

## Supplement 1 File. Survey questions

### Questions on steady relationships, sex with casual partners and drugs (English)

#### Questionnaire waves 1-4

1. Did you have one or more steady relationships with a male in the preceding 6 months?

- No  
 Yes, with \_\_\_\_\_ men

2. Do you know the HIV-status of your steady partner?

- No  Yes

Is this information based on his latest HIV-test?

Yes, how long ago was your partner tested?

- ±1 month       ±3 months       ±6 months  
 ±1 year       ±2 years or longer       I don't know

The result was:

- seronegative  
 seropositive

No, the information is not based on an HIV test but on the fact that:

- My partner told me he was HIV negative  
 My partner told me to be a virgin or that he was not at risk for HIV  
 I trust my partner  
 Otherwise, namely \_\_\_\_\_

3. Did you fuck your steady partner?

- No  Yes

How often did you use a condom?

- Never  
 Most of the times not  
 Sometimes I did – sometimes I didn't  
 Most of the times  
 Always

4. Did you get fucked by your steady partner?

- No  Yes

How often did you use a condom?

- Never  
 Most of the times not  
 Sometimes I did – sometimes I didn't  
 Most of the times  
 Always

5. Did you fuck your casual partner(s)?

- No  Yes

Namely:

With one-time casual partners?

- No  
 Yes, with \_\_\_ one-time casual partner(s)

With multiple-time casual partners?

- No  
 Yes, with \_\_\_ multiple-time casual partner(s)

With regular casual partners (fuck buddies)?

- No  
 Yes, with \_\_\_ regular casual partners (fuck buddies)

<p>How often did you use a condom?</p> <input type="checkbox"/> Never <input type="checkbox"/> Most of the times not <input type="checkbox"/> Sometimes I did – sometimes I didn't <input type="checkbox"/> Most of the times <input type="checkbox"/> Always	<p>How often did you use a condom?</p> <input type="checkbox"/> Never <input type="checkbox"/> Most of the times not <input type="checkbox"/> Sometimes I did – sometimes I didn't <input type="checkbox"/> Most of the times <input type="checkbox"/> Always	<p>How often did you use a condom?</p> <input type="checkbox"/> Never <input type="checkbox"/> Most of the times not <input type="checkbox"/> Sometimes I did – sometimes I didn't <input type="checkbox"/> Most of the times <input type="checkbox"/> Always
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6. Did you fuck a casual partner of whom you did not know the HIV status without a condom?

<input type="checkbox"/> No <input type="checkbox"/> Yes Namely: By one-time casual partners? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ one-time casual partner(s)	By multiple-time casual partners? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ multiple-time casual partner(s)	By regular casual partners (fuck buddies)? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ regular casual partners (fuck buddies)
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7. Did you fuck a HIV positive casual partner without a condom?

<input type="checkbox"/> No <input type="checkbox"/> Yes Namely: With one-time casual partners? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ one-time casual partner(s)	With multiple-time casual partners? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ multiple-time casual partner(s)	With regular casual partners (fuck buddies)? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ regular casual partners (fuck buddies)
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8. Did you get fucked by casual partners?

<input type="checkbox"/> No <input type="checkbox"/> Yes Namely: By one-time casual partners? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ one-time casual partner(s)	By multiple-time casual partners? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ multiple-time casual partner(s)	By regular casual partners (fuck buddies)? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ regular casual partners (fuck buddies)
<p>How often did you use a condom?</p> <input type="checkbox"/> Never <input type="checkbox"/> Most of the times not <input type="checkbox"/> Sometimes I did – sometimes I didn't <input type="checkbox"/> Most of the times <input type="checkbox"/> Always	<p>How often did you use a condom?</p> <input type="checkbox"/> Never <input type="checkbox"/> Most of the times not <input type="checkbox"/> Sometimes I did – sometimes I didn't <input type="checkbox"/> Most of the times <input type="checkbox"/> Always	<p>How often did you use a condom?</p> <input type="checkbox"/> Never <input type="checkbox"/> Most of the times not <input type="checkbox"/> Sometimes I did – sometimes I didn't <input type="checkbox"/> Most of the times <input type="checkbox"/> Always

9. Did you get fucked by casual partners of whom you did not know the HIV status without a condom?

<input type="checkbox"/> No <input type="checkbox"/> Yes Namely: By one-time casual partners? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ one-time casual partner(s)	By multiple-time casual partners? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ multiple-time casual partner(s)	By regular casual partners (fuck buddies)? <input type="checkbox"/> No <input type="checkbox"/> Yes, with ___ regular casual partners (fuck buddies)
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10. Did you get fucked by HIV positive casual partners without a condom?

<input type="checkbox"/> No <input type="checkbox"/> Yes Namely: By one-time casual partners? <input type="checkbox"/> No	By multiple-time casual partners? <input type="checkbox"/> No	By regular casual partners (fuck buddies)?
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<input type="checkbox"/> Yes, with ___ one-time casual partner(s)	<input type="checkbox"/> Yes, with ___ multiple-time casual partner(s)	<input type="checkbox"/> No
		<input type="checkbox"/> Yes, with ___ regular casual partners (fuck buddies)

11. Did you use any of the following in the preceding 6 months?  
If yes, in which context and how? (Multiple answers possible)

	In general				During sex with:					
	If yes, how often?				Steady partner:	One-time casual partner:	Multiple-time casual partner:	Regular casual partner:	Groupsex:	
Alcohol	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Nitrites	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
XTC/MDMA	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Erectile dysfunction drugs	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hash/Weed	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Cocaine	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Mephedrone	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
GHB	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
GBL	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Ketamine	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Mushrooms	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Amphetamine	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Methylamphetamine	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less	<input type="checkbox"/> 2-4x per month	<input type="checkbox"/> 2-3x per week	<input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes

	In general				During sex with:			
	If yes, how often?		Steady partner:	If yes, how often?	Steady partner:	If yes, how often?	Steady partner:	
Heroin	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
Apomorphine	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
Testosterone	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
Anabolic steroids	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
DHEA	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
4-FA/4-FMP	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
2-CB	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
Antidepressants (not as medication)	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
Methylphenidate (not as medication)	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
Opioids (not as medication)	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
Benzodiazepines (not as medication)	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	
Other, namely _____	<input type="checkbox"/> no	<input type="checkbox"/> 1x per month or less <input type="checkbox"/> 2-4x per month <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week or more	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	

Original questions on PrEP use and intention to use PrEP (English)

## Questionnaire wave 1

12. Have you have used PrEP?  
 No  
 Yes
13. Have you used daily PrEP in the preceding 6 months?  
 No  
 Yes
14. When did you start using daily PrEP? (In case you started daily PrEP multiple times, only fill in the last time you started): \_\_/\_\_\_\_ (MM/JJJJ)
15. Do you currently still use daily PrEP?  
 No, I quite in \_\_/\_\_\_\_ (MM/JJJJ)  
 Yes
16. Did you use event-driven PrEP in the preceding 6 months?  
 No  
 Yes
17. Where did you obtain your PrEP? (Multiple answers allowed)  
 Abroad  
 Via internet  
 Via friends  
 Via someone who is HIV positive  
 Via a doctor of the AmPrEP-project (STI clinic Amsterdam)  
 Via an HIV doctor in the hospital  
 Otherwise, namely: \_\_\_\_
18. a) Are you going to use daily PrEP once PrEP becomes available in the Netherlands?  
 Absolutely not 1 2 3 4 5 6 7 Definitely
- b) How likely are you to use daily PrEP once PrEP becomes available in the Netherlands?  
 Very likely 1 2 3 4 5 6 7 Very unlikely
- c) Are you going to use event-driven PrEP once PrEP becomes available in the Netherlands?  
 Absolutely not 1 2 3 4 5 6 7 Definitely
- d) How likely are you to use event-driven PrEP once PrEP becomes available in the Netherlands?  
 Verly likely 1 2 3 4 5 6 7 Very unlikely
19. Imagine you are going to use PrEP once it becomes available in the Netherlands. Which regimen would be most suitable for you? Assume both regimens are equally effective in preventing HIV in answering this question.  
 Daily PrEP  
 Event-driven PrEP

Original questions on PrEP use (English)

## Questionnaire wave 2-4

20. Did you use PrEP in the preceding 6 months?
- No  
 Yes
21. How did you use PrEP in the preceding 6 months?
- I use(d) it daily  
 I use(d) it event-driven (event-driven means not daily taking PrEP, but for example only before and after sex in case there was a risk of getting HIV)
22. When did you start using daily PrEP? (In case you started daily PrEP multiple times, only fill in the last time you started): \_\_/\_\_\_\_ (MM/JJJJ)
23. Do you currently still use daily PrEP?
- No, I quite in \_\_/\_\_\_\_ (MM/JJJJ)  
 Yes
24. Where did you obtain your PrEP? (Multiple answers allowed)
- Abroad  
 Via internet  
 Via friends  
 Via someone who is HIV positive  
 I bought it from someone  
 I am a participant of the AmPrEP-project (STI clinic Amsterdam)  
 Via an HIV doctor in the hospital  
 Via another doctor who is not treating HIV  
 Otherwise, namely: \_\_\_\_

Questions on steady relationships, sex with casual partners and drugs (Dutch)

## Questionnaire waves 1-4

1. Heeft u in de afgelopen 6 maanden (een) vaste relatie(s) gehad met een man?  
 Nee  
 Ja, met \_\_\_\_\_ mannen.
2. Weet u de HIV-status van uw vaste partner?  
 Nee |  Ja
- Is die informatie gebaseerd op zijn laatste HIV-test?  
 Ja, hoe lang geleden is uw partner getest?
- ±1 Maand       ±3 Maanden       ±6 Maanden  
 ±1 Jaar       ±2 Jaar geleden of langer       Ik weet het niet
- De uitslag was:  
 Seronegatief  
 Seropositief
- Nee, de informatie is niet gebaseerd op een HIV test maar op:
- Dat mijn partner gezegd heeft negatief te zijn.  
 Dat mijn partner verteld heeft maagd te zijn of geen risico te hebben gelopen.  
 Dat mijn partner mij niks verteld heeft, maar ik hem wel vertrouw.  
 Anders, nl. \_\_\_\_\_
3. Heeft u uw vaste partner geneukt?  
 Nee |  Ja
- Hoe vaak heeft u daarbij een condoom gebruikt?  
 Nooit  
 Meestal niet  
 Soms wel – soms niet  
 Meestal wel  
 Altijd
4. Heeft u zicht door uw vaste partner laten neuken?  
 Nee |  Ja
- Hoe vaak heeft u daarbij een condoom gebruikt?  
 Nooit  
 Meestal niet  
 Soms wel – soms niet  
 Meestal wel  
 Altijd
5. Heeft u uw losse partners geneukt?  
 Nee |  Ja
- Namelijk:
- |  |  |  |
|--|--|--|
| Met eenmalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ eenmalige losse partner(s) | Met meermalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ meermalige losse partner(s) | Met vaste seks partners (seksmaatjes)?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ vaste seks partner(s) (seksmaatjes) |
|--|--|--|



- |  |   |   |   |
|--|---|---|---|
|  | Hoe vaak heeft u daarbij een condoom gebruikt?<br><input type="checkbox"/> Nooit<br><input type="checkbox"/> Meestal niet<br><input type="checkbox"/> Soms wel – soms niet<br><input type="checkbox"/> Meestal wel<br><input type="checkbox"/> Altijd | Hoe vaak heeft u daarbij een condoom gebruikt?<br><input type="checkbox"/> Nooit<br><input type="checkbox"/> Meestal niet<br><input type="checkbox"/> Soms wel – soms niet<br><input type="checkbox"/> Meestal wel<br><input type="checkbox"/> Altijd | Hoe vaak heeft u daarbij een condoom gebruikt?<br><input type="checkbox"/> Nooit<br><input type="checkbox"/> Meestal niet<br><input type="checkbox"/> Soms wel – soms niet<br><input type="checkbox"/> Meestal wel<br><input type="checkbox"/> Altijd |
|--|---|---|---|
6. Heeft u een losse partner van wie u de HIV-status niet wist onbeschermd geneukt?  
 Nee  Ja  
 Namelijk:
- |  |  |  |
|--|--|--|
| Met eenmalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ eenmalige losse partner(s) | Met meermalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ meermalige losse partner(s) | Met vaste seks partners (seksmaatjes)?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ vaste seks partner(s) (seksmaatjes) |
|--|--|--|
7. Heeft u een losse partner van wie u al wist dat hij HIV-geïnfecteerd was onbeschermd geneukt?  
 Nee  Ja  
 Namelijk:
- |  |  |  |
|--|--|--|
| Met eenmalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ eenmalige losse partner(s) | Met meermalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ meermalige losse partner(s) | Met vaste seks partners (seksmaatjes)?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ vaste seks partner(s) (seksmaatjes) |
|--|--|--|
8. Heeft u zich door losse partners laten neuken?  
 Nee  Ja  
 Namelijk:
- |  |  |  |
|--|--|--|
| Met eenmalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ eenmalige losse partner(s) | Met meermalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ meermalige losse partner(s) | Met vaste seks partners (seksmaatjes)?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, met _____ vaste seks partner(s) (seksmaatjes) |
|--|--|--|
- |   |   |   |
|---|---|---|
| Hoe vaak heeft u daarbij een condoom gebruikt?<br><input type="checkbox"/> Nooit<br><input type="checkbox"/> Meestal niet<br><input type="checkbox"/> Soms wel – soms niet<br><input type="checkbox"/> Meestal wel<br><input type="checkbox"/> Altijd | Hoe vaak heeft u daarbij een condoom gebruikt?<br><input type="checkbox"/> Nooit<br><input type="checkbox"/> Meestal niet<br><input type="checkbox"/> Soms wel – soms niet<br><input type="checkbox"/> Meestal wel<br><input type="checkbox"/> Altijd | Hoe vaak heeft u daarbij een condoom gebruikt?<br><input type="checkbox"/> Nooit<br><input type="checkbox"/> Meestal niet<br><input type="checkbox"/> Soms wel – soms niet<br><input type="checkbox"/> Meestal wel<br><input type="checkbox"/> Altijd |
|---|---|---|
9. Heeft u zich onbeschermd laten neuken door een losse partner van wie u de HIV-status niet wist?  
 Nee  Ja.  
 Namelijk:
- |  |  |  |
|--|--|--|
| Door eenmalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, door _____ eenmalige losse partner(s) | Door meermalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, door _____ meermalige losse partner(s) | Door vaste seks partners (seksmaatjes)?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, door _____ vaste seks partner(s) (seksmaatjes) |
|--|--|--|
10. Heeft u zich onbeschermd laten neuken door een losse partner van wie u al wist dat hij HIV-geïnfecteerd was?  
 Nee  Ja.  
 Namelijk:
- |  |  |  |
|--|--|--|
| Door eenmalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, door _____ eenmalige losse partner(s) | Door meermalige losse partners?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, door _____ meermalige losse partner(s) | Door vaste seks partners (seksmaatjes)?<br><input type="checkbox"/> Nee<br><input type="checkbox"/> Ja, door _____ vaste seks partner(s) (seksmaatjes) |
|--|--|--|

## 11. Heeft u in de afgelopen 6 maanden de volgende middelen gebruikt?

Zo ja, in welke context en op welke wijze? (Meerdere antwoorden mogelijk)

In het algemeen		Tijdens seks met					
	En zo ja hoe vaak?		vaste partners:	eenmalige losse partners:	meermalige losse partners:	vaste seks partners:	groepsseks:
	Alcohol	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Poppers	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
XTC (Ecstasy,MDMA)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Erectiemiddelen (Viagra, Sildenafil, Tadalafil, Cialis, Vardenafil, Levrita, Kamagra)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Hasj/Weed	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Cocaïne	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
MiauwMiauw (Mephedrone, 4-MMC)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
GHB	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
GBL	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Ketamine (Special K)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Paddenstoelen	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Amfetamine (speed, PEP, amf, appelspeed)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Methylamfetamine (perf, ice, crank, crystalmeth, yabba)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja

	In het algemeen		Tijdens seks met				
	En zo ja hoe vaak?		vaste partners:	eenmalige losse partners:	meermalige losse partners:	vaste seks partners:	groepsseks:
Heroïne	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Apomorfine (Uprima)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Testosteron	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Anabole steroïden	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
DHEA	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
4-FA/4-FMP	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
2-CB	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Antidepressiva (niet als medicatie)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Ritalin (niet als medicatie; methylphenidaat, Concerta, dexamfetamine)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Opiaten (niet als medicatie)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Benzodiazepinen (niet als medicatie; bijv. valium, oxazepam)	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja
Anders, nl	<input type="checkbox"/> nee	<input type="checkbox"/> 1x per maand of minder <input type="checkbox"/> 2-4x per maand <input type="checkbox"/> 2-3x per week <input type="checkbox"/> 4x per week of vaker	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja	<input type="checkbox"/> ja

Original questions on PrEP use and intention to use PrEP (Dutch)

## Questionnaire wave 1

12. Heeft u ooit zelf PrEP gebruikt?
- Nee  
 Ja
13. Heeft u in de laatste 6 maanden dagelijkse PrEP gebruikt?
- Nee  
 Ja
14. Wanneer bent u gestart met het gebruik van dagelijkse PrEP? (Indien u meerdere keren gestart bent met PrEP, vul dit dan alleen voor de laatste keer in). \_\_/\_\_\_\_ (MM/JJJ)
15. Gebruikt u nu nog steeds dagelijks PrEP?
- Nee, ik ben gestopt op: \_\_/\_\_\_\_ (MM/JJJ)  
 Ja
16. Heeft u in de laatste 6 maanden intermitterende PrEP gebruikt?
- Nee  
 Ja
17. Waar heeft u PrEP vandaan? (Meerdere antwoorden mogelijk)
- Uit het buitenland  
 Via internet besteld  
 Via vrienden gekregen  
 Via iemand die hiv-positief is  
 Arts van het AmPrEP-project (soa polikliniek Amsterdam)  
 Hiv-behandelaar in het ziekenhuis  
 Anders, namelijk: \_\_\_\_
18. Stel dat PrEP beschikbaar komt in Nederland:
- a) Bent u dan van plan om dagelijks PrEP te gaan gebruiken?  
Zeer zeker niet 1 2 3 4 5 6 7 Zeer zeker wel
- b) Hoe waarschijnlijk is het dan dat u dagelijks PrEP gaat gebruiken?  
Heel erg waarschijnlijk 1 2 3 4 5 6 7 Heel erg onwaarschijnlijk
- c) Bent u dan van plan om intermitterende PrEP te gaan gebruiken?  
Zeer zeker niet 1 2 3 4 5 6 7 Zeer zeker wel
- d) Hoe waarschijnlijk is het dan dat u intermitterende PrEP gaat gebruiken?  
Heel erg waarschijnlijk 1 2 3 4 5 6 7 Heel erg onwaarschijnlijk
19. Stelt u zich voor dat u PrEP gaat gebruiken als dit beschikbaar komt in Nederland. Welk schema zou dan het beste bij u passen? Ga er bij het beantwoorden van de volgende vraag vanuit dat ze even effectief zijn in het voorkomen van een hiv infectie.
- Dagelijks PrEP slikken  
 Intermitterende PrEP slikken

Original questions on PrEP use (Dutch)

## Questionnaire wave 2-4

20. Heeft u in de laatste 6 maanden PrEP gebruikt?

- Nee  
 Ja

21. Hoe heeft u PrEP in de laatste 6 maanden gebruikt?

- Ik gebruik(te) PrEP elke dag  
 Ik gebruik(te) PrEP intermitterend (intermitterend betekent het niet dagelijks slikken van PrEP, maar bijvoorbeeld alleen voor en na seks waarbij ik risico op hiv had kunnen lopen)

22. Wanneer bent u gestart met het gebruik van dagelijkse PrEP? Indien u meerdere keren gestart bent met PrEP, vul dit dan alleen voor de laatste keer in.

23. Gebruikt u nu nog steeds dagelijks PrEP?

- Ja  
 Nee, ik ben gestopt op: \_\_/\_\_\_\_ (MM/JJJJ)

Hoe heeft u PrEP verkregen?

- In het buitenland gekocht  
 Via internet besteld  
 Van vrienden gekregen  
 Van iemand die hiv-positief is gekregen  
 Ik heb dit van iemand gekocht  
 Ik doe mee aan het AMPrEP-project (soa polikliniek Amsterdam)  
 Een hiv-behandelaar in het ziekenhuis heeft dit voorgeschreven  
 Een arts anders dan een hiv-behandelaar heeft dit voorgeschreven  
 Anders, nl .....