



Annual Sexual Behaviour Questionnaire

Trial no: P <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initials: <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date form completed: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Partnership Questions

1. How many current steady (sexual and emotional relationship) partners do you have?
2. How many current casual (sexual relationship only) partners do you have?
3. Among your current partners, what is the length of your longest relationship?
 ___ Years ___ Months

Sexual Behaviour Questions

4. With how many different men have you had either been bottom (receptive, passive, he fucked you) or top (insertive, active, you fucked him) during anal sex in the last 90 days?
5. With how many different men have you been bottom (passive) during anal sex in the last 90 days? (If 0 please skip to question 9)
6. Of the men in question 5, with how many were you bottom without using a condom?
(If 0 please skip to question 9)
7. Of the men in question 6, how many did you know were HIV positive?
(If 0 please skip to question 9)
8. Of the men in question 7, how many did you know were on HIV treatment?
9. With how many different men have you been top (active) during anal sex in the last 90 days? (If 0 please skip to question 13)
10. Of the men in question 9, with how many were you top without using a condom?
(If 0 please skip to question 13)
11. Of the men in question 10, how many did you know were HIV positive?
(If 0 please skip to question 13)
12. Of the men in question 11, how many did you know were on HIV treatment?
13. Of the men you've been either top or bottom with during anal sex in the last 90 days, how many were new partners? (This means men you had not had sex with before)

14. Think of the last time you had anal sex (top or bottom) with a man without a condom. These are reasons other men have given for not using condoms, please tick all that apply.

- I don't like using condoms
- He doesn't like using condoms
- Condoms weren't discussed
- We don't use condoms with each other but do with other partners
- Neither of us had any condoms
- I didn't consider myself at risk of HIV
- I was under the influence of alcohol
- I was under the influence of drugs
- I am faithful to him
- He is faithful to me
- It is more enjoyable without a condom
- I was only dipping
- I lose erections with condoms
- Other _____

15. Think of the last time you had anal sex (top or bottom) with a man without a condom. What was his HIV status?

- I don't know
- I thought he was HIV negative
- I thought he was HIV positive and on treatment
- I thought he was HIV positive and not on treatment
- I thought he was HIV positive and did not consider whether he was on treatment

Health and wellbeing Questions

16. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a) Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Feeling down, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lifestyle Questions

17. We would like to know more about your social network. Please tick the box that applies to you:

	All or almost all	More than half	Less than half	Few	None
How many of your friends are gay or transgender/ have sex with men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many of your friends know that you are gay/transgender/have sex with men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many of your work colleagues know that you are gay/transgender/have sex with men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many of your close family members know that you are gay/transgender/have sex with men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. We would like to know more about where you meet new sexual partners. When did you last visit each of the following types of places to meet men (even if it is not typical for you):

	Within the last 4 weeks	Within the last 3 months	Within the last 6 months	More than 6 months ago	Never
Gay community centres, organisations, events or social groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay cafes, pubs and/or bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay nightclubs/discos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay saunas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backrooms, sex clubs or gay party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bareback parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cruising areas where men meet for sex with men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay social networking websites (e.g. gay.com, gaydar.com, grindr, Manhunt, GayRomeo etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. All relationships go through good and bad times. We would like to know whether you have experienced any of the following behaviours in relationships with men. Please tick as many boxes per row that apply to you:

	Never	Yes – more than 1 year ago	Yes within the last year with former partner	Yes within the last year with current partner
Have you ever felt frightened of the behaviour of a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever needed to ask a partner’s permission to work, go shopping, visit relatives, or visit friends (i.e. beyond the usual of being considerate to and checking with a partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been hit, slapped, kicked or otherwise physically hurt by a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been forced to have sex or made to engage in some sexual activity when you did not want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been forced to have sex without a condom when you did not want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever behaved in a manner that has made a partner feel frightened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a partner ever needed to ask your permission to work, go shopping, visit relatives, or visit friends (i.e. beyond the usual of being considerate to and checking with a partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever hit, slapped, kicked or otherwise physically hurt a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever forced a partner to have sex or engage in some sexual activity when he did not want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever forced a partner to have sex without a condom when he did not want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. If you answered YES in the last year to any question above, do you think joining PROUD has influenced these behaviours?

- No
- Yes in a positive way
- Yes in a negative way

20. How old were you the very first time you had any sexual contact with a male, or a male had any sexual contact with you? Please provide an estimate if you cannot remember exactly

21. How old were you the very first time you had anal intercourse (top or bottom) with a male? Please provide an estimate if you cannot remember exactly

22. We would like to know more about how you view your sexuality. Please tick the box that applies to you:

	Strongly agree	Agree	Neutral or uncertain	Disagree	Strongly disagree
Obviously effeminate homosexual men make me feel uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable in gay bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social situations with transgender/gay men make me feel uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable being seen in public with an obviously transgender/gay person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable discussing homosexuality in a public situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable being a transgender/gay man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexuality is morally acceptable to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even if I could change my sexual orientation I wouldn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. We would like to know more about the circumstances in which you have sex. When did you last do any of the following (even if it is not typical for you):

	Within the last 4 weeks	Within the last 3 months	Within the last 6 months	More than 6 months ago	Never
Had sex after having enough alcohol to feel drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex after using recreational drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex after using a substance that helps keep an erection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in group sex (sex with more than one other person on the same occasion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid a man for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received money for having sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received drugs for having sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received something else (such as a place to stay) for having sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked to a new sex partner about his HIV status before sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked to a sex partner about PrEP before sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. We would like to know more about how you feel about your sex life as it is at the moment. Please tick the box that applies to you:

	Strongly agree	Agree	Neutral or uncertain	Disagree	Strongly disagree
I am happy with my sex life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am as sexually confident as I want to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to say 'no' to sex I don't want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sex I have is always as safe as I want it to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to have more sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually sexually satisfied after sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to have a, or more, steady partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to have a, or more, non-steady partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like more intimacy in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like more love in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. We would like to know more about your use of PrEP BEFORE you joined the study. Please tick one box per row to show how much each statement applies to you:

	More than once	Once	Never
I bought Truvada privately (on the internet or elsewhere) and used it as PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I used someone else's Truvada tablets as PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I used someone else's antiretroviral tablets (not Truvada) as PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. We are interested in your concerns about getting HIV whilst having sex. If you were to have sex with a man whose HIV status you did not know (unless otherwise specified), how worried would you later be about getting HIV in the following circumstances:

	Very Worried	Somewhat Worried	Not Worried
If you have unprotected receptive anal sex (no condom or PrEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have unprotected insertive anal sex (no condom or PrEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have unprotected receptive anal sex with a positive man who is on ART (no condom or PrEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you use post-exposure prophylaxis after unprotected receptive anal sex (no condom or PrEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have condomless receptive anal sex while taking Truvada PrEP every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have condomless receptive anal sex while taking Truvada PrEP but had missed your previous days tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have condomless receptive anal sex while taking Truvada PrEP but had missed several tablets that week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Thank you for finishing the questionnaire.
Please place in the provided envelope and hand to a doctor or nurse***