



## Sex Now 2019

### Welcome to Sex Now 2019!

*If you prefer to take the survey in French, click the language button in the top right.*

#### Principal Investigator

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#### Introduction

The Sex Now Survey is a national survey of sex between guys. The survey asks questions about your everyday life, including your sex life, mental health, substance use, attitudes and your opinions on Canadian Blood Services current deferral policies for guys who are into guys.

We will gather information about HIV and Hep C, sexual behaviours, especially those that may be associated with HIV and other infections. The information will be used to investigate alternatives to our current blood deferral policy, and will help improve overall health and wellness for guys who are into guys and how we might improve our current combination prevention strategies for HIV and other STIs.

We are asking you to answer a confidential questionnaire that you will do by yourself. The online survey will take approximately 40 minutes to complete and can be completed anonymously. You may skip any question you don't wish to answer, or stop at any time. If you complete the survey you may choose to enter a draw for a \$500.00 travel voucher by entering your name and email address. This information will not be connected to your responses, and will only be used to contact you for the purposes of awarding the prize. If you have done this survey before, you are welcome to do it online too. There are new questions.

#### Purpose

The purpose of this research is to identify a series of behaviours among gay, bi, queer, and Two-Spirit guys (both cis and trans) that can be used to identify eligible blood donors and guide future blood donation policies.

#### Objectives

- 1) To know more about the health and well-being (including sexual health) of guys who are into guys.
- 2) To know what guys think of current blood donation policies, and how they feel about some alternative options.
- 3) To determine the number of potential new blood donors if the deferral policy does change.
- 4) To share our findings, and update the risk models used to determine current donor eligibility.

**Potential Risks**

Some questions on the survey are of a personal nature. They include questions regarding past and present substance use, sexual history and violence and may be triggering for you if you have experienced trauma related to these issues. It is important to remember that all questions are optional and can be skipped at any time.

**Potential Benefits**

By participating, you are helping to generate data we hope to use to inform Canada's blood donation policies, and are helping to improve health and well-being for guys who are into guys, by arming activists and researchers with the information they need to make things better. You'll also get to access findings from the study online for free next year through the Community Based Research Centre's website. You can also enter a draw for a \$500.00 travel voucher.

## **Confidentiality**

Your participation is completely voluntary and anonymous: you cannot be identified in any way. No one will be able to identify you based on your responses. If you choose to participate in the draw for the travel voucher, your contact information will be stored separately from your survey responses and there will be no way to connect them. Your contact information will only be used to contact you if you win the draw. Your contact information will not be shared with anyone outside our team, and once the winner is contacted, all contact information will be destroyed.

The data we collect may be shared at a later date with other researchers who are interested in the health of guys into guys. If that happens, those researchers will have no way of identifying you (no name, no contact information).

This study is completely voluntary. If you take part in the study, you can stop at any time and you will not lose anything. You don't have to answer any questions you don't want to answer. If you decide to stop doing the survey after giving some answers, we can take what you've done, or destroy the questionnaire completely and not use the data. If you submit your questionnaire and change your mind, we unfortunately won't be able to remove your data. This is because we will not know which answers are yours.

## **Rights and Compensation**

If you complete the survey, on the last screen you will be given the option to enter a draw for the \$500.00 travel voucher. We consider anyone who has made it to the final screen to have completed the survey, as you are free to skip any questions you don't want to answer, or that make you uncomfortable. The draw is completely optional. To enter, please leave a name you wish us to call you by, and an email address we can use to contact you. You may use an alias to further protect your anonymity if you wish, however you may be required to disclose your information to Air Canada in order to receive your prize. Everyone who enters will be assigned a number. On the day the online survey closes, the winner will be chosen by a member of the research team by drawing a number from a hat. We will attempt to contact the winner 3 times. Once the winner is successfully contacted, and the prize is successfully awarded, we will destroy the data base of contact information, including the winner's information.

## **Contact for information about the study**

If you have any questions or need further information with respect to this study, you may contact Rob Higgins, Research Manager, Sex Now Survey at the Community Based Research Centre at 604-568-7478 or at [rob.higgins@cbrc.net](mailto:rob.higgins@cbrc.net)

## **Contact for concerns about the rights of research subjects**

If you have any concerns about your rights as a research subject and/or your experiences while participating in this study, you can contact the University of Victoria's Office of Human Research Ethics at 250-472-4545.

## **\* Consent Agreement**

**Do you acknowledge and agree to these conditions?**

Yes

No



**These questions are about your eligibility to participate.**

\* How old are you? (in years)

\* What is your gender identity?

- Man
- Woman
- Neither. I prefer to self-describe as

**\* What province or territory do you currently live in?**

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland & Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon
- I don't live in Canada

**\* Have you had sex with a man in the past 5 years?**

- Yes
- No, not in the past 5 years

**\* Do you identify as straight?**

- Yes
- No

**Did you complete a paper version of the 2018 Sex Now Survey?**

- Yes, and I also did the dried blood spot test
- Yes, but I only did the survey
- No

**Did you complete the 2014/15 Sex Now Survey Online?**

- Yes
- No
- I don't remember.

**These questions are about your ethnicity and nationality.**

\* Which of these do you identify with? (check all that apply)

- African
- Arab, West Asian (e.g. Iranian, Afghan)
- Black
- Caribbean
- East Asian (e.g. Chinese, Japanese, Korean)
- Indigenous
- Latin American, Hispanic
- South Asian (e.g. East Indian, Pakistani, Sri Lankan)
- Southeast Asian (e.g. Filipino, Vietnamese, Thai)
- White
- I prefer not to answer
- Other (please specify)

\* Were you born in Canada?

- Yes
- No
- I prefer not to answer

**You indicated that you are Indigenous. Please tell us more by answering the following questions.**

**Do you identify as?**

- First Nations
- Métis
- Inuk
- None

**Do you identify as Two-Spirit?**

- Yes
- No

**Do you live in an Indigenous community?**

- Yes
- No

**HIV treatment and prevention medications are covered for First Nations and Inuit people who have status. Do you have “status” (Registered/Treaty)?**

- Yes
- No
- Not applicable

**You indicated that you were not born in Canada. These questions are about your migration to Canada.**

What year did you first move to Canada?

What country were you born in?

Why did you move to Canada? (check all that apply)

- To avoid discrimination based on ethnic minority status
- To avoid discrimination based on sexual minority status
- To avoid discrimination based on religion and/or politics
- For better health and social services
- For economic opportunities
- For romantic reasons
- For education
- For family / friends
- To avoid violence (i.e. war)
- To acquire legal recognition of relationship (e.g. marriage)
- None of the above
- Other reason (please specify)

**Following coming to Canada, did the following improve? (check all that apply)**

- My professional opportunity
- My educational opportunity
- My economic resources
- My health and wellbeing
- My relationship with family of origin
- My relationship with friends
- My romantic relationship(s)
- My sex life
- None of the above

**What challenges did you have after moving to Canada? (check all that apply)**

- Language
- Employment
- Housing
- Health and social service access
- Legal issues
- Adapting to a new social environment (finding friends, fitting in)
- Finding sexual/romantic partner(s)
- Mental health (for example: anxiety, depression, loneliness)
- None of the above
- Other challenge (please specify)

**Were the services you accessed to support your migration process LGBTQ2S+ (lesbian, gay, bisexual, trans, queer, Two-Spirit, and other minorities) friendly?**

- No, none of them
- Yes, some of them
- Yes, all of them
- I did not access any migration services

### What is your current immigration status?

- A Canadian citizen
- A Landed/Permanent Resident
- A Refugee/Protected Person (formally approved)
- A Refugee claimant/Person in need of protection (applied but not yet approved)
- Here with Temporary Work Papers (including 2 year work visas)
- A Visitor
- A Student (obtained study permit)
- I don't know
- Other (please specify)

**These questions are about experiences with disability.**

Do you identify as a person with a disability?

- Yes
- No

**The following six questions are about difficulties you may have doing certain activities. Please tell us only about difficulties or conditions that have lasted or are expected to last for six months or more.**

Do you have any difficulty seeing?

- No (Never)
- Sometimes
- Often
- Always

Do you have any difficulty hearing?

- No (Never)
- Sometimes
- Often
- Always

**Do you have any difficulty walking, using stairs, using your hands or fingers, or doing other physical activities?**

- No (Never)
- Sometimes
- Often
- Always

**Do you have any difficulty learning, remembering or concentrating?**

- No (Never)
- Sometimes
- Often
- Always

**Do you have any emotional, psychological or mental health conditions? These may include anxiety, depression, bipolar disorder, substance abuse, anorexia, as well as other conditions.**

- No (Never)
- Sometimes
- Often
- Always

**Do you have any other health problem or long- term condition that has lasted or is expected to last for six months or more, and if so, how often does it limit your daily activities?**

- No (Never)
- Sometimes
- Often
- Always

**These questions are about your gender and sexual orientation.**

**What is your gender expression/presentation?**

- Mostly feminine
- Mostly androgynous
- Mostly masculine
- Fluidity between expressions

**I feel pressure to be perceived as masculine... (check all that apply)**

- from gay, bi and queer men
- from friends or family members
- from general society
- I don't feel pressure

**\* Do you have trans experience? (i.e., your gender is different than the sex you were assigned at birth)**

- Yes
- No
- I prefer not to answer

**How do you identify sexually? (check all that apply)**

- Gay
- Asexual
- Straight
- Bi (bisexual)
- Pansexual
- Queer
- Heteroflexible
- Prefer to self-describe as:

**How open (out) are you about your sexual identity?**

- 1: Not at all open (out)
- 2
- 3
- 4
- 5: Open (out) to all or most people I know

**How likely or unlikely would you be to reveal each of the following, if asked in a Statistics Canada survey (e.g., Census, Canadian Community Health Survey)?**

	Very likely	Likely	Unlikely	Very unlikely
<b>Your Sexual Orientation</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Your Gender-Identity (e.g., cisgender, transgender, non-binary)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How old were you when you “came out” (told others) about your sexuality with other guys?**

I have never come out about my sexuality

# years old:

**\* How old were you when you FIRST had sex with a man?**

I've never had sex with a man

I prefer not to answer

I was this many years old...

**\* Are you currently in a relationship? (committed or non-committed)**

No

Yes, with a man

Yes, with more than 1 person (polyamorous)

Yes, with a woman

Yes, with a non-binary person

**You Indicated that you are currently in a relationship. This section is about your relationship(s).**

How many people are you in a relationship with? *(Note: Please enter the number of people separately for each gender category below.)*

Men

Women

Non-binary people

**\* Is your current relationship exclusive/monogamous?**

- No, we are open (fully or with some rules)
- Yes, we only have sex with each other
- Don't know. We haven't discussed it or decided.
- We don't have sex together
- Prefer not to answer.

**How long have you been in your current relationship?**

*(Note: If you have multiple partners indicate the number of years and months for the person you have been with the longest.)*

# Years

# Months

**These questions are about your experiences with sex partners of all genders.**

*(Note: We define sex as any physical contact that you felt was sexual)*

How many sex partners have you had in the PAST 6 MONTHS? (provide your best guess)

Of those, how many were in the PAST 3 MONTHS? (provide your best guess)

Have you ever had sex with a woman?

- No, never
- Unsure
- Yes, in the past 6 months
- Yes, but longer than 6 months ago

**In the PAST 6 MONTHS, what kinds of sex have you had? (check all that apply)**

- Mutual masturbation
- Oral sex
- Fingering (sex using fingers)
- Rimming
- Fisting (sex using fists)
- Anal sex as bottom (receptive partner) with a condom
- Anal sex as bottom (receptive partner) without a condom
- Anal sex as top (insertive partner) with a condom
- Anal sex as top (insertive partner) without a condom
- Sex in my vagina or internal genitals with a condom
- Sex in my vagina or internal genitals without a condom
- Sex in my partner's vagina or internal genitals with a condom
- Sex in my partner's vagina or internal genitals without a condom
- Sex with prosthetics or sex toys
- Online sex (camming, sexting)
- Threesome (sex between 3 people)
- Group sex (sex between 4+ people)
- None of the above. I have not had sex in the past 6 months.
- Other, please describe

**In the PAST 6 MONTHS, what kind of sex partners have you had? (check all that apply)**

- A trans man
- A trans woman
- A non-binary person
- None of the above

**In the PAST 6 MONTHS, what kind of sex partners have you had? (check all that apply)**

- A partner who gave me money, goods or services for sex
- A partner I gave money, goods or services for sex

**The next question is about your experience with "new sex partners".**  
*(Note: We define a "new sex partner" as someone you had never had sex with before.)*

**When did you last have a "new sex partner"?**

- I have never had sex
- This week
- 2-4 weeks ago
- 1-3 months ago
- 4-6 months ago
- 7-12 months ago
- Longer than a year ago

**These questions are about your experiences with trying to change your sexual orientation or gender identity.**

Have you or any person with authority (parent, caregiver, counselor, community leader, etc.) ever tried to change your sexual orientation or gender identity?

(check all that apply)

- Yes, sexual orientation
- Yes, gender identity
- No

\* In some cases, attempts to change sexual orientation or gender identity includes more organized activities (such as counseling or faith-based rituals) that are sometimes referred to as “conversion therapy”. Have you ever been exposed to any of the following conversion efforts? (check all that apply)

- Conversion efforts by a licensed health professional (psychologist, psychiatrist, doctor)
- Conversion efforts by an unlicensed counselor
- Conversion efforts in a camp
- Conversion efforts by a faith-based organization focused on conversion therapy
- Conversion efforts by an individual religious leader (i.e., not through a formal organization)
- Conversion efforts by another religious individual
- Other conversion efforts; please describe:
- None of the above
- Prefer not to answer.

**These questions are also about your experiences with trying to change your sexual orientation or gender identity.**

At what age did you first attend conversion efforts?

For how long did you attend conversion efforts?

- Less than 1 month
- 1 month to 1 year
- More than 1 year

How many times did you attend conversion efforts?

- 1 time only
- 2-5 times
- 5+ times

**These questions are about your demographics (i.e., Residential location, income, employment status, education).**

What are the first 3 characters of your postal code? *(Note: Formatted as Letter-Number-Letter (e.g. V2N, M3N, L4M). These locate your response to a region, not a specific address)*

What best describes the environment you live in?

- Large urban centre (100,000+ people)
- Medium city/town (30,000-99,999 people)
- Small city/town (1,000-29,999 people)
- Rural area (<1,000 people)

How would you describe your money situation right now?

- Comfortable, with extra
- Enough, but no extra
- Have to cut back
- Cannot make ends meet

What was your income in the last year?

**What is your employment status? (check all that apply)**

- Employed full-time (30+ hours/week)
- Employed part-time (<30 hours/week)
- Self-employed: professional, contractor, business owner
- On government assistance
- Student
- Retired
- Unemployed
- Unable to work

**What is the highest level of education that you completed?**

- Did not finish high school
- High school, or equivalent
- Post-secondary school (e.g. certificate, diploma)
- Bachelor's degree
- Above a bachelor's degree (e.g., masters, doctorate)
- Other (please specify)

**The following section of questions pertain to blood donation in Canada. People living with HIV are not eligible to donate. If you're a man who had any kind of sex with another man (MSM) in the last 3 months you're also not allowed to donate blood. We invite everyone to answer these questions to share their opinions!**

**\* If you prefer not to answer these questions on blood donation in Canada, you can skip to the next section.**

- Please skip to the next section, I DO NOT want to answer the questions on blood donation
- I want to answer the questions on blood donation

**These questions are about your experiences with and attitudes towards blood donation.**

Have you ever donated blood at any point in your life?

- Yes, in the past year
- Yes, but longer than a year ago
- No, never
- I don't remember

Please read the following statements. For each, check off each item if you were aware of it BEFORE taking this survey. (check all that apply)

- In Canada, all blood donations are tested for HIV. These tests can detect HIV approximately 9 days after infection, which is referred to as the test's "window period".
- Blood donor screening aims to reduce the risk of "window period" infections when current tests would not pick-up those infections.
- In Canada, men who have sex with men (MSM) are approximately 70x more likely to get HIV than other men.
- Currently in Canada, if you're a man who had any kind of sex with another man (MSM) in the last 3 months you're not allowed to donate blood. This is called a "deferral policy".
- When donating, trans and non-binary people are considered a man or woman based on their genitals, not on how they identify.
- I was not aware of any of these before this survey.

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

MSM = “men who have sex with men”.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The current 3 month deferral policy for MSM is JUSTIFIED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The current 3 month deferral policy for MSM is DISCRIMINATORY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support a SHORTER deferral period for MSM (e.g., 9 days instead of 3 months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support a policy that screens all potential donors based on NUMBER OF SEXUAL PARTNERS REGARDLESS OF THEIR GENDER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support a policy that screens all potential donors based on RECENTLY HAVING A NEW SEX PARTNER(S)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support a policy that screens all potential donors based on SPECIFIC SEX PRACTICES WITH HIGHER RISK FOR HIV TRANSMISSION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were allowed to, <u>I would donate blood in the future</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

An alternative to the current deferral policy is screening based on specific sexual behaviours regardless of your gender or the gender of your partner(s). This is called a gender-neutral deferral policy. Which type of screening or deferral policy do you prefer?

- I prefer the current system of a time and gender-based deferral policy
- I prefer a gender-neutral deferral policy
- I do not have a preference

The following 4 statements are possible alternatives to the current policy. *(Note: Please rank them in order of most preferred to least preferred with 1 indicating your favourite option and 4 indicating your least favourite option)*

<input type="checkbox"/>	<input type="text"/>	Shorten the gender-based deferral period for MSM from 3 months to 9 days
<input type="checkbox"/>	<input type="text"/>	Screen all potential donors based on number of sexual partners regardless of their gender
<input type="checkbox"/>	<input type="text"/>	Screen all potential donors based on recently having a new sexual partner(s)
<input type="checkbox"/>	<input type="text"/>	Screen all potential donors based on specific sex practices with higher risk for HIV transmission

**These questions are about sexually transmitted infections (STIs) and testing for STIs other than HIV.**

\* When were you LAST tested for any STIs?

- In the past 3 months
- 4-6 months ago
- 7-12 months ago
- Longer than a year ago
- Never
- Don't know
- I prefer not to answer.

\* Have you EVER been diagnosed with an STI in your lifetime?

- Yes
- No
- I prefer not to answer.

Have you EVER been vaccinated against the following?

	No	Unsure	Yes
Hepatitis B virus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Papilloma Virus (HPV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**These questions are about sexually transmitted infections (STIs) and testing for STIs other than HIV.**

What did your LAST STI test include? (check all that apply)

- Urine test
- Blood sample
- Throat swab
- Rectal swab (in your bum)
- None of the above

At your LAST STI test, were you...? (check all that apply)

- At a sexual health clinic
- Asked about your substance use
- Offered any kind of HIV test
- Specifically offered a rapid HIV test
- Informed about or offered PrEP
- None of the above

**Where do you USUALLY go to get tested for STIs?**

- Family physician
- Walk-in medical clinic
- An STI or sexual health clinic
- A clinic or service offering testing for gay, bi, queer and trans people
- A youth clinic
- Emergency room
- Other community clinic (e.g., community health centre)
- No usual place
- Have never tested for HIV/STIs
- Not listed (please specify)

**Have any of the following caused you to delay or skip STI testing in the PAST YEAR? (check all that apply)**

- Too busy
- Services too far away
- Hours inconvenient
- Lack of privacy
- Lack of professional sensitivity to gay, bi or queer men's health
- Negative reaction from / judged by health care worker
- Stressed out, anxious or depressed
- The cost (e.g. no health insurance)
- Wait time for appointment too long
- Didn't know where to go
- Services not in my preferred language
- No delays or skipped STI testing in the past year
- Other, please explain:

**In the last year, have you traveled in order to receive sexual health care?**

- Yes, to another province/territory
- Yes, to another city/town within my province/territory
- No
- Not applicable

**Have you had any of the following STIs in the PAST YEAR? (check all that apply)**

- Syphilis
- Chlamydia
- Gonorrhea
- Warts (genital or anal)
- Herpes (genital or anal)
- Non-specific urethritis
- I have had no STIs in the past year
- Other(s) (please specify)

**Have you EVER had chlamydia or gonorrhea in your bum?**

- No, never
- Unsure
- Yes, in the past 6 months
- Yes, but longer than 6 months ago

The next few pages of questions are about [GetCheckedOnline](#), a free online HIV and STI testing service in BC created by the BC Centre for Disease Control. *GetCheckedOnline* lets you get tested by printing a lab form or downloading an electronic version on your phone, that you then take to a lab and get your results online or by phone.

\* Before today, did you know about *GetCheckedOnline*?

- Yes
- No
- I prefer not to answer

These questions are also about [GetCheckedOnline](#).

How did you hear about this service? (check all that apply)

- News media (TV, newspaper, Xtra, etc.)
- Printed material (posters, brochures, etc.)
- Ad on a website or phone app
- Ad on a bus/bus shelter
- Social media (Facebook, Twitter, etc.)
- At an event (Pride, concert, festival, etc.)
- From a physician, nurse or clinic
- From someone at a community organization
- From friends
- From a boyfriend/partner
- From a hookup/casual partner
- Not listed (please specify)

\* Have you been to the *GetCheckedOnline* website?

- Yes
- No
- Not sure
- I prefer not to answer

This question is also about [GetCheckedOnline](#).

\* Have you been tested through *GetCheckedOnline*?

- Yes
- No
- Not sure
- I prefer not to answer

This section is also about [GetCheckedOnline](#).

Why did you use GetCheckedOnline to get tested? (check all that apply)

- Don't need to get a physical exam
- Like being able to take my own swabs
- Don't need to see a doctor or nurse
- More convenient than going to a clinic or doctor's office
- Saves time
- Prefer to get my test results online
- Don't need to wait for an appointment
- Clinic was full
- More private than going to a clinic or doctor's office
- Don't need to talk about my sex life
- Don't need to see people I know in a waiting room
- Don't need to tell anyone I have sex with guys
- Can test without using my real name
- Not sure
- Not listed (please specify)

**\* Why have you NOT been tested through GetCheckedOnline? (check all that apply)**

- Didn't need to get tested at the time
- Just checking it out to see how it works
- Prefer to get tested by doctor or nurse
- Prefer to get tested at my usual place (e.g., doctor's office, clinic)
- I regularly get tested at a clinic/doctor's office because I'm on PrEP
- Didn't want to take own rectal/throat swabs
- Didn't have the time to do it
- It was too complicated
- Didn't have access to a printer / couldn't download to phone
- Didn't have a promo or access code
- Not easy to get to a lab location / not in my area
- Rectal/throat swabs not available at the time
- Didn't trust that service was reliable
- Worried about privacy of my information
- Not sure
- I prefer not to answer
- Not listed (please specify)

**How unlikely or likely is it that you will get tested through GetCheckedOnline in the future?**

- Very unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely

**This section is about potential HIV and STI testing options.**

Suppose you could get tested by printing a lab form from a website or downloading an electric version to your phone, that you then take to a lab in person, and get your results online or by phone. How likely would it be that you would use this service?

- Very likely
- Likely
- Unlikely
- Very unlikely
- I would never use this service

**For you, what is the greatest BENEFIT of this possible testing service? (check all that apply)**

- Don't need to talk about my sex life
- Don't need to get a physical exam
- More convenient than going to a clinic or doctor's office
- Saves time
- Getting my test results online or by phone
- Don't need to wait for an appointment
- Can get tested when clinic is full
- More private than going to a clinic or doctor's office
- Don't need to see people I know in a waiting room
- Don't need to see a doctor or nurse
- Don't need to tell anyone I have sex with guys
- Can test without using my real name
- Not sure
- I see no benefits
- Other (please specify)

**For you, what are the greatest DRAWBACKS of this possible testing service?  
(check all that apply)**

- Prefer to get tested by doctor or nurse
- Prefer to get tested at my usual place (e.g., doctor's office, clinic)
- Difficult to get a form (e.g., no printer, no phone)
- Not comfortable going to a lab
- Wouldn't trust service was reliable
- Worried about the privacy of my information
- Not sure
- I see no drawbacks
- Not listed (please specify)

**These questions are about at-home HIV and STI testing.**

Suppose you could get tested by ordering a self-collection kit online that would be mailed to any address of your choosing, and then shipped directly to the lab for testing. How likely would it be that you would use this service?

- Very likely
- Likely
- Unlikely
- Very unlikely
- I would never use this service

What samples could you self-collect? (check all that apply). Imagine detailed visual and video instructions are provided.

- Prick your finger to provide a few drops of blood
- Pee into a container (urine)
- Swab your throat
- Swab your bum (rectum)
- I could not self-collect any of the above



## Sex Now 2019

**This question is about your interest in participating in a pilot project for at-home HIV, hepatitis C, and syphilis testing.**

\* Sex Now 2019 is piloting self-collection kits for HIV, hepatitis C, and syphilis testing. The self-collection kit is free and easy to use. Interested participants will be mailed a self-collection kit with detailed instructions. You will receive \$10 for participating. Would you like to hear more about this pilot?

Yes

No



Sex Now 2019

**This is the informed consent page for participating in our pilot test of at-home testing for HIV, hepatitis C, and syphilis.**

## **Consent and Information**

Thank-you for your interest in participating in Sex Now's self-testing pilot. Before agreeing to participate, it is important you understand the potential risks and benefits of your participation, as well as how your information and privacy will be protected.

## **Important Information**

The test kit you receive will include everything you need to successfully collect a small blood sample via finger prick. Your sample will be tested for HIV, hepatitis C and syphilis. If you wish, you can opt-in to receiving the results of these test. It is important to note that this test is not a clinical test like you would receive at a doctor's office. These tests are for research purposes only. **If you are contacted with a result that you were not expecting it does not necessarily mean that you are positive for HIV, hepatitis C or syphilis. It simply means that the test reacted to your sample, and that you should schedule an appointment with a doctor to confirm the results.** The goal of the at-home testing trial is to better estimate undiagnosed rates of HIV, hepatitis C and syphilis in British Columbia, as well as to test the feasibility of this type of self-collected test. A short evaluation of your experience will be included with your test kit.

## **Potential Benefits**

By participating in the self-test pilot, you are helping to determine the feasibility of self-testing as part of sexual health care in Canada. This could one day lead to Canadians being able to test themselves in the privacy of their own homes for sexually transmitted infections. You are also helping to provide valuable information to researchers that could be used to improve health systems in your area. In addition to being eligible for the \$500.00 travel voucher, you will also receive a \$10.00 honorarium for your participation. You can receive the honorarium as either a cheque in the mail, or an Interac e-transfer. If you choose to provide both pieces of information, please indicate which method you prefer. To receive an Interac e-transfer an email address will be required. You will also need to activate your online banking account with your financial institution to receive funds this way if you have not already done so. Packages sent by Purolator are associated with a tracking number, we will process your honorarium as soon as the return shipment is registered by Purolator. If you receive the package and decide you no longer wish to participate don't worry, just return the unused package to the CBRC and we will still process your honorarium. You can expect e-transfers to be processed within 7 business days, and cheques may take up to 30 business days to arrive. If you have any questions about the process you are always welcome to contact the study team at the Community-Based Research Centre between the hours of 9:00AM and 5:00PM by phone at (604)-568-7478 or by email at any time at [rob.higgins@cbrc.net](mailto:rob.higgins@cbrc.net).

## Potential Risks

Receiving a reactive result to these tests can sometimes be difficult. It is important to remember that a reactive result is not the same as a diagnosis. If you have any questions, concerns, or need more information you can always contact the research team. We are committed to ensuring you have the care and support you need.

By participating in the study, you are agreeing to provide personal information to the research team. We take your privacy very seriously, we will not store your mailing information in the same location as your test results or your survey data, and we will not connect these data to each other. More information on our privacy policy can be found below.

The at-home self-test collection process will require you to dispose of used sharps in a designated sharps pail. These pails are yellow, say sharps on them and will display the biohazard warning sign. You will receive instructions on where to find a public sharps pail near you with your test kit. Pharmacies, hospitals, doctor's offices and many public washrooms have sharps pails you can access. Please keep in mind that if you choose a location that you visit often and are known, you may be recognized and/or asked questions or experience stigma. If this is a concern for you, choose a location that you do not visit often such as a different pharmacy or a walk-in clinic. Remember that you don't need to disclose any information that you don't want to. If a sharps pail is not clearly visible at a pharmacy and you need to ask for one, you can simply ask to use their sharps pail, or tell the pharmacist that you participated in a study that required finger prick testing and that you need to dispose of your lancet. People dispose of sharps in public for a variety of health reasons every day, it is unlikely that doing so would be noticed, but it is possible.

In rare cases, some people faint at the sight of their own blood. You will receive instructions on how to safely complete the self-test with your testing kit. If you do not, please contact the research team. It is important you read and understand the information provided. If you have any questions, do not hesitate to contact the research team. You can contact a member of the research team at the Community-Based Research Centre between the hours of 9:00AM and 5:00PM by phone at (604)-568-7478 or by email at any time at [rob.higgins@cbrc.net](mailto:rob.higgins@cbrc.net).

## Privacy protection

All your information will be held on secure servers that are located in Canada. Your name and mailing address will be kept separate from your lab results and survey responses. Those responsible for sending you your test kit will not have access to any information other than what they need to send you your kit and your anonymized participant ID code. Once lab results are returned from the lab, your name and mailing address will be deleted. If you ask to receive your results from these tests, your information will be kept until your results are returned to you. Our councillor will need this information to confirm your identity before giving you your results. Once results are successfully returned, or we attempt to return your results three times, we will delete your information. Further information regarding returning results can be found on the next screen. Your anonymized participant ID code will then be used to link the lab results to your survey responses. At this point it will be impossible for you to be personally identified. Please print, or save a copy of this page for your records. For instructions on how to save a PDF click here: <https://www.digitaltrends.com/computing/how-to-save-a-webpage-as-a-pdf/>

\* **Consent Agreement: Do you acknowledge and agree to these conditions?**

Yes

No



## Sex Now 2019

**These questions provide us with the information we need to enroll you in our pilot test of at-home testing for HIV, hepatitis C, and syphilis.**

\* Please complete the required fields below. Please note that although a name is required, you may choose to provide us with a pseudonym (fake name) to further protect your privacy. Our shipping supplier is Purolator, they will address you using the name you provide here:

Full Name:	<input type="text"/>
Street Number:	<input type="text"/>
Street Name:	<input type="text"/>
City:	<input type="text"/>
Postal Code:	<input type="text"/>

\* I would like to receive my results:

- Yes  
 No

**If you'd like to receive your results, please complete the form below. By completing the below form, you are consenting to the research team using the information you've provided to contact you with your results and confirm your identity.**

**These two fields are optional, only provide the information you'd like us to use.**

If yes, what's the best way for us to contact you?

Provide a phone number, e-mail address or both.

Phone:

Email:

\* With your consent, the research team would like to keep your blood sample for future testing as more resources may be made to test for HLTV, a rare virus that can cause cancer. Results from additional testing will not be returned to participants. May we keep your sample for future testing, or would you like us to destroy your sample after testing for HIV, hepatitis C, and syphilis?

Please KEEP MY SAMPLE for future testing

Please DESTROY MY SAMPLE

\* How would you like to receive your \$10 for participating?

By Interac e-transfer via TEXT MESSAGE using the phone number above

By Interac e-transfer via E-MAIL using the email address above

By cheque using the NAME AND ADDRESS from my shipping information. *(Note: Please note that if you choose this option, we will need a name that your bank will recognize. If you would like to provide a name that is different from what you provided in the shipping information section, please enter it into the optional text box below.)*

Alternate name:

**Thank you for participating in the at-home testing pilot. By clicking "Next" you are consenting to the research team using the information you've provided to send you an at-home self-test kit, and if you've indicated, to use your contact information to contact you with the results of your test. You will receive your testing kit in approximately 2 weeks. Please return using Purolator no more than 2 weeks after receiving your package using the postage paid return envelope. To continue, click "Next."**

**These questions are about what you know about HIV and HIV transmission.**

**Did you know?! The following statements are all TRUE...**

Please read the following statements. For each, select if you knew this before taking this survey or not.

	No, I did not know	Yes, I knew this already
Bottoming is higher risk for getting HIV than topping. Topping is higher risk for passing HIV than bottoming.	<input type="radio"/>	<input type="radio"/>
Condoms are a reliable way of preventing STI and HIV transmission between sex partners.	<input type="radio"/>	<input type="radio"/>
<u>Pre-Exposure Prophylaxis</u> (“PrEP” or “Truvada”) is HIV medication that HIV-negative people can take before and continuing after sex to prevent getting HIV.	<input type="radio"/>	<input type="radio"/>
<u>Post-Exposure Prophylaxis</u> (“PEP”): Within 3 days after a sexual risk event an HIV-negative person takes HIV meds for a month that may stop HIV from taking hold in their body.	<input type="radio"/>	<input type="radio"/>
HIV medications, taken daily by someone living with HIV, can make their HIV viral load undetectable.	<input type="radio"/>	<input type="radio"/>
There is now scientific consensus that someone who remains HIV undetectable cannot pass HIV to their sexual partners. This is known as “Undetectable = Untransmittable” (U=U).	<input type="radio"/>	<input type="radio"/>
Syphilis can be passed via oral, vaginal or anal sex, including through mutual masturbation and sharing of sex toys.	<input type="radio"/>	<input type="radio"/>
Syphilis is usually treated with injections.	<input type="radio"/>	<input type="radio"/>

**If you had to guess, what % OF ALL GAY, BI, QUEER MEN in Canada do you think...**

Live with HIV? %

Use PrEP? %

Always use condoms? %

**If you had to guess, what % of GAY, BI, QUEER MEN LIVING WITH HIV in Canada are...**

**“undetectable”  
(have a suppressed  
viral load)? %**

**These questions are about your experiences with Hepatitis C (Hep C).**

**When were you last tested for Hepatitis C?**

- In the past 3 months
- 4-6 months ago
- 7-12 months ago
- Longer than a year ago
- I have never tested for Hep C
- I don't know
- I prefer not to answer
- Other (please specify)

**What was the result of your last Hepatitis C test?**

- Negative (I did not have Hepatitis C)
- Positive (I had Hepatitis C)
- I never received my result
- I have never tested for Hepatitis C.

**\* Have you EVER been diagnosed with Hepatitis C?**

- Yes (I have Hepatitis C or I have had it before)
- No (I have never been diagnosed with Hepatitis C)
- I prefer not to answer

**This question is about your experience with Hepatitis C treatment.**

\* Have you EVER received treatment for your Hepatitis C?

- Yes
- No
- I prefer not to answer

**These questions are about your experiences with Hepatitis C treatment.**

What year did you LAST start treatment for Hepatitis C?

\* Was this last treatment successful? (you no longer have Hepatitis C)

- Yes
- No
- I am currently still under treatment
- I prefer not to answer.

**This question is about your experience with Hepatitis C reinfection.**

Have you ever been re-infected with Hepatitis C?

You were told by a healthcare provider that you had Hepatitis C again.

Yes

No

**These questions are about your experiences with HIV (human immunodeficiency virus).**

**When were you LAST tested for HIV?**

- In the past 3 months
- 4-6 months ago
- 7-12 months ago
- Longer than a year ago
- I have never tested for HIV
- I don't know
- I prefer not to answer

**What was the result of your last HIV test?**

- Negative (I did not have HIV)
- Positive (I had HIV)
- I never received my result
- I have never tested for HIV

**\* Have you EVER been diagnosed with HIV?**

- Yes (I am living with HIV)
- No (I have never been diagnosed with HIV)
- I prefer not to answer

**These questions are about your experiences with HIV treatment.**

What year did you first test positive for HIV?

After you tested HIV positive, were you ever tested for...?

	Yes	No	I don't know
Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C virus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis (TB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What's your CURRENT risk for passing HIV to someone?

- Low
- High
- Don't know

When did you last see a doctor about your HIV care?

- Within the last 6 months
- 7-12 months ago
- More than 1 year ago
- Have never seen a doctor about my HIV

**What was your most recent HIV viral load test result?**

- Undetectable
- Detectable
- I don't know
- I have never had an HIV viral load test

**\* Are you currently taking anti-HIV medications?**

- Yes
- No
- I prefer not to answer

**These questions are also about your experiences with HIV treatment.**

\* Have you EVER taken anti-HIV medications?

- Yes
- No
- I prefer not to answer

When was the LAST TIME you missed taking any of your anti-HIV medications?

- Within the past week
- 1-2 weeks ago
- 3-4 weeks ago
- 1-3 months ago
- More than 3 months ago
- I never skip medications

**These questions are about HIV Pre-exposure Prophylaxis, commonly known as PrEP.**

How would you rate your **CURRENT** risk for getting HIV?

- Low
- High
- I think I already have HIV
- Don't know

Rate your level of agreement for each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Using PrEP is now widely accepted among gay men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of sexually active guys are now using PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential sexual partners would want me to use PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP is now the "norm" for sexually active guys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I should use PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that sexually active guys should use PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Have you ever used PrEP?

- I prefer not to answer
- No
- Yes, I'm taking PrEP now!
- Yes, but I stopped. Why?

**These questions are about your experiences using PrEP.**

How long have you been using PrEP?

Months

Years

How are you using PrEP?

- Daily
- On-demand
- Other

How many days did you use PrEP in the past four weeks (i.e. 28 days)?

Are you interested in using PrEP?

- No
- Unsure
- Yes, but I want to know more
- Yes, I want to use PrEP now

If you were interested in using PrEP, how confident are you that you would be able to....

	Very confident	Somewhat confident	Only a little confident	Not confident at all
...get a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...take the prescription daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What stops you from taking PrEP? (check all that apply)

- I don't think I will get HIV
- Costs too much
- Can't get a prescription
- Side effects
- Don't like taking pills
- Too much routine testing and clinic visits
- Judgement from guys in the community
- Judgement from a healthcare provider
- No protection from other STIs
- None of the above
- Something else

**The following set of questions is used by clinicians to assess HIV risk. Canadian guidelines recommend anyone with a total score of 10 or greater to consider taking PrEP. Please complete each question by selecting a single response.**

**How old are you?**

- <18 years (score of 0)
- 18-28 years (score of 8)
- 29-40 years (score of 5)
- 41-48 years (score of 2)
- >=49 years (score of 0)

**How many men have you had sex with in the last 6 months?**

- More than 10 (score of 7)
- 6-10 (score of 4)
- 0-5 (score of 0)

**In the last 6 months, did you have receptive anal sex with a man (you were the bottom) without a condom?**

- Yes (score of 10)
- No (score of 0)

**In the last 6 months, how many of your male sex partners were HIV positive?**

- 0 (score of 0)
- 1 (score of 4)
- >1 (score of 8)

**In the last 6 months, how many times did you have insertive anal sex (you were the top) without a condom with a man who was HIV positive?**

- 0-4 times (score of 0)
- 5+ times (score of 6)

**In the last 6 months, have you used methamphetamines (crystal or speed)?**

- Yes (score of 6)
- No (score of 0)

**In the last 6 months, have you used poppers (amyl nitrate)?**

- Yes (score of 3)
- No (score of 0)

**The above set of questions is used by clinicians to assess HIV risk. Canadian guidelines recommend anyone with a total score of 10 or greater to consider taking PrEP. Talk to a doctor or nurse if you are interested in PrEP.**

**These questions are about your mental health and access to mental health services.**

In general, how would you say your mental health is?

- Excellent
- Very good
- Good
- Fair
- Poor

Over the last TWO WEEKS, how often have you been bothered by any of the following four problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous, anxious, or on the edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Do you want help for any of the following issues? (check all that apply)**

- Depression
- Anxiety
- Coming out
- Gender dysphoria and/or transition
- Eating disorders
- Body image
- Relationship problems
- Suicidal thoughts
- None of the above
- Other, please specify

**In the PAST YEAR, which of the following resources have you gone to? (check all that apply)**

- Elder (Indigenous)
- Psychiatrist
- Registered Counsellor
- Social worker
- Knowledge Keeper (Indigenous)
- Clinical Psychologist
- Peer counsellor/navigator
- Sex therapist / sexologist
- None of the above

**The following questions may be uncomfortable or triggering. They will ask you about suicide. If you do not wish to answer these questions, please scroll to the bottom and click next.**

**Have you ever thought or attempted to kill yourself?**

- Never
- It was just a brief passing thought
- I have had a plan at least once to kill myself but did not try to do it
- I have had a plan at least once to kill myself and really wanted to die
- I have attempted to kill myself, but did not want to die
- I have attempted to kill myself, and really hoped to die

**How likely is it that you will attempt suicide someday?**

- Never
- No chance at all
- Rather unlikely
- Unlikely
- Likely
- Rather likely
- Very likely

**Have you ever told someone that you were going to attempt suicide, or that you might do it?**

- No
- Yes, at one time, but did not really want to die
- Yes, at one time, and really wanted to die
- Yes, more than once, but did not really want to do it
- Yes, more than once, and really wanted to do it

**How often have you thought about killing yourself in the past year?**

- Never
- Rarely (1 times)
- Sometimes (2 times)
- Often (3-4 times)
- Very often (5 or more times)

**If you have attempted to kill yourself, when was your most recent suicide attempt?**

- Within the last year
- Over a year ago but within three years
- Over three years ago
- Not applicable (I have not attempted to kill myself)

**This question is about your substance use.**

\* Have you used ANY substances (alcohol or drugs) in the PAST 6 MONTHS?

- Yes
- No
- I prefer not to answer

**In the PAST 6 MONTHS, have you used any of the following?  
(check all that apply)**

- Needle exchange
- Harm reduction supplies (e.g. free pipes, straws)
- Supervised injection/consumption site
- Naloxone/NARCAN (Used on me)
- Naloxone/NARCAN (Used on someone else)
- Detox or drug treatment facility
- Sweat Lodge or other cultural traditions
- Narcotics Anonymous
- Alcoholics Anonymous
- None of the above
- I prefer not to answer
- Other substance use service/resource

\* Have you EVER injected any drugs?

- No, never
- Yes, in the past 6 months
- Yes, longer than 6 months ago

**These questions are about your experiences using drugs and alcohol.**

**Why do you use substances? (check all that apply)**

- To feel good / have a good time
- To feel better about bad things that happen to me
- To connect with others socially
- To connect with others sexually
- To have more energy to party
- To increase motivation for sex
- To make sex more intense or pleasurable
- To make sex last longer
- Because of stress about my sexuality
- Because of stress about my gender identity/expression
- Because other people use them
- Because other people offer them
- Because I am addicted (for example, to avoid withdrawal)
- None of the above
- Other (please specify)

For each substance below, check off if you EVER used it in the PAST 6 MONTHS. If so, also check off if you used them before or during sex. (check all that apply)

	Used in the past 6 months	Used with sex
Alcohol (5+ drinks within 2 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco/cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/weed/hash/pot/grass	<input type="checkbox"/>	<input type="checkbox"/>
Poppers/amyl	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine/Special K	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy/MDMA	<input type="checkbox"/>	<input type="checkbox"/>
Crystal meth/Tina	<input type="checkbox"/>	<input type="checkbox"/>
Erection drugs (e.g., Viagra, Cialis)	<input type="checkbox"/>	<input type="checkbox"/>
Crack, free base	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (smack)	<input type="checkbox"/>	<input type="checkbox"/>
Other prescription opioids (e.g., Percocet, Dialudid, OxyContin)	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>
GHB/"G"	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilizers or benzos (e.g, Valium, Xanax)	<input type="checkbox"/>	<input type="checkbox"/>
Psychedelics (e.g, LSD, mescaline, acid, mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>
Non-medicinal steroids	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

**Do you want to REDUCE OR QUIT any substances you use?**

- Yes
- No (skip next question)
- I prefer not to answer

**If Yes, I want to...**

Reduce my use of:

Quit my use of:

**Have you EVER injected crystal meth? ("slamming")**

- No, never
- Yes, in the past 6 months
- Yes, longer than 6 months ago

**Have you EVER overdosed from opioids to the point of losing consciousness?**

- No, never
- Yes, in the past year
- Yes, longer than 1 year ago

**Do you know anyone who has EVER overdosed from opioids to the point they lost consciousness or stopped breathing?**

- No, never
- Yes, in the past year
- Yes, longer than 1 year ago

**These questions are about your social life and community involvement.**

How much of the time you spend hanging out with others, do you usually spend with other gay, bi or queer men?

- Little
- 25%
- 50%
- 75%
- Most

What are you CURRENTLY involved in? (check all that apply)

- Personal voluntary action, neighbourhood support, elder care
- Gay activism, organization, or cultural activities
- LGBTQ2S+ sport leagues or recreational activities
- HIV advocacy, AIDS service organization
- Civic (non-LGBTQ2S+) activism, charity, or cultural activities
- Political organizing, advocacy, party membership
- Pop-ups (queer dance party, art show, etc.)
- Ethnoracial community groups, activities
- I am not involved in any of the above

**Which websites or apps do you use (for any reason)? (check all that apply)**

- Facebook
- Snapchat
- Instagram
- Twitter
- Squirt
- ManHunt
- OK Cupid
- Grindr
- Scruff
- BBRT
- Gay411
- Growlr
- Hornet
- Tinder
- Other(s) (please specify)

**Did you attend a LGBTQ2S+ Pride festival in Canada in 2018?**

- No, I never attend
- No, not in 2018
- Yes, I attended a LGBTQ2S+ Pride festival in 2018

**How many people can you count on for support if you need help or if something goes wrong?**

- No one
- 1 person
- 2-3 people
- 4-6 people
- 7-9 people
- 10+ people

**The next questions are about how you feel about different aspects of your life.**

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How connected do you feel to the following:**

	Not at all	A little	Somewhat	Very
LGBTQ2S+ communities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay, bi and queer men's communities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Are you comfortable in the following? (check all that apply)**

*By comfortable we mean mentally and physically safe and supported.*

	Yes	No	Not applicable
Biological family gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chosen family gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethno- or cultural-specific events/festivals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational contexts (e.g. classroom, campus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Around heterosexual peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streets in your neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sporting clubs (e.g. gym)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious institutions (e.g. church, mosque, synagogue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media spaces (e.g. Facebook, Instagram, YouTube)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Are you comfortable in the following? (check all that apply)**

*By comfortable we mean mentally and physically safe and supported.*

	Yes	No	Not applicable
Gay bathhouses/saunas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay clubs/bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay travel destinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cruising spots (e.g. parks, bathrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay apps (e.g. Grindr, Scruff, Hornet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ2S+ friendly businesses (e.g. bookstores, cafe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ2S+ online forums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not comfortable in any of these settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Are you satisfied with...**

	No	Unsure	Yes	Not applicable
Your connection to LGBTQ2S+ communities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your connection to gay, bi and queer men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical spaces to meet guys (e.g. bars, clubs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online spaces to meet guys (e.g. apps/websites)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**These questions are about your health and experiences accessing healthcare services.**

In general, how would you say your health is?

- Excellent
- Very good
- Good
- Fair
- Poor

Testicular cancer is the most common cancer in men with balls aged 15-35. It is very treatable, especially if caught early. Do you follow recommendations to check your balls for hard lumps or irregularities once a month?

- Gladly, I already check myself monthly
- I knew this, but forget to check
- I didn't know this until now
- I don't have balls

**Which of the following services are you interested in accessing? (check all that apply)**

- General health services
- Dental services
- HIV/STI testing
- One-on-one counselling/therapy
- Group counselling/therapy
- Social events and activities
- Harm reduction supplies (e.g. needles, pipes)
- Safe injection/consumption sites
- Drug testing
- Naloxone/NARCAN
- Medication assisted addictions treatment
- None of the above

**In the PAST YEAR, which of the following resources have you gone to? (check all that apply)**

- General health services
- Dental services
- HIV/STI testing
- One-on-one counselling/therapy
- Group counselling/therapy
- Social events and activities
- Harm reduction supplies (e.g. needles, pipes)
- Safe injection/consumption sites
- Drug testing
- Naloxone/NARCAN
- Medication assisted addictions treatment
- None of the above

**How confident are you that you **COULD** access each of the following services **IF** you were interested in doing so?**

	Very confident	Somewhat confident	Only a little confident	Not confident at all
General health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/STI testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One-on-one counselling/therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group counselling/therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social events and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harm reduction supplies (e.g. needles, pipes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe injection/consumption sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naloxone/NARCAN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication assisted drug treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Where do you usually go for medical care?**

- Primary care provider in a medical practice (e.g. family doctor)
- Walk-in medical clinic
- Emergency room (hospital)
- Other (please specify)

**Do you agree or disagree that the sexual health education you received in high school was relevant to your sexuality?**

- Strongly agree (e.g., It was relevant)
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree (e.g., It was not relevant at all)

**What extended health insurance or benefits do you have? (check all that apply)**

- Vaccinations
- Prescription medications/drugs
- Counselling services
- Other practitioner services (e.g. chiropractor, massage therapy)
- None
- I don't know

**Have you EVER asked for AND been denied the following?  
(check all that apply)**

- an HIV test
- PEP (post-exposure prophylaxis)
- PrEP (pre-exposure prophylaxis)
- HPV vaccination
- Hormone therapy
- Gender affirming surgery
- None of the above

**\* Do you have a regular family doctor or nurse practitioner?**

- Yes
- No
- I prefer not to answer

**These questions are about your experiences accessing healthcare services.**

Does your regular family doctor or nurse practitioner know that you have sex with men?

- No
- Unsure
- Yes
- Not applicable

How knowledgeable is your healthcare provider about health issues related to your gender identity?

- Very knowledgeable
- Somewhat knowledgeable
- Somewhat unknowledgeable
- Very unknowledgeable

How do you feel discussing issues related to your gender identity with your healthcare provider?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

**Has a healthcare provider ever reacted negatively to things you've asked them about your sexuality/sexual health needs?**

- No, never (skip next question)
- Yes, in the past 6 months
- Yes, longer than 6 months ago

**If so, what was the issue that triggered the negative reaction?**

**\* Health Initiative for Men (HIM) is a Vancouver-based organization that works toward supporting the wellbeing of gay, bi, queer and other men who have sex with men in the Lower Mainland. Before today, had you heard of Health Initiative for Men (HIM)?**

- Yes, I know HIM, and use HIM's programs
- Yes, I know HIM, but I have never used HIM's programs
- No, I have never heard of HIM

These questions are about your experiences with the [Health Initiative for Men \(HIM\)](#).

HIM supports guys in four health areas: physical, sexual, social and mental health. If you have used HIM, How have you used HIM's programs and services? (check all that apply)

- I don't live in the lower Mainland of BC
- Used sexual health programs at HIM's health centres (e.g. testing, vaccinations)
- Used HIM's physical or social health groups (e.g. yoga, life drawing)
- Used HIM's mental health programs (e.g. counselling, coaching)
- Saw HIM's campaigns (e.g. Take Time for Your Mind, GetPrEPed, When The Party Is Over)
- Volunteered for, or worked at, one of the above
- None. I have never used HIM's programs

**If you're not a frequent user, what keeps you from using HIM's programs and services more often?**

- I do not live in the Lower Mainland of BC
- I don't have time
- Locations are not practical
- HIM is only for testing
- I do not see myself represented at HIM
- I do not feel comfortable at HIM
- I do not feel the need to use HIM's programs and services
- Other (please specify)

**The following questions may be uncomfortable or triggering. They will ask you about discrimination, abuse, and rape. If you do not wish to answer these questions you may scroll to the bottom and click next.**

Has your sexual orientation impacted you achieving the following goals? By impact we mean the way you have been treated as well as your own or others' attitudes towards your sexual orientation.

	Helped	Hindered	I don't know
Quality of life you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family structure you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial status you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendship(s) you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romantic partner(s) you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above have been hindered by my sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Have you experienced discrimination in the PAST YEAR? If so, check off if it was by gay, bi, or queer men. (check all that apply)**

	Past year?	By gay, bi, or queer men?
Age	<input type="checkbox"/>	<input type="checkbox"/>
HIV status	<input type="checkbox"/>	<input type="checkbox"/>
PrEP status	<input type="checkbox"/>	<input type="checkbox"/>
Race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
Body type	<input type="checkbox"/>	<input type="checkbox"/>
Gender expression	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>
Trans experience	<input type="checkbox"/>	<input type="checkbox"/>
(Dis)abilities	<input type="checkbox"/>	<input type="checkbox"/>

**Has a lover or boyfriend EVER done the following to you? (check all that apply)**

- Insulted or verbally abused you
- Hit, kicked, or slapped you
- Sexually abused or raped you
- None of the above

**When you were a child (under 18 years old), were you ever targeted with anti-LGBTQ2S+ violence? (check all that apply)**

- Verbal violence, hate talk
- Emotional violence, ignored or excluded
- Physical violence, beaten up
- Sexual violence, rape
- No, never

**As an adult, were you ever targeted with anti-LGBTQ2S+ violence? (check all that apply)**

- Verbal violence, hate talk
- Emotional violence, ignored or excluded
- Physical violence, beaten up
- Sexual violence, rape
- No, never

**Has anyone EVER forced sex on you?**

- No, never
- Yes, when I was younger than 18
- Yes, when I was 18 or older
- Yes, when I was both younger and older than 18

**Have you EVER spent time in a correctional facility? For example, a jail, corrections, or prison.**

- Yes
- No

**We asked you earlier about sex with partners of all genders. These questions ask specifically about sex with men! (Note: We define sex as any physical contact that you felt was sexual.)**

\* In the PAST 6 MONTHS how many men have you had sex with? (Note: just provide your best estimate; it's okay if not exact)

\* Of those, how many have you had ANAL sex with IN THE PAST 6 MONTHS? (Note: just provide your best estimate; it's okay if not exact)

**These questions are also about your sex with men.**

**What's been your anal sex position in the PAST 6 MONTHS?**

- No anal sex for me!
- Always bottom
- Mostly bottom
- Versatile (both top and bottom)
- Mostly top
- Always top

**Think about the last time you had anal sex with a man. Did you or your partner use a condom?**

Yes... Why?

No.... Why?

**Thinking about the most recent time you had sex with each of your male partners in the PAST 6 MONTHS, approximately how many partners did you have sex with:**

At your home

At their home, if they don't live with you

Somewhere else (not your home, not their home)

**In the PAST 6 MONTHS, what kind of men have you had anal sex with? (check all that apply)**

- A man on PrEP
- An HIV+ undetectable partner
- A man of unknown HIV status
- A man whose HIV status was different than mine
- A man who was a significantly different age than me
- A man who wasn't the same race/ethnicity as me
- A man who didn't speak the same language as me
- A one night stand (someone you only had sex with once)
- A regular sex partner (someone you have had sex with 2+ times)
- None of the above

**In the PAST 6 MONTHS, how often did you discuss STI and/or HIV testing or status with your partners?**

- Always
- Sometimes
- Rarely
- Never

**Which HIV prevention strategies did you use in the PAST 6 MONTHS? (check all that apply)**

- Always used condoms for anal sex
- Was the bottom for anal sex, if you are living with HIV
- Was the top for anal sex, if you are HIV-negative
- Only had condomless anal sex if a guy has the same HIV status
- Only had condomless anal sex if a guy is on PrEP
- Only had condomless anal sex if a guy is “undetectable”
- Had sex that didn’t include anal sex
- Took post-exposure prophylaxis (PEP) **after sex** where I might have gotten HIV
- Took PrEP **before and after sex** where I might get HIV
- Asked my sex partners about their HIV status before sex
- Only had sex with one partner (closed relationship/monogamy)
- None of the above

**In the last few years, sexually transmitted infections (STIs) like syphilis, gonorrhea and chlamydia have been increasing, especially in gay, bisexual and other men who have sex with men (gbMSM). Though all of these are curable with antibiotics, the treatments can involve injections (e.g. intramuscular penicillin for syphilis). Sometimes, there can be complications with these infections. For example, gonorrhea can have antibiotic resistance, which can make treatment a challenge. Also, syphilis can sometimes have serious complications, like infecting the central nervous system or the eyes, causing vision problems or things as severe as strokes. These things are particularly concerning because we are seeing increasing numbers of most STIs.**

**A recent study showed some promising results for using a common antibiotic called doxycycline in preventing STIs. This is called STI pre-exposure prophylaxis (STI PrEP). Like HIV PrEP, STI PrEP involves taking a pill daily to prevent STIs before they happen.**

**The following questions are about your views on STI PrEP. Please rate each one on the provided scale, from 1 to 7.**

**Taking an antibiotic daily to prevent STIs (excluding HIV) would be...**

<b>1 (Good)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7 (Bad)</b>
<input type="radio"/>						

**Taking an antibiotic daily to prevent STIs (excluding HIV) would be...**

1 (Safe)	2	3	4	5	6	7 (Unsafe)
<input type="radio"/>						

**Taking an antibiotic daily to prevent STIs (excluding HIV) would be...**

1 (Beneficial)	2	3	4	5	6	7 (Harmful)
<input type="radio"/>						

**Taking an antibiotic daily to prevent STIs (excluding HIV) would be...**

1 (Acceptable)	2	3	4	5	6	7 (Unacceptable)
<input type="radio"/>						

**Most people who are important to me would think that I should...**

1 (Take an antibiotic daily to prevent STIs)	2	3	4	5	6	7 (Not take an antibiotic daily to prevent STIs)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**I am confident that I could take an antibiotic daily for STI prevention if I wanted to.**

1 (Strongly agree)	2	3	4	5	6	7 (Strongly disagree)
<input type="radio"/>						

**For me to take an antibiotic daily to prevent STIs would be...**

1 (Easy)	2	3	4	5	6	7 (Difficult)
<input type="radio"/>						

**If I take an antibiotic daily to prevent STIs, my anxiety about getting an STI will be decreased.**

1 (Likely)	2	3	4	5	6	7 (Unlikely)
<input type="radio"/>						

**If I take an antibiotic daily to prevent STIs, I will actually be able to prevent any STIs.**

1 (Likely)	2	3	4	5	6	7 (Unlikely)
<input type="radio"/>						

**Taking an antibiotic daily would make me worry about antibiotic resistance.**

1 (Likely)	2	3	4	5	6	7 (Unlikely)
<input type="radio"/>						

**Taking an antibiotic daily would lead to side effects.**

1 (Likely)	2	3	4	5	6	7 (Unlikely)
<input type="radio"/>						

**Having decreased anxiety about getting an STI is...**

1 (Extremely desirable)	2	3	4	5	6	7 (Extremely undesirable)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Preventing STIs is...**

1 (Extremely desirable)	2	3	4	5	6	7 (Extremely undesirable)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Developing an infection with antibiotic resistance would be...**

1 (Extremely desirable)	2	3	4	5	6	7 (Extremely undesirable)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Having side effects from an antibiotic would be...**

1 (Extremely desirable)	2	3	4	5	6	7 (Extremely undesirable)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**I would be expected of me that I take an antibiotic daily to prevent STIs**

1 (Strongly agree)	2	3	4	5	6	7 (Strongly disagree)
<input type="radio"/>						

**I would feel under social pressure to take an antibiotic daily to prevent STIs**

1 (Strongly agree)	2	3	4	5	6	7 (Strongly disagree)
<input type="radio"/>						

**I expect to take an antibiotic daily to prevent STIs**

1 (Strongly agree)	2	3	4	5	6	7 (Strongly disagree)
<input type="radio"/>						

**I want to take an antibiotic daily to prevent STIs.**

1 (Strongly agree)	2	3	4	5	6	7 (Strongly disagree)
<input type="radio"/>						

**I intend to take an antibiotic daily to prevent STIs.**

1 (Strongly agree)	2	3	4	5	6	7 (Strongly disagree)
<input type="radio"/>						

**The decision to take an antibiotic daily for STI prevention is beyond my control.**

1 (Strongly agree)	2	3	4	5	6	7 (Strongly disagree)
<input type="radio"/>						

**Whether I take an antibiotic daily to prevent STIs is entirely up to me.**

1 (Strongly agree)	2	3	4	5	6	7 (Strongly disagree)
<input type="radio"/>						

**Feeling judged by my friends and/or sexual partners would make me.**

1 (Less likely to take an antibiotic daily to prevent STIs)

7 (More likely to take an antibiotic daily to prevent STIs)

2      3      4      5      6

A horizontal scale with seven radio buttons. The scale is labeled with numbers 1 through 7. The radio button for '1' is selected.

**Worrying about missing doses of my medication would make me.**

1 (Less likely to take an antibiotic daily to prevent STIs)

7 (More likely to take an antibiotic daily to prevent STIs)

2      3      4      5      6

A horizontal scale with seven radio buttons. The scale is labeled with numbers 1 through 7. The radio button for '1' is selected.

**My friends would think that I should...**

1 (NOT take an antibiotic daily to prevent STIs)

7 (Take an antibiotic daily to prevent STIs)

2      3      4      5      6

A horizontal scale with seven radio buttons. The scale is labeled with numbers 1 through 7. The radio button for '1' is selected.

**My friends would...**

1 (NOT take an antibiotic daily to prevent STIs)

7 (Take an antibiotic daily to prevent STIs)

2      3      4      5      6

A horizontal scale with seven radio buttons. The scale is labeled with numbers 1 through 7. The radio button for '1' is selected.

**My sexual partner(s) would think that I should...**

1 (NOT take an antibiotic daily to prevent STIs)

7 (Take an antibiotic daily to prevent STIs)

2      3      4      5      6

A horizontal scale with seven radio buttons. The scale is labeled with numbers 1 through 7. The radio button for '1' is selected.

**My sexual partner(s) would...**

1 (NOT take an antibiotic daily to prevent STIs)

2

3

4

5

6

7 (Take an antibiotic daily to prevent STIs)

<input type="radio"/>							
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

**My doctor or nurse would think that I should...**

1 (NOT take an antibiotic daily to prevent STIs)

2

3

4

5

6

7 (Take an antibiotic daily to prevent STIs)

<input type="radio"/>							
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

**What my friends think is important to me.**

1 (Not at all)

2

3

4

5

6

7 (Very much)

<input type="radio"/>							
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

**Doing what my friends do is important to me.**

1 (Not at all)

2

3

4

5

6

7 (Very much)

<input type="radio"/>							
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

**What my sexual partner(s) think is important to me.**

1 (Not at all)

2

3

4

5

6

7 (Very much)

<input type="radio"/>							
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

**Doing what sexual partner(s) do is important to me.**

1 (Not at all)

2

3

4

5

6

7 (Very much)

<input type="radio"/>							
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

**What my doctor or nurse thinks is important to me.**

1 (Not at all)

2

3

4

5

6

7 (Very much)

<input type="radio"/>							
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

**These questions are *mostly* for fun and tell us a bit more about *you*.**

Is it important for you to...? (check all that apply)

- be married to a man
- be married to a woman
- have children
- have high income
- own a property
- have a specific body (e.g. skinny, big, muscular)
- have a lot of sex
- party
- have one partner (e.g., boyfriend, common-law partner)
- have multiple partners (e.g., throuple)
- None of the above are important to me

**What sex act do you enjoy the most... (check all that apply)**

- Bottoming**
- Flip fucking (taking turns topping and bottoming)**
- Topping**
- Giving head (oral)**
- Getting head (oral)**
- Giving-getting head ("69"ing)**
- Getting rimmed**
- Rimming**
- Sex? No thank-you.**
- Something else? Let us know!**

## Which of the following sounds the most like you?

- Hoster** - You are a centralizing force. You prefer not to travel very far for sex, find most of your partners online, and have them come to you.
- House-caller** - You are a dispersing force. You either can't or don't want to host sex at your place but want to keep things intimate and private so you're willing to travel to their place for sex, even if you have to travel a little further than your local neighbourhood.
- Rover** - You are a local boy and your sexual universe is within about 5km of your homebase. You prefer to meet your partners in person and prefer to have sex in a public place away from your home and your partner's.
- Private** - You are a highly localizing force and very private, keeping sex local (on average less than 1km), except on rare occasion when you may travel to the suburbs. You are willing to meet your partners in a variety of ways; however, you want to have sex in private à your place or theirs.
- Traveller** - You are a traveller and often bridge people and places. Geography does not limit you - you will travel for sex, locally and out of town. You prefer to find your partners online and have sex away from home, at a partner's house, the park, the club, anywhere really, as long as it's not your place.
- Siren** - You are an exceedingly rare type. You prefer not to travel to someone else's home for sex but you gladly have your partners come to you, or connect at the bathhouse, the club or the gym.
- Geoflexible** - You are a free spirit with a lot of love to share (or sex at least). You find partners both online and in person and you'll have sex in a variety of environments - your place, their place, the park, the club, the airport...You often bridge people and places.
- None of these sound like me.



## Sex Now 2019

### **Thanks for completing Sex Now 2019!**

If you would like to enter the draw for the \$500 travel voucher, please enter your email address below and then press submit at the bottom of this page:

**Before you go, take a look at this list of community resources:**

For information on HIV/Hep C: CATIE – Canada’s source for HIV and hep C info: <http://catie.ca/>

For mental health support: Canadian Mental Health Association: <https://cmha.ca/>

For health information and where to go for sexual health testing, by province  
Sexual health testing is available for free at your family doctor’s office, walk-in clinics, sexual health clinics, public health units, community centres, and college/university campuses.

#### Alberta

Calgary Sexual Health Centre: <https://www.calgarysexualhealth.ca/>

The Sharp Foundation: <http://www.thesharpfoundation.com/>

Edmonton Men’s Health Collective: <https://www.yegmenshealth.ca/>

HIV Community Link: <https://www.hivcl.org/>

Alberta Health Services: <https://www.albertahealthservices.ca/services/page13737.aspx>

#### British Columbia

Smart Sex Resource clinic finder: <https://smartsexresource.com/get-tested/clinic-finder>

GetCheckedOnline: <https://getcheckedonline.com/>

Health Initiative for Men: <http://checkhimout.ca/>

Options for Sexual Health (includes a clinic finder): <https://www.optionsforsexualhealth.org/>

#### Manitoba

Our Own Health Centre: <http://www.ourownhealth.ca/>

Nine Circles Community Health Centre: <http://ninecircles.ca/>

Sexuality Education Resource Centre MB (includes a list of clinics): <http://www.serc.mb.ca/>

#### Nova Scotia

Halifax Sexual Health Centre: <http://hshc.ca/>

AIDS Coalition of Nova Scotia: <https://www.acns.ns.ca/>

Pride Health (health navigator): <http://www.nshealth.ca/content/pridehealth>

Sexual Health Nova Scotia (includes a list of clinics): <http://shns.ca/>

#### Ontario

Sexual Health Ontario (includes a clinic finder): <https://sexualhealthontario.ca/en/find-clinic>

Gay Men’s Sexual Health Alliance of Ontario: <http://www.gmsh.ca/>

MAX Ottawa: <http://maxottawa.ca/>

ACT Toronto: <http://www.actoronto.org/>

#### Québec

REZO: <http://www.rezosante.org/>

Réseau de la Santé Sexuelle du Québec/Sexual Health Network of Quebec (includes list of testing clinics): <http://shnq.ca/resources/>

Montreal Centres Locaux de Services Communautaires (CLSC) (includes a clinic finder):

**Please share any comments on your experience with the survey. This is the final question:**