



Baseline Sexual Behaviour Questionnaire

Trial no:	Initials:	Date of birth:	Date form completed:
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Patient Questions

1. Are you: Male Transgender

2. How would you describe your sexuality?
 Gay/Homosexual Straight/heterosexual Bisexual Other (please specify) _____

3. To which of these ethnic groups do you consider yourself to belong?
 White Chinese Irish Irish Traveller
 Indian Pakistani Bangladeshi Black Caribbean
 Black African Black Other Mixed Ethnic Group _____ Other _____

4. Were you born in the UK? Yes No (If yes skip to question 6)

5. If no, which country were you born in? _____

6. What is your date of birth? __/__/____ (please fill as DD/MM/YYYY)

7. At what level did you **complete** your education?
 Finished education with no qualifications
 O levels/GCSEs (or equivalent qualifications at age 16)
 A levels (or equivalent qualification at age 18)
 University degree or above
 Still in full-time education
 Vocational Training
 Other qualifications (please specify) _____

8. What is your current work situation?
 Employed or self-employed FULL-TIME (at least 30 hours a week)
 Employed or self-employed PART-TIME (less than 30 hours a week)
 Part/full time student/education/training
 Unemployed
 Retired
 Other (please specify) _____

9. Are you currently in an ongoing relationship with a partner (wife/husband or civil partner or girlfriend/boyfriend)?
 Yes, I am in a relationship and living with my partner
 Yes, I am in a relationship but not living with my partner
 No, I am not currently in an ongoing relationship with a partner

10. Have you been circumcised? Yes No

Sexual Behaviour Questions

11. 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?

12. With how many different men have you been bottom (passive) during anal sex in the last 90 days? (If 0 please skip to question 16)
13. Of the men in question 12, with how many were you bottom without using a condom? (If 0 please skip to question 16)
14. Of the men in question 13, how many did you know were HIV positive? (If 0 please skip to question 16)
15. Of the men in question 14, how many did you know were on HIV treatment?
16. With how many different men have you been top (active) during anal sex in the last 90 days? (If 0 please skip to question 20)
17. Of the men in question 16, with how many were you top without using a condom? (If 0 please skip to question 20)
18. Of the men in question 17, how many did you know were HIV positive? (If 0 please skip to question 20)
19. Of the men in question 18, how many did you know were on HIV treatment?
20. 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)
21. 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
 - Other _____
22. 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
23. In general, when you have anal sex (top or bottom) without using a condom to what extent do you consider yourself at risk of getting HIV?
- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> No risk | <input type="checkbox"/> A little risk |
| <input type="checkbox"/> Somewhat at risk | <input type="checkbox"/> Large risk | <input type="checkbox"/> Very large risk |

24. In general, how do you manage your risk of getting HIV? (Tick all that apply)

- I frequently ask my partner to use a condom for anal sex
- I frequently use condoms
- I choose partners based on their negative HIV status
- I seek partners who I know are on HIV treatment
- I think about strategic positioning (I try to be top if I'm not sure about my partner's HIV status)
- I don't think about these risk reduction strategies

25. How many times in the past 12 months have you attended a clinic for a HIV test?

26. How many times in the past 12 months have you attended a clinic for a STI test?

27. How many times in the past 12 months have you been prescribed a course of post-exposure prophylaxis (PEP, taking antiretroviral (anti-HIV) drugs soon after potential HIV exposure for 4 weeks to reduce the risk of becoming infected with HIV)?

28. In the past 12 months have you been diagnosed with any of the following?

	Yes	No		Yes	No
Rectal Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis	<input type="checkbox"/>	<input type="checkbox"/>
Urethral Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Oral Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
Rectal Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	Genital warts (new or recurrent)	<input type="checkbox"/>	<input type="checkbox"/>
Urethral Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	Genital herpes (new or recurrent)	<input type="checkbox"/>	<input type="checkbox"/>
Oral Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	Trichomonas	<input type="checkbox"/>	<input type="checkbox"/>
LGV	<input type="checkbox"/>	<input type="checkbox"/>			

Health and wellbeing Questions

29. 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

30. In the past 3 months have you used recreational drugs (e.g. poppers, cannabis, cocaine)?

Yes No (If no, go to question 32)

31. If yes, which drugs have you used?

Acid/LSD/magic mushrooms	<input type="checkbox"/>	Heroin	<input type="checkbox"/>
Anabolic steroids	<input type="checkbox"/>	Ketamine (K)	<input type="checkbox"/>
Cannabis (marijuana, grass)	<input type="checkbox"/>	Khat (chat)	<input type="checkbox"/>
Cocaine (coke)	<input type="checkbox"/>	Mephedrone	<input type="checkbox"/>
Crack	<input type="checkbox"/>	Morphine	<input type="checkbox"/>
Codeine	<input type="checkbox"/>	Opium	<input type="checkbox"/>
Crystal meth (methamphetamine)	<input type="checkbox"/>	Poppers (amyl nitrate)	<input type="checkbox"/>
Ecstasy (E)	<input type="checkbox"/>	Speed (amphetamine)	<input type="checkbox"/>
GHB (liquid ecstasy)	<input type="checkbox"/>	Viagra	<input type="checkbox"/>
		Other (please specify) _____	

32. How often have you had a drink containing alcohol (beer/wine/spirits/mixed drink) in the last 90 days?

Daily Nearly every day 3 or 4 times a week
 Once or twice a week 2 or 3 times a month Once
 Never go to question 34

33. How many units of alcohol do you drink on a typical day when you are drinking?

(One unit=half a pint of beer/cider or a small glass of wine or a single measure of spirits)

34. Other men have suggested the following reasons as motivation for taking part in this trial. Please tick all the statements that you agree with.

- I want to contribute to scientific research
- I want to receive the regular sexual counselling to help me understand and reduce my risk
- I feel pressured to have sex without a condom
- My partner is already in this trial
- Taking PrEP would reduce my risk of getting HIV
- I will be able to have more sex without condoms
- I want to help the gay community
- Other _____

35. PrEP will be prescribed to men participating in this trial, either now or in the future, as a DAILY medication. When you are offered PrEP how often do you think you'll miss a tablet?

- I will find it easy to remember to take my drug daily
- I might forget to take my pill at my scheduled time but will remember to take it within a few hours
- I might occasionally forget to take a dose
- I might forget to take my drug once or twice a week
- I will remember to take my pill if I know I am going to be having sex in a couple of days
- I will find a daily dosing schedule very difficult to follow

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