about taking PrEP in the future?

Please select all that apply.

- I do not have risky sex
- I do not think I'll get HIV
- I am not sure if PrEP works
- I am worried about possible side-effects
- PrEP only protects against HIV, no other STIs
- I am worried about what my sex partner(s) might think if they found out I was on PrEP
- I am worried about what my family and friends might think if they found out I was on PrEP
- I am worried about being judged by my healthcare provider
- Too much testing and clinic visits
- I prefer other safer sex methods (e.g. condoms)
- I cannot access it
- I cannot afford it
- I don't like taking pills
- Other (please specify):

Please tell us why you are unsure about taking PrEP in the future.

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We'd like to ask about your views on PrEP.  
How much do you agree or disagree with the following statements?

	Strongly Agree					Strongly Disagree
People who don't use condoms should take PrEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP is likely to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP will probably have serious side effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NHS should fund PrEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP is an exciting breakthrough in medical science.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP does more harm than good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP will encourage people to take sexual risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People will probably take PrEP correctly, as directed by their doctor/nurse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### An Online PrEP Service

People who get PrEP through sexual health clinics currently have to visit the clinic in-person every three months to access PrEP.

We're developing a new online PrEP service, so you could provide information about your sexual behaviours on a secure website, use a simple kit to take your own blood sample, post this to a clinic, then have your PrEP sent to you or collect it from a pharmacy. You would only have to come into the clinic about once a year for PrEP.

	Very Likely 1	2	3	Not sure 4	5	6	Very Unlikely 7
• How likely would you be to complete most of your PrEP visits online if this was made possible?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

• Would being able to complete most of the necessary PrEP visits online make you more likely to access PrEP through the NHS in the future?

- Yes  
 No  
 Don't know



- Imagine that PrEP was available to you through the NHS. Would being able to complete the majority of necessary PrEP appointments online make you more likely to access PrEP through the NHS in the future?

- Yes
- No
- Don't know

- Imagine that PrEP was available to you through your local health service. Would being able to complete the majority of necessary PrEP appointments online make you more likely to access PrEP through your local health service in the future?

- Yes
- No
- Don't know

- Would you be willing to perform your own HIV test as part of an online PrEP service?

- Yes
- No
- Don't know

Thank you.

Please click the 'submit' button to move on to the next page of the survey.

## About your STI testing

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### Now we would like to know about your testing for sexually transmitted infections (STIs) other than HIV

- When was your most recent sexually transmitted infection test (other than HIV)?

- In the last 3 months
- Between 3 and 6 months
- Between 6 months and 1 year ago
- Between 1 and 5 years ago
- Over 5 years ago
- Never

- How regularly do you test for sexually transmitted infections (other than HIV)?  
(Please tick all that apply)

- Every 3 months
- Every 6 months
- Every year
- Every few years
- After risky sex
- When I have symptoms
- I've only tested once
- I only have a test when I need one
- I don't think there's a pattern to my STI testing
- Other (please specify)

Please tell us about your 'other' STI testing pattern.

- 
- Have you had been diagnosed with a sexually transmitted infection in the last 12 months?

- Yes  No

What sexually transmitted infection(s) were you diagnosed with in the last year?

- 
- Have you been diagnosed with rectal chlamydia, LGV, or gonorrhoea in your bum in the last 12 months?

- Yes
- No
- Yes, but not sure if it was rectal (in my bum)
- I don't know

• When you were diagnosed with a sexually transmitted infection in the last 12 months, how many of your sex partners did you tell about your diagnosis?

- None  A few  Some  All

- Where have you been tested for HIV or other STIs in the last 12 months? (Please select all that apply)

- The Steve Retson Project / Sandyford (Glasgow)
- Chalmers Sexual Health Clinic (Edinburgh)
- Waverley Care (Edinburgh)
- Another sexual health clinic for gay men
- Another sexual health/GUM clinic
- An HIV clinic (e.g. the Brownlee)
- At a hospital (not GUM or sexual health clinic)
- ROAM m-test
- THT (Terrence Higgins Trust) Fast Test
- Another outreach or community clinic
- GP practice/surgery
- A gay sauna
- A gay bar
- I used a home testing kit
- Other (please specify)

Please tell us where else you have been tested for HIV or other STIs in the last 12 months.

- 
- Where have you been tested for HIV or other STIs in the last 12 months? (Please select all that apply)

- A sexual health clinic for gay men
- A general sexual health/GUM clinic
- An HIV clinic
- At a hospital (not GUM or sexual health clinic)
- THT (Terrence Higgins Trust)
- An outreach or community clinic
- GP practice/surgery
- A gay sauna
- A gay bar
- I used a home testing kit
- Other (please specify)

Please tell us where else you have been tested for HIV or other STIs in the last 12 months.

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Thank you.

Please click the 'submit' button to move on to the next page of the survey.

## About Your Hepatitis C testing

Now we want to ask you some questions specifically about Hepatitis C.

- When was your most recent test for Hepatitis C?

- In the last 3 months
- Between 3 and 6 months
- Between 6 months and 1 year ago
- Between 1 and 5 years ago
- Over 5 years ago
- Never
- I'm not sure

- I have never been tested for Hepatitis C because (Please select all that apply):

- I don't think I'm at risk of Hepatitis C
- I don't think Hepatitis C is a serious condition
- I don't have time
- I am afraid of a positive result
- I've never been advised to get a hepatitis C test
- I never had any symptoms
- I'm worried about the side effects of hepatitis C treatment
- Other

Please tell us why you've never had a Hepatitis C test.

- Where have you been tested for Hepatitis C in the last 12 months? (Please select all that apply)

- A sexual health clinic for gay men
- A general sexual health/GUM clinic
- An HIV clinic
- At a hospital (not GUM or sexual health clinic)
- An outreach or community clinic
- GP practice/surgery
- I used a home testing kit
- Other (please specify)

Please tell us where else you have been tested for Hepatitis C in the last 12 months.

- Have you ever been diagnosed with Hepatitis C?

- No  Yes, once  Yes, twice  Yes, three or more times

- For your most recent diagnosis of Hepatitis C, have you been referred for treatment?  
(please select one)

- Yes, I have completed it  Yes, I am currently taking it  Yes, but I never completed it
- Yes, but I'm still waiting for it  Yes, but I declined treatment  I cleared the virus without treatment  
(spontaneously)  No

- Why did you decline treatment?  
(please select all that apply)

- I didn't have any symptoms
- I was discouraged by the treatment's possible side effects
- I didn't have time
- I did not feel treating my hepatitis C infection was a priority
- I was discouraged by the waiting time to treatment
- I don't like taking pills
- I was worried about what my sex partners might think if they found out I was on treatment
- Other

Please tell us about your 'other' reasons.

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- Why did you not complete treatment?  
(please select all that apply)

- I didn't have any symptoms
- I was discouraged by the drug's side effects
- I didn't have time
- I did not feel treating my hepatitis C infection was a priority
- Other

Please tell us about your 'other' reasons.

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Did the treatment work?

- Successful - cleared hepatitis C
- Unsuccessful - didn't clear hepatitis C
- Not yet known - awaiting results
- I don't know

- How long after you were diagnosed did you have to wait for treatment?

Weeks

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Months

---

Years

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How often would you be happy to be tested for Hepatitis C as part of your PrEP treatment?

- Every 3 months
- Every 6 months
- Every 12 months
- Every 5 years
- Never

How often would you be happy to be tested for Hepatitis C as part of your HIV treatment?

- Every 3 months
- Every 6 months
- Every 12 months
- Every 5 years
- Never
- I'm not having treatment for my HIV so this doesn't apply to me

Hepatitis C can be tested for using the same blood sample you give for an HIV test.

Knowing this, in the future...

How often would you be happy to get tested for Hepatitis C?

- Every 3 months
- Every 6 months
- Every 12 months
- Every 5 years
- Never

Thank you.

Please click the 'submit' button to move on to the next page of the survey.

# About HPV

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**The following statements are TRUE. Please tell us if you already knew this.**

- |                                                                                                                              | Already knew this     | Didn't know this      |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| • HPV is a common virus that can lead to genital and anal warts. It can also increase the risk of certain types of cancer.   | <input type="radio"/> | <input type="radio"/> |
| • A vaccine to prevent HPV infection is available (called the 'HPV shot', cervical cancer vaccine, GARDASIL®, or CERVARIX®). | <input type="radio"/> | <input type="radio"/> |
| • Gay men who attend sexual health or HIV clinics can get the HPV vaccine free of charge.                                    | <input type="radio"/> | <input type="radio"/> |
| • Have you ever received the HPV vaccine?                                                                                    |                       |                       |
| <input type="radio"/> Yes                                                                                                    |                       |                       |
| <input type="radio"/> No                                                                                                     |                       |                       |
| <input type="radio"/> Don't know                                                                                             |                       |                       |

How many shots (injections) have you had?

- 1  
 2  
 3  
 Don't know

Why have you never received the HPV vaccine?  
(please select all that apply)

- I have never been offered it  
 I didn't know it was available for gay, bisexual and other men who have sex with men  
 I didn't know the vaccine was free  
 I don't believe that I am at risk of HPV infection  
 I don't think the HPV vaccine will prevent genital warts and HPV related cancers  
 I'm worried about side effects of the vaccine  
 I'm worried about vaccination in general  
 I'm scared of needles  
 I think it stigmatises gay, bisexual and other men who have sex with men  
 I don't have time to attend for all the vaccine shots  
 Other (please specify)

Thank you.

Please click the 'submit' button to move on to the next page.

## About your interest in sex



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**Some people go through times when they are not interested in sex or find it difficult to enjoy sexual activities.**

**The questions that follow are about some common difficulties that people experience.**

**In the last YEAR, have you experienced any of the following things?**

- Lacked interest in having sex

Always  Very Often  Sometimes  Not very often  Never  Yes, but this wasn't a problem for me

- Lacked enjoyment in sex

Always  Very Often  Sometimes  Not very often  Never  Yes, but this wasn't a problem for me

- Felt anxious during sex

Always  Very Often  Sometimes  Not very often  Never  Yes, but this wasn't a problem for me

- Felt unwanted physical pain as a result of sex

Always  Very Often  Sometimes  Not very often  Never  Yes, but this wasn't a problem for me

- Felt no excitement or arousal during sex

Always  Very Often  Sometimes  Not very often  Never  Yes, but this wasn't a problem for me

- Did not 'cum' (experience an orgasm or climax) during sex, or took a long time to reach 'cum' despite feeling excited/aroused

Always  Very Often  Sometimes  Not very often  Never  Yes, but this wasn't a problem for me

- 'Cum' (had an orgasm or climax) more quickly than you would like

Always  Very Often  Sometimes  Not very often  Never  Yes, but this wasn't a problem for me

- Had trouble getting or keeping an erection.

Always  Very Often  Sometimes  Not very often  Never  Yes, but this wasn't a problem for me

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**The next few questions ask about your sex life overall in the last YEAR. An individual's sex life includes their sexual thoughts, sexual feelings, sexual activity and sexual relationship.**

**Thinking about your sex life in the last YEAR, how much do you agree or disagree with the following statements:**

- "I feel satisfied with my sex life."

Agree strongly    Agree    Neither agree nor disagree    Disagree    Disagree strongly

- "I feel distressed or worried about my sex life."

Agree strongly    Agree    Neither agree nor disagree    Disagree    Disagree strongly

- "I have avoided sex because of sexual difficulties, either my own or those of my partner"

Agree strongly    Agree    Neither agree nor disagree    Disagree    Disagree strongly

Thank you.

Please click the 'submit' button to move on to the next page.

## About your confidence about sex

**We would like to find out how confident you are when having sex with others.**

**When communicating about sex with a partner, how easy or difficult would it be for you to.....?**

• Ask about their HIV status?

Very difficult  Difficult  Easy  Very easy  Not applicable

• Ask about their viral load?

Very difficult  Difficult  Easy  Very easy  Not applicable

• Refuse to have sex if they won't use a condom?

Very difficult  Difficult  Easy  Very easy  Not applicable

• Make the first move with sex?

Very difficult  Difficult  Easy  Very easy  Not applicable

• Tell them that you like a specific sexual activity?

Very difficult  Difficult  Easy  Very easy  Not applicable

• Tell them you do not want to have sex?

Very difficult  Difficult  Easy  Very easy  Not applicable

• Tell them if a certain sexual activity makes you uncomfortable?

Very difficult  Difficult  Easy  Very easy  Not applicable

**How confident are you that you could.....**

• Stop to use a condom in the heat of the moment?

I definitely could  I probably could  I probably could not  I definitely could not  
 Not applicable

• Put a condom on yourself without losing the erection?

I definitely could  I probably could  I probably could not  I definitely could not  
 Not applicable

• Put a condom on your partner without losing the erection?

I definitely could  I probably could  I probably could not  I definitely could not  
 Not applicable

- Suggest sex if you want it?

I definitely could    I probably could    I probably could not    I definitely could not  
 Not applicable

- Tell or show someone how they can give you sexual pleasure?

I definitely could    I probably could    I probably could not    I definitely could not  
 Not applicable

Thank you.

Please click the 'submit' button to move on to the next page.

## About your sexual wellbeing

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**The next questions ask whether you have had any kind of abuse from a partner or ex-partner in the last year. We understand these are difficult issues to talk about, so please feel free to ignore these questions if you would rather (you can click the 'submit' button to move on to the next page of the survey).**

**If you have experienced abuse in any way, please see below for resources.**

Are you happy to see these questions?

Yes  No

In the last year, have you been ....?

• Humiliated or emotionally abused in other ways by a partner or ex-partner?

Yes  No  Prefer not to say

• Afraid of a partner or ex-partner?

Yes  No  Prefer not to say

• Forced to have any kind of sexual activity by a partner or ex-partner?

Yes  No  Prefer not to say

• Kicked, hit, slapped or otherwise physically hurt by a partner or ex-partner without your consent?

Yes  No  Prefer not to say

• Told by a partner who you could see and where you could go?

Yes  No  Prefer not to say

• Put down or told you are worthless by a partner or ex-partner?

Yes  No  Prefer not to say

• Forced to use drugs before or during sex?

Yes  No  Prefer not to say

• Kissed/touched against your will?

Yes  No  Prefer not to say

• Experienced 'stealthing' or 'stealth-breeding' (having a partner remove a condom without your agreement)?

Yes  No  Prefer not to say  I've never heard of this

• Been forced to have any kind of sexual contact?

Yes  No  Prefer not to say

- Have you been filmed/ photographed during sex against your will?

Yes  No  Prefer not to say

- Has someone shared / posted a naked photo of you without your agreement?

Yes  No  Prefer not to say

- Passed out during sex or can't remember what happened during sex?

Yes  No  Prefer not to say

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**If you have experienced abuse in any way, and would like to talk to someone about it, click on the resources below, which will open in a new window.**

Refuge: Help for men <http://www.refuge.org.uk/get-help-now/help-for-men>

Broken Rainbow: Help for gay and bisexual men in abusive relationships <http://www.brokenrainbow.org.uk>

Anyman: Provide help for men in the Republic of Ireland who are experiencing domestic abuse.  
<https://www.anyman.ie>

Thank you.

Please click the 'submit' button to move on to the next page.

# About your mental health

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**We would like to find out about your mental health.**

**Remember, these questions are completely confidential and anonymous.**

**If you would like to access help and support about your mental health, we have provided some online resources below.**

• Have you ever been diagnosed with a mental health problem by a doctor?

Yes  No

• Which of the following mental health problems have you been diagnosed with by a doctor?

- Depression
- Anxiety
- Mixed anxiety / depression
- Obsessive-compulsive disorder
- A phobia
- An eating disorder
- Post-traumatic stress disorder
- Bipolar disorder
- Schizophrenia
- Psychotic illness
- Other (please specify)

Please tell us more about your 'other' mental health problem.

---

• Which of the following mental health problems have affected you in the last 12 months?

- Depression
- Anxiety
- Mixed anxiety / depression
- Obsessive-compulsive disorder
- A phobia
- An eating disorder
- Post-traumatic stress disorder
- Bipolar disorder
- Schizophrenia
- Psychotic illness
- Other (please specify)

Please tell us more about your 'other' mental health problem.

---

• Are you currently taking any type of medicine for your mental health problem(s)?

Yes  No

- Which of the following mental health problems are you currently taking medication for?

- Depression
- Anxiety
- Mixed anxiety / depression
- Obsessive-compulsive disorder
- A phobia
- An eating disorder
- Post-traumatic stress disorder
- Bipolar disorder
- Schizophrenia
- Psychotic illness
- Other (please specify)

Please tell us more about your 'other' mental health problem that you are taking medicine for.

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- Are you currently receiving any other type of treatment for a mental health problem (such as counseling etc.)?

- Yes  No

Please tell us about the other type of treatment(s) that you are currently receiving for a mental health problem.

---

- Do you feel like any of the following mental health problems have affected you over the last 12 months?

- No
- Depression
- Anxiety
- Mixed anxiety / depression
- Obsessive-compulsive disorder
- A phobia
- An eating disorder
- Post-traumatic stress disorder
- Bipolar disorder
- Schizophrenia
- Psychotic illness
- Other (please specify)

Please tell us more about the 'other' mental health problems that have affected you in the last year.

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**If you are worried about mental health problems and would like to talk to someone about it, click on the resources below, which will open in a new window.**

The Samaritans: offer free, confidential advice 24 hours a day, 7 days a week. <http://www.samaritans.org/>

Breathing Space: Access experienced advisors who will listen and offer information and advice  
<http://breathingspace.scot>

Mental Health Ireland aims to promote positive mental health and wellbeing to all individuals and communities in Ireland. <https://www.mentalhealthireland.ie/>

NHS Direct Wales has advice about mental health for LGBT folk  
<https://www.nhsdirect.wales.nhs.uk/lgbt/MentalHealth/>



The Rainbow Project is a health organisation that works to improve the physical, mental & emotional health and well-being of lesbian, gay, bisexual and/or transgender people in Northern Ireland. <https://www.rainbow-project.org/>

NHS 24: provides patients with health advice and help when GP practices are closed. <https://www.nhs24.scot/>

The NHS in the UK provide some information and advice about mental health issues for gay, bisexual, and trans folk <https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-issues-if-you-are-gay-lesbian-or-bisexual/>

Thank you.

Please click the 'submit' button to move on to the next page.

## About how you've been feeling recently

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**We'd like to find out about your recent mood.****Over the last 2 weeks how often have you been bothered by any of the following problems?**

- Little interest or pleasure in doing things

Not at all    Several days    More than half the days    Nearly every day

- Feeling down, depressed or hopeless

Not at all    Several days    More than half the days    Nearly every day

- Trouble falling asleep or staying asleep or sleeping too much

Not at all    Several days    More than half the days    Nearly every day

- Feeling tired or having little energy

Not at all    Several days    More than half the days    Nearly every day

- Poor appetite or overeating

Not at all    Several days    More than half the days    Nearly every day

- Feeling bad about yourself - or that you are a failure or have let yourself or your friends / family down

Not at all    Several days    More than half the days    Nearly every day

- Trouble concentrating on things such as reading a newspaper / magazine or watching television

Not at all    Several days    More than half the days    Nearly every day

- Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

Not at all    Several days    More than half the days    Nearly every day

- Thoughts that you would be better off dead or hurting yourself in some way

Not at all    Several days    More than half the days    Nearly every day

If you are worried about how you've been feeling lately and would like to talk to someone about it, click on the resources below, which will open in a new window.

The Samaritans: offer free, confidential advice 24 hours a day, 7 days a week. <http://www.samaritans.org/>

Breathing Space: Access experienced advisors who will listen and offer information and advice  
<http://breathingspace.scot>

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**We'd like to ask some more questions about your current mood.****Over the last 2 weeks how often have you been bothered by any of the following problems?**

- Feeling nervous, anxious, or on edge

Not at all    Several days    More than half the days    Nearly every day

- Not being able to stop or control worrying

Not at all    Several days    More than half the days    Nearly every day

- Worrying too much about different things

Not at all    Several days    More than half the days    Nearly every day

- Trouble relaxing

Not at all    Several days    More than half the days    Nearly every day

- Being so restless that it's hard to sit still

Not at all    Several days    More than half the days    Nearly every day

- Becoming easily annoyed or irritable

Not at all    Several days    More than half the days    Nearly every day

- Feeling afraid as if something awful might happen

Not at all    Several days    More than half the days    Nearly every day

If you are worried about how you've been feeling lately and would like to talk to someone about it, click on the resources below, which will open in a new window.

The Samaritans: offer free, confidential advice 24 hours a day, 7 days a week. <http://www.samaritans.org/>

Breathing Space: Access experienced advisors who will listen and offer information and advice  
<http://breathingspace.scot>

Thank you.

Please click the 'submit' button to move on to the next page.

# Your Alcohol Use

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## We're interested in finding out about how much you drink and how this affects you.

• When was the last time you consumed alcohol?

Please say when you last did this, even if this was not typical for you.

- Never   
  Within the last 24 hours   
  Within the last 7 days   
  Within the last 4 weeks  
 Within the last 6 months   
  Within the last 12 months   
  Within the last 5 years   
  More than 5 years ago

We'd like to find out more about your alcohol use.

• In the last 12 months, how much of the sex you've had was after drinking alcohol?

- None of it  
 A little  
 Less than half  
 About half  
 More than half  
 Almost all  
 All of it  
 I don't know

This diagram shows you how to work out one standard drink.



Using the graphic above to work this out...

• How often do you have EIGHT or more standard drinks on one occasion?

- Never   
  Less than monthly   
  Monthly   
  Weekly   
  Daily or almost daily

• How often during the last 6 months have you been unable to remember what happened the night before because you had been drinking?

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

• How often in the last 6 months have you failed to do what was normally expected of you because of drinking?

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

• In the last 6 months has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested you cut down?

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

[Drinkaware.co.uk](http://Drinkaware.co.uk)

If you are worried about your drinking, or just want to find out more about reducing alcohol intake, [drinkaware.co.uk](http://drinkaware.co.uk) have plenty of resources.

[AskAboutAlcohol.ie](http://AskAboutAlcohol.ie)

If you are worried about your drinking, or just want to find out more about reducing alcohol intake, [AskAboutAlcohol.ie](http://AskAboutAlcohol.ie) have plenty of resources.

Thank you.

Please click the 'submit' button to move on to the next page.

# About your smoking and vaping

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**We're interested in your smoking (tobacco) and vaping behaviours.**

**By 'vaping' we mean inhaling nicotine from an e-cigarette, vaporizer or any other tobaccoless method.**

• What is your current (tobacco) smoking / vaping status:

- Non-smoker
- Current smoker (tobacco)
- Current vaper (e-cigarettes / vaporizer)
- Current smoker (tobacco) and vaper (e-cigarettes / vaporiser)
- Ex-smoker and/or Ex-vaper

• When did you give up smoking / vaping?

- Less than 3 months ago
- About 3 - 6 months ago
- About 6 - 12 months ago
- 1 - 2 years ago
- 2 - 5 years ago
- 5 - 10 years ago
- more than 10 years ago

Thank you.

Please click the 'submit' button to move on to the next page.

## About your use of recreational and illicit drugs

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**We are interested in finding out about your use of other drugs and how this effects you.**

**How long has it been since you last consumed the following substances:  
(Please say when you last did something, even if this was not typical for you.)**

- When was the last time you consumed poppers (nitrite inhalants)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- When was the last time you consumed Viagra®, Cialis®, Levitra® or other substances that help to keep an erection?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- When was the last time you consumed new psychoactive substances (e.g. legal highs)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

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**We are interested in your use of other recreational or illicit drugs.**

**Please say when you last did something, even if this was not typical for you.**

- Have you EVER taken any other recreational or illicit drugs (e.g. cannabis, ecstasy, cocaine etc.)?

- Yes  No



- When was the last time you consumed cannabis (hashish, marijuana)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- When was the last time you consumed ecstasy (E, XTC, MDMA)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- When was the last time you consumed amphetamine (speed)?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

- When was the last time you consumed cocaine?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

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## Sex and Chems

The following drugs are known as CHEMS

- Crystal methamphetamine (Crystal, Meth, Tina),
- Mephedrone (meph, drone, M-cat, meow-meow, bubbles),
- GHB/GBL (G, Gina, liquid ecstasy), and
- Ketamine (Special K)

• When was the last time you consumed any CHEMS  
(crystal meth, Tina, mephedrone, M-cat, meow-meow, bubbles, GHB, GBH, Gina, liquid ecstasy, ketamine, special K etc.)

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

• In the last 12 months, how much of the sex you've had was after taking chems  
(crystal meth, Tina, mephedrone, M-cat, meow-meow, bubbles, GHB, GBH, Gina, liquid ecstasy, ketamine, special K etc.)

- None of it
- A little
- Less than half
- About half
- More than half
- Almost all
- All of it
- I don't know

• Have you EVER injected any drug other than anabolic steroids or medicines, or had someone inject you with them?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

Thinking about your drug use at sex parties in the last year...

• In the last year, how recently have you injected drugs, or had someone inject you with them, at a sex party?

- Never
- Within the last 24 hours
- Within the last 7 days
- Within the last 4 weeks
- Within the last 6 months
- Within the last 12 months

Thank you.

Please click the 'submit' button to move on to the next page.

# About your use of Social Media

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## We'd like to find out about your use of social media.

- Which of the following social media have you used in the last 12 months?

- None
- Facebook
- YouTube
- Instagram
- Twitter
- Google+
- Pinterest
- LinkedIn
- Snapchat
- Reddit
- GoodReads
- Tik Tok
- Other

Please tell us about any other social media you have used in the last 12 months.

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How often do you use these social media?

- I never use them
- I used to use them but have stopped
- Every few months or longer
- About once a month
- About once a week
- Every few days
- At least once a day
- Several times a day
- All the time

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## Now we'd like to find out about your use of gay social networking WEBSITES, like Gaydar, Fitlads, Recon, Squirt etc.

**(We'll ask you about apps later)**

- How often do you use Gay Social Networking WEBSITES (like Gaydar, Fitlads, Recon, Squirt etc.)?

- I never use them
- I used to use them but have stopped
- Every few months or longer
- About once a month
- About once a week
- Every few days
- At least once a day
- Several times a day
- All the time

- How long have you been using Gay Social Networking WEBSITES for?

Less than 6 months    Between 6 months and a year    1 - 2 years    2 - 5 years  
 5 - 10 years    More than 10 years

- Which of the following WEBSITES have you used to meet male sex partners in the last 12 months? (Click as many as apply)

- Bareback.com  
 Barebackhookup  
 BBRT (BareBackRealTime)  
 Caffmos  
 FabGuys  
 FabSwingers  
 Fitlads  
 Gaydar  
 Manhunt  
 Out Everywhere  
 PlanetRomeo  
 Plenty of Fish (POF)  
 Recon  
 Squirt  
 Zoosk

Please name any other WEBSITES that you have used to meet male sex partners in the last 12 months.

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### **Now we'd like to find out about your use of gay social networking SMARTPHONE APPS, like Grindr, Scruff, Growlr etc.**

- How often do you use Gay Social Networking APPS on your SMARTPHONE (like Grindr, Scruff, Growlr etc.)?

I never use them  
 I used to use them but have stopped  
 Every few months or longer  
 About once a month  
 About once a week  
 Every few days  
 At least once a day  
 Several times a day  
 All the time

- How long have you been using gay social networking SMARTPHONE APPS for?

Less than 6 months  
 Between 6 months and a year  
 1 - 2 years  
 2 - 5 years  
 5 - 10 years  
 More than 10 years

• Which of the following SMARTPHONE APPS have you used to meet male sex partners in the last 12 months? (Click as many as apply)

- Bender
- Blued
- Hornet
- Chappy
- FabGuys
- Fabswingers
- Fitlads
- Gaydar
- Grindr
- Growlr
- Jack'd
- Manhunt
- Planet Romeo
- Plenty of Fish (POF)
- Recon
- Scruff
- Squirt
- Surge
- Tinder
- Wapo

Please name any other SMARTPHONE APPS that you have used to meet male sex partners in the last 12 months.

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Thank you.

Please click the 'submit' button to move on to the next page.

# About how people have reacted to your sexual orientation

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**We're interested in finding out how you talk to others about your sexuality.****Please tell us how strongly you agree or disagree with the following statements.**

- It is easier to avoid new friendships than worry about telling someone about my sexual orientation.

Strongly Agree  Agree  Disagree  Strongly Disagree

- I am very careful who I tell about my my sexual orientation.

Strongly Agree  Agree  Disagree  Strongly Disagree

- Since realising my sexual orientation I worry about people discriminating against me.

Strongly Agree  Agree  Disagree  Strongly Disagree

- I never feel the need to hide my sexual orientation.

Strongly Agree  Agree  Disagree  Strongly Disagree

- I worry that people may judge me when they learn about my sexual orientation.

Strongly Agree  Agree  Disagree  Strongly Disagree

- I worry that people who know about my sexual orientation will tell others.

Strongly Agree  Agree  Disagree  Strongly Disagree

- I have told people close to me to keep my sexual orientation a secret.

Strongly Agree  Agree  Disagree  Strongly Disagree

- I have made an effort to make my sexual orientation known to others.

Strongly Agree  Agree  Disagree  Strongly Disagree

- Others are able to work out my sexual orientation without me letting them know.

Strongly Agree  Agree  Disagree  Strongly Disagree

If you would like to talk to someone about your sexual orientation or how people have reacted to it, click on the resources below, which will open in a new window.

Gay Switchboard UK: Provide free information and support for anyone about their sexual orientation and gender identity <http://switchboard.lgbt>

Gay Switchboard Ireland: Provide free information and support for anyone about their sexual orientation and gender identity <https://www.facebook.com/GaySwitchboardIreland/>

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**We'd like to know more about how others have reacted to your sexual orientation and how that has affected you.**

**Please tell us how strongly you agree or disagree with the following statements.**

- I have been hurt by how people reacted learning about my sexual orientation.  
 Strongly Agree    Agree    Disagree    Strongly Disagree
- I regret having told some people about my sexual orientation.  
 Strongly Agree    Agree    Disagree    Strongly Disagree
- Some people who know about my sexual orientation have grown more distant.  
 Strongly Agree    Agree    Disagree    Strongly Disagree
- Since realizing my sexual orientation, I feel isolated from the rest of the world.  
 Strongly Agree    Agree    Disagree    Strongly Disagree
- People who know about my sexual orientation tend to ignore my good points.  
 Strongly Agree    Agree    Disagree    Strongly Disagree
- I lost contact with people I cared about after they learned about my sexual orientation.  
 Strongly Agree    Agree    Disagree    Strongly Disagree
- Some people close to me are worried that others will reject them if my sexual orientation is found out.  
 Strongly Agree    Agree    Disagree    Strongly Disagree
- I have stopped socializing with some people because of their reactions to my sexual orientation.  
 Strongly Agree    Agree    Disagree    Strongly Disagree
- I have lost friends by telling them about my sexual orientation.  
 Strongly Agree    Agree    Disagree    Strongly Disagree
- When people learn you're not heterosexual they look for flaws in your character.  
 Strongly Agree    Agree    Disagree    Strongly Disagree
- Telling someone about my sexual orientation is risky.  
 Strongly Agree    Agree    Disagree    Strongly Disagree

If you would like to talk to someone about your sexual orientation or how people have reacted to it, click on the resources below, which will open in a new window.

Gay Switchboard UK: Provide free information and support for anyone about their sexual orientation and gender identity <http://switchboard.lgbt>

Gay Switchboard Ireland: Provide free information and support for anyone about their sexual orientation and gender identity <https://www.facebook.com/GaySwitchboardIreland/>

Thank you.  
Please click the 'submit' button to move on to the next page.



## About your height, weight and physical exercise

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**We'd like to know about your height, weight and exercise levels, as these are also important for health.**

• **Please tell us how much you currently weigh...**

In Stones

---

and Pounds (lbs)

---

OR in Kilogrammes

---

Or in Pounds (only)

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• **How tall are you?**

In Feet

---

And Inches

---

OR Metres / Centimetres

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**We'd like to find out how much exercise you do, per week.**

**Moderate aerobic exercise, such as walking, dancing and gardening will raise your heart rate, make you breathe faster and feel warmer.**

**Vigorous aerobic exercise, such as running, riding a bike or playing sports will make you breathe hard and fast.**

- How much 'moderate aerobic exercise' do you do on average, per week?

- None
- Less than 30 minutes
- 30 minutes - 1 hour
- 1 - 2 hours
- 2 - 3 hours
- 3 - 4 hours
- 4 - 7 hours
- more than 7 hours

- How much 'vigorous aerobic exercise' do you do on average, per week?

- None
- Less than 30 minutes
- 30 minutes - 1 hour
- 1 - 2 hours
- 2 - 3 hours
- 3 - 4 hours
- 4 - 7 hours
- more than 7 hours

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**Muscle strengthening exercise includes carrying heavy loads, digging in the garden or resistance exercise (like push-ups or lifting weights).**

- How much 'muscle strengthening exercise' do you do on average, per week?

- None
- Less than 30 minutes
- 30 minutes - 1 hour
- 1 - 2 hours
- 2 - 3 hours
- 3 - 4 hours
- 4 - 7 hours
- more than 7 hours

Thank you.

Please click the 'submit' button to move on to the next page.

# About how you deal with things emotionally

**Now we would like to find out how you deal with things emotionally. There are three parts to this section.**

**Please answer each statement below by clicking the circle that best reflects your degree of agreement or disagreement with that statement.**

**Do not think too long about the exact meaning of the statements. Work quickly and try to answer as accurately as possible.**

**There are no right or wrong answers.**

	Completely Agree <sup>1</sup>	2	3	4	5	6	Completely Disagree <sup>7</sup>
• Expressing my emotions with words is not a problem for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I often find it difficult to see things from another person's viewpoint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• On the whole, I'm a highly motivated person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I usually find it difficult to regulate my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I generally don't find life enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Completely Agree <sup>1</sup>	2	3	4	5	6	Completely Disagree <sup>7</sup>
• I can deal effectively with people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I tend to change my mind frequently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Many times, I can't work out what emotion I'm feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I often find it difficult to stand up for my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**This is the second part to this section about how you deal with things emotionally.**

	Completely Agree <sup>1</sup>	2	3	4	5	6	Completely Disagree <sup>7</sup>
• I'm usually able to influence the way other people feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• On the whole, I have a gloomy perspective on most things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Those close to me often complain that I don't treat them right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I often find it difficult to adjust my life according to the circumstances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• On the whole, I'm able to deal with stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Completely Agree <sup>1</sup>	2	3	4	5	6	Completely Disagree <sup>7</sup>
• I often find it difficult to show my affection to those close to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I'm normally able to "get into someone's shoes" and experience their emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I normally find it difficult to keep myself motivated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I'm usually able to find ways to control my emotions when I want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• On the whole, I'm pleased with my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**This is the third part to this section about how you deal with things emotionally.**

	Completely Agree <sup>1</sup>	2	3	4	5	6	Completely Disagree <sup>7</sup>
• I would describe myself as a good negotiator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I tend to get involved in things, then wish I could get out of them later on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I often pause and think about my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I believe I'm full of personal strengths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I tend to "back down" even if I know I'm right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Completely Agree <sup>1</sup>	2	3	4	5	6	Completely Disagree <sup>7</sup>
• I don't seem to have any power at all over other people's feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I generally believe that things will work out fine in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I find it difficult to bond well even with those close to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Generally, I'm able to adapt to new environments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Others admire me for being relaxed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Thank you.  
Please click the 'submit' button to move on to the next page.



# About how your life affects your mood

**We'd like to find out about how life affects your mood. Please answer the following questions...**

• Do you ever feel that you don't really care about what goes on around you?	Never 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Very often 7 <input type="radio"/>
• In the past, have you been surprised by the behaviour of people you thought you knew well?	Never happened 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Always happened 7 <input type="radio"/>
• Have people that you counted on disappointed you?	Never happened 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Always happened 7 <input type="radio"/>
• Until now your life has had:	No clear goals or purpose at all 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Very clear goals and purpose 7 <input type="radio"/>
• Do you ever feel that you're being treated unfairly?	Very often 1 <input checked="" type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Never 7 <input type="radio"/>
• Do you ever feel that you are in an unfamiliar situation and don't know what to do?	Very Often 1 <input checked="" type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Never 7 <input type="radio"/>
• Doing the things you do every day is a source of:	...deep pleasure and satisfaction 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	...pain and boredom 7 <input type="radio"/>
• Do you have very mixed-up feelings and ideas?	Very often 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Never 7 <input type="radio"/>

• Do you have feelings inside you would rather not feel?	Very often <sup>1</sup> <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Never <sup>7</sup> <input type="radio"/>
• Many people - even those with a strong character - sometimes feel like 'losers' in certain situations. How often have you felt this way in the past?	Never <sup>1</sup> <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Very often <sup>7</sup> <input type="radio"/>
• When something happened, have you generally found that:	You over- or under-esti- mated its importance <sup>1</sup> <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	You saw things in the right proportion <sup>7</sup> <input type="radio"/>
• Do you ever feel that there's little meaning in the things you do in your daily life?	Very often <sup>1</sup> <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Never <sup>7</sup> <input type="radio"/>
• How often do you feel that you're not sure you can keep under control?	Very often <sup>1</sup> <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Never <sup>7</sup> <input type="radio"/>

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Thank-you. You have now completed the survey.  
Please click the 'submit' button to submit your answers.

# About Blood Donation

We'd like to find out about your experiences and views of blood donation.

- Have you ever donated blood?

(please select one option)

- No, I have never donated blood
- Yes, in the last month
- Yes, in the last year
- Yes, in the last 2 years
- Yes in the last 3 years
- Yes, in the last 9 years
- Yes, 10 or more years ago

- Did you ever want to donate blood but were REFUSED because of your sexual orientation?

- Yes
- No
- Don't know

---

---

**The following statements are all TRUE.**

**For each one, check off if you already knew this BEFORE taking this survey?**

In the UK, all blood donations are tested for HIV. These tests can detect HIV about 9 days after infection, known as the test's 'window period'.

- Already knew this     Did not know this

In the Republic of Ireland, all blood donations are tested for HIV. These tests can detect HIV about 9 days after infection, known as the test's 'window period'.

- Already knew this     Did not know this

Blood donor screening aims to reduce the risk of 'window period' infections when current tests would not pick up those infections.

- Already knew this     Did not know this

As a group, men who have sex with men are at a much higher risk of getting HIV than other men.

- Already knew this     Did not know this

Currently in Scotland, Wales and England, if you are a man who had any kind of sex with a man in the last 3 months you are not allowed to donate blood. This is called a 'deferral policy'.

- Already knew this     Did not know this

Currently in Northern Ireland, if you are a man who had any kind of sex with a man in the last 12 months you are not allowed to donate blood. This is called a 'deferral policy'.

- Already knew this     Did not know this

Currently in the Republic of Ireland, if you are a man who had any kind of sex with a man in the last 12 months you are not allowed to donate blood. This is called a 'deferral policy'.

Already knew this    Did not know this

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---

**We're interested to know what you think of the way gay, bisexual and other men who have sex with men are allowed to donate blood where you live.**

**For each of the following statements indicate how strongly you agree or disagree.**

The current deferral policy for gay, bisexual and other men who have sex with men is justified

Strongly agree    Agree    Disagree    Strongly disagree

The current deferral policy for gay, bisexual and other men who have sex with men is discriminatory

Strongly agree    Agree    Disagree    Strongly disagree

I support a shorter deferral period for gay, bisexual and other men who have sex with men (i.e. 3 months instead of 12 months)

Strongly agree    Agree    Disagree    Strongly disagree

I support a much shorter deferral period for gay, bisexual and other men who have sex with men (i.e. 9 DAYS instead of 12 months)

Strongly agree    Agree    Disagree    Strongly disagree

I support a much shorter deferral period for gay, bisexual and other men who have sex with men (i.e. 9 DAYS instead of 3 months)

Strongly agree    Agree    Disagree    Strongly disagree

I support a policy that screens all potential donors based on number of sexual partners regardless of their gender

Strongly agree    Agree    Disagree    Strongly disagree

I support a policy that screens all potential donors based on recently having a new sexual partner(s)

Strongly agree    Agree    Disagree    Strongly disagree

I support a policy that screens potential donors based on specific sex practices with higher risk for HIV transmission

Strongly agree    Agree    Disagree    Strongly disagree

If I were allowed, I would donate blood in the future

Strongly agree    Agree    Disagree    Strongly disagree

Thank you.

Please click the 'submit' button to move on to the next page.

## About your condom use

You told us that you've had penetrative sex with at least one partner without a condom in the last year.

Please tell us why you didn't use condoms.  
(Select all that apply)

- Sex feels unnatural with condoms / I prefer skin to skin contact
- My partner does not like condoms
- I do not know how to ask my partner to use condoms
- I lose my erection when I use condoms
- I only have sex with partners who have the same HIV status as me
- I don't bother with condoms in the heat of the moment / if they are not immediately available
- I don't think I can get HIV
- I think that even if I get HIV, this is highly manageable these days
- I am not afraid of getting a sexually transmitted infection - they are treatable these days
- I am on PrEP
- I am HIV positive and I have an undetectable viral load
- Other (please specify)

Please tell us your 'other' reasons for not using condoms.

---

Thank you.  
Please click the 'submit' button to move on to the next page.

# About your use of online health services

- Which of the following do you use on a weekly basis? Please select all that apply.

- Computer (laptop/desktop)
- Smartphone
- Tablet (e.g. iPad)
- Smart speaker (e.g. Echo, Alexa, Google home etc.)
- Other internet-enabled device (please specify):

Please specify which other internet-enabled devices you use.

- 
- In the past 12 months, which of the following have you done online?  
Please select all that apply.

- Searched for health-related information
- Searched for the location of a clinic or health service
- Searched for the phone number of a clinic or health service
- Booked a GP/clinic/hospital appointment online
- Communicated directly with a health professional (e.g. via email, FaceTime, Skype)
- Ordered a medical test
- Accessed medical test results
- Ordered a repeat prescription
- Purchased medication via an online pharmacy or medical service
- None of the above

- Which of the following would you be willing to do online? Please select all that apply.

- Search for health-related information
- Search for the location of a clinic or health service
- Search for the phone number of a clinic or health service
- Book a GP/clinic/hospital appointment
- Communicate directly with a health professional (e.g. via email, FaceTime, Skype)
- Order a medical test
- Access medical test results
- Order a repeat prescription
- Purchase medication via an online pharmacy or medical service
- None of the above

---

## We're interested in how you access health services.

**This includes: booking an appointment or test; receiving information or results; communicating with a doctor, nurse or other health professional; ordering a repeat prescription; or buying medicine online.**

**Accessing health services usually involves providing information about your health, wellbeing and life.**

• In the past 12 months, which of the following have you provided information about online in order to access health services? Please select all that apply.

- Your sexual behaviour
- Symptoms you have experienced
- Medications you are taking
- Side-effects of medicines
- None of the above

• Which of the following would you be willing to provide information about online in order to access health services? Please select all that apply.

- Your sexual behaviour
- Symptoms you have experienced
- Medications you are taking
- Side-effects of medicines
- None of the above

• In the past 12 months, what type(s) of device(s) have you used to access health services online? Please select all that apply.

- Computer (desktop/laptop)
- Smartphone (not including phone calls)
- Tablet (e.g. iPad)
- Smart speaker (e.g. Echo, Alexa, Google home etc.)
- Other internet-enabled device (please specify)
- None of the above

Please tell us about your 'other' devices you have used.

---

• What type(s) of device(s) would you be willing to use to access health services online? Please select all that apply.

- Computer (desktop/laptop)
- Smartphone (not including phone calls)
- Tablet (e.g. iPad)
- Smart speaker (e.g. Echo, Alexa, Google home etc.)
- Other internet-enabled device (please specify)
- None of the above

Please tell us about the 'other' devices you would be willing to use.

---

• Please rank the following ways of testing for HIV with "1" being your most preferred and "4" being your least preferred.

	Most Preferred <sup>1</sup>	2	3	Least Preferred <sup>4</sup>
Use a self-test kit at home that gives me an immediate result.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a sample at home, post it to the clinic, then get the result back later.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be tested at a health service by a professional and get the result immediately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be tested at a health service by a professional and get the results back later.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

• **Imagine that you have no symptoms or worries and want to get a routine STI test. What would be your preferred way of...?**

**For each option, please select one answer.**

	Online	Face-to-face	Phonecall	No Preference	Would never do this
Booking a clinic appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing information about your sexual behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing information about any symptoms you have experienced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing information about any medicines you are taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving HIV test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving results for STIs other than HIV (e.g. gonorrhoea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ordering a repeat prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving HIV viral load results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**• Now imagine that you are worried about a new symptom or you concerned that you may have been at risk of infection. What would be your preferred way of...?**

**For each option, please select one answer.**

	Online	Face-to-face	Phonecall	No Preference	Would never do this
Booking a clinic appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing information about your sexual behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing information about any symptoms you have experienced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing information about any medicines you are taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving HIV test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving results for STIs other than HIV (e.g. gonorrhoea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ordering a repeat prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving HIV viral load results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you.

Please click the 'submit' button to move on to the next page.