

Sex Now 2021

Start of Block: Eligibility

Are You Eligible?

Do you currently live in ...?

- Alberta (1)
- British Columbia (2)
- Manitoba (3)
- New Brunswick (4)
- Newfoundland & Labrador (5)
- Northwest Territories (6)
- Nova Scotia (7)
- Nunavut (8)
- Ontario (9)
- Prince Edward Island (10)
- Quebec (11)
- Saskatchewan (12)
- Yukon (13)
- I don't live in Canada (0)

How old are you?

If you are Indigenous, are you Two-Spirit?

- I am not Indigenous (0)
- I am Indigenous and Two-Spirit (1)
- I am Indigenous, but not Two-Spirit (2)
- I am Indigenous, but prefer not to say whether I am Two-Spirit (3)

What is your gender identity? If you have lived experience as trans, a history of gender transition, or are transgender, please select the gender you identify as. We recognize that gender identity questions are imperfect. Please select the option that fits best at this time. The options are listed in alphabetical order.

- Agender (1)
 - Genderfluid (2)
 - Genderqueer (3)
 - Man (4)
 - Non-binary (5)
 - Trans man (6)
 - Trans woman (7)
 - Woman (8)
 - I prefer to use another term, please specify below: (2222)
-

How do you identify sexually? Select all that apply. The options are listed in alphabetical order.

Asexual (1)

Bisexual (2)

Gay (3)

Heteroflexible (4)

Pansexual (5)

Queer (6)

Questioning (7)

Straight (8)

I prefer to use another term, please specify below: (2222)

Have you had sex with a man (cis or trans) in the PAST 5 YEARS? Note: We define sex as any physical contact that you felt was sexual

Yes (1)

No (0)

Have you completed a Sex Now Survey before? Select all that apply.

- Yes, online in 2014/15 (1)
- Yes, in-person in 2018 (2)
- Yes, online in 2019/20 (before March 2020) (3)
- Yes, online in 2020 during COVID (summer 2020) (4)
- Yes, online in 2021 (5)
- Yes, but I don't remember which year (6)
- No, none of the above (0)

Start of Block: Consent

Welcome to the Sex Now Survey, Test @ Home Edition

Si vous préférez compléter le sondage en français, appuyez sur le bouton de langue en haut à droite.

Principal Investigator

Dr. Nathan Lachowsky, Research Director – Community-Based Research Centre & Associate Professor - University of Victoria (nlachowsky@uvic.ca, 250-472-5739)

Introduction

You are being asked to participate in a study entitled Sex Now, Test @ Home Edition – Home-testing and Secondary Distribution of HIV self-tests with sexual minority men. This study is being conducted by the Community Based Research Centre, the University of Victoria, and the CIHR Centre for REACH Nexus. The survey asks questions about your everyday life, including your sex life, sexual health, mental health, substance use, access to health services, and experiences during COVID-19 and associated physical distancing restrictions.

What is the study about?

The overall goal of this study is to collect evidence on the health and wellbeing of gay, bisexual, trans, and queer men, inclusive of non-binary and Two-Spirit people (GBT2Q), in Canada. The data you share will be used to improve services and interventions for GBT2Q people and promote their

health and wellbeing. We also want to assess experiences of HIV self-testing among GBT2Q people.

What am I being asked to do?

We are asking you to answer a confidential questionnaire that you will do by yourself. The online survey will take approximately 20-25 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 have done the Sex Now Survey in the past, you are welcome to complete this survey as well. There are new questions. If you are 18 years of age or older, later in the questionnaire, you will be asked if you would like to take part in an optional sub-study on HIV self-testing. This would involve receiving 1-3 HIV self-tests in the mail and completing additional questions about your experiences with HIV self-testing. You will find additional information about this sub-study later in the survey.

Are there any risks?

Some questions on the survey are of a personal nature. They include questions regarding past and present substance use, sexual history, HIV and STIs, 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. Additionally, we provide a list of GBT2Q support resources at the end of the survey which you can access here https://www.cbrc.net/sex_now_2021_test_home_resources. We encourage you to consult these resources if the survey brings up troubling experiences.

What are the benefits?

By participating, you are helping to improve the health and well-being of GBT2Q communities by illuminating community needs. You'll also get to access findings from the study online for free next year through the Community-Based Research Centre's website.

What are my rights?

Please note that there is no incentive associated with your participation in the survey component of this study. If you are 18 years of age or older and decide to participate in the optional sub-study on HIV self-testing, you will have the opportunity to receive up to 3 HIV self-tests (valued at approximately \$35 each). 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. However, if you decide to stop doing the survey after giving some answers, we unfortunately won't be able to remove your data. This is because we will not know which answers are yours.

How are you protecting my information?

Your participation in this survey is completely voluntary and anonymous: you cannot be identified in any way. No one will be able to identify you based on your responses. The data we collect may be shared at a later date with other researchers who are interested in the health and wellbeing of GBT2Q communities. If that happens, those researchers will have no way of identifying you (no name, no contact information). None of the information you provide will be shared with police or legal authorities. All data will be stored on an encrypted, password-protected Canadian server and at the University of Victoria. The results will be shared with academic, governmental, and community

audiences. Researchers will at all times comply with the Tri-Council ethical guidelines for research with human participants.

Contact for information about the study

If you have any questions or need further information with respect to this study, you may contact Ben Klassen, Research Manager at the Community-Based Research Centre at 604-568-7478 or at ben.klassen@cbrc.net **Contact for concerns about the rights of research subjects** This research has been reviewed by the University of Victoria's Research Ethics Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Do you acknowledge and agree to these conditions?

Yes (1)

No (0)

End of Block: Consent

Start of Block: COVID

Many community members over several years have participated in the Sex Now survey. On March 11, 2020, the World Health Organization declared the COVID-19 pandemic, with the Public Health Agency of Canada and Provincial/Territorial governments starting to significantly increase control measures. Many of our questions will not directly address COVID-19. However, we will look at the responses in comparison with previous surveys as a way to measure the impact of COVID-19 on our community. We are running a separate survey with more of a focus on COVID-19, which also includes a biological sample to test for COVID-19 antibodies; find out more at the end of this survey. As always, we greatly appreciate you taking the time to participate in any of our surveys. We could not do this research without you!

Have you had or do you think you have had COVID-19?

- Yes, I received a positive test (2)
- Yes, but I never received a test (3)
- No, I tested and it was negative (1)
- No, I have not been tested (0)
- Unsure (1111)

Describe any changes in your sexual behaviours in the PAST 6 MONTHS compared with the 6 months BEFORE the COVID-19 pandemic (i.e., October 2019 – March 2020)... (Note: If you didn't do an activity prior to or during the emergency, check 'N/A' for "not applicable")

	Much less (1)	Less (2)	About the same (3)	More (4)	Much More (5)	Don't know (6)	N/A (7)
Sex with a partner I live with (Q14_1)	<input type="radio"/>						
Sex with a partner I do not live with (Q14_2)	<input type="radio"/>						
Using apps/internet to seek partners (Q14_3)	<input type="radio"/>						
Anonymous sex (people you don't know) (Q14_4)	<input type="radio"/>						
Number of sexual partners (Q14_5)	<input type="radio"/>						
Use of a condom during anal or vaginal or front hole sex (Q14_6)	<input type="radio"/>						
Use PrEP prior to sex (Q14_7)	<input type="radio"/>						
Use of PEP (Post Exposure Prophylaxis) after sex (Q14_8)	<input type="radio"/>						
Exchanging sex for money, drugs, or goods (Q14_9)	<input type="radio"/>						

IN THE PAST 6 MONTHS which COVID-19 prevention strategies did you use while seeking or having sex? Select all that apply.

- No kissing (1)
- Wear a face mask (2)
- Meet outdoors (3)
- Ask partners about COVID-19 symptoms (4)
- Reduce the number of people I have sex with (5)
- Use glory holes or other physical barriers (6)
- Have sex online instead of in-person (7)
- Have fun on my own (e.g., masturbate) (8)
- Restricting guest list for group sex (9)
- Washing hands before and after every partner (10)
- None of the above (11)
- Other (12) _____

Have you been vaccinated against COVID-19? Certain types of vaccines require more than one dose to protect against COVID-19. You would have been informed at the time of vaccination if you need a second dose.

- Yes, I received all doses required (1)
- Yes, I only received some of the doses required (2)
- No (0)

What are you most looking forward to doing once the COVID-19 pandemic is over?

End of Block: COVID

Start of Block: Sociodemographics

The questions in this section are about you, your identities and your life experience.

Where did you click on a link to access this survey?

- A social media platform (e.g., Facebook, Instagram, Twitter, LinkedIn) (1)
- Scruff (4)
- Squirt (5)
- Jack'd (6)
- CBRC website (7)
- A newsletter (e.g., CBRC, other community organization) (8)
- Other. Please specify below: (9)

How do you identify your race and ethnicity?

Do you identify as a person of colour?

- Yes (1)
- No (0)
- I don't know (1111)

Which of these do you identify with? Check all that apply. We recognize that these identity questions are imperfect. Please select the option(s) that fits best at this time. The options are listed in alphabetical order.

- African (Central, East, Southern, West) (1)
- Arab, West Asian (e.g. Iranian, Afghan), North African (e.g. Egypt, Morocco, Algeria) (2)
- Black (3)
- Caribbean (4)
- East Asian (e.g. Chinese, Japanese, Korean) (5)
- Indigenous (e.g., First Nations, Métis, Inuit) (6)
- Latin American (7)
- Hispanic (8)
- South Asian (e.g. East Indian, Pakistani, Sri Lankan) (9)
- Southeast Asian (e.g., Filipino, Vietnamese, Thai) (10)
- White (11)
- None of the above (12)

Do you identify as...?

- First Nations (1)
- Métis (2)
- Inuit (3)
- I prefer to use another term (4) _____

Do you live in an Indigenous community?

- Yes (1)
- No (0)

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

- Yes (1)
- No (0)
- I don't know (1111)

Were you or any of your family members EVER in a “residential school” system? Select all that apply. We ask this because residential schools have harmed Indigenous people and families.

- Yes, I was (1)
- Yes, at least one of my family members were (2)
- Yes, both myself and at least one of my family members were (3)
- No, neither myself nor any family members were in a residential schools (0)
- I don't know (1111)

The next four questions are about sex and gender. We recognize that identities and labels are important parts of our lives and how we think about ourselves. We also recognize that people use different terms to define their sex and gender. We ask these questions to compare with other data collected nationally and globally. We apologize if these response options may not be a perfect fit for you.

Do you identify as trans?

- Yes (1)
- No (0)

What was your sex at birth? Sex refers to sex assigned at birth. We acknowledge that questions about one's assigned sex, in particular, may result in uncomfortable feelings/memories. We are asking this question so that we can use the information we get from this survey to better inform services for trans people.

- Female (1)
- Male (2)

Are you an intersex person? This could be assigned at birth, as a sex or gender identity, or as a result of transition.

- Yes (1)
- No (0)
- Unsure (1111)

Do you identify as a person with a disability?

- Yes (1)
- No (0)

What best describes the environment you live in?

- Urban core ("downtown" area) (1)
- Urban area (outside of "downtown") (2)
- Suburban area (3)
- Rural area (4)
- Remote area (5)

Were you born in Canada?

- Yes (1)
- No (0)

When did you first move to Canada?

- Less than 2 years ago (1)
- 3-5 years ago (2)
- 6-10 years ago (3)
- 11 or more years ago (4)

What countries did you live in before moving to Canada? (list alphabetically)

What is your current immigration status?

- A Canadian citizen (1)
 - A Landed Immigrant/Permanent Resident (2)
 - A Refugee/Protected Person (formally approved) (3)
 - A Refugee or asylum claimant/Person in need of protection (applied but not yet approved) (4)
 - Admission on humanitarian and compassionate grounds (5)
 - Here with Temporary Work Permit/Papers (including 2 year work visas) (6)
 - Business immigrant (start up visa, investor, entrepreneur, self-employed) (7)
 - A Student (obtained study permit or student work permit) (8)
 - Sponsored by family member (9)
 - Pending Status – Judicial review or pre-removal risk assessment (10)
 - A Visitor (11)
 - Non-status (undocumented person, irregular migrant) (12)
 - I don't know (13)
 - Other, please specify below: (14)
-

Please rate how satisfied or dissatisfied you are with each of the following:

	Strongly dissatisfied (1)	Dissatisfied (2)	Neither satisfied nor dissatisfied (3)	Satisfied (4)	Strongly satisfied (5)
...your current housing situation. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the stability of your current housing. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the neighbourhood you live in. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the food you eat. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your ability to afford enough food to eat. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your current employment situation. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your current level of education or vocational training. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your social position. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you describe your money situation during the PAST 12 MONTHS?

- Cannot make ends meet (1)
- Have to cut back (2)
- Enough, but no extra (3)
- Comfortable, with extra (4)

Which of these describes your household income before taxes last year (i.e., January-December 2020)? Note: We define household income as the combined income of you and any other person who you share expenses with (e.g., your partner or spouse). We ask this question so that we can compare our data to other national surveys.

▼ Less than \$10,000 (1) ... I don't know (1111)

In the PAST 6 MONTHS, what types of places have you lived in? Select all that apply.

- In my apartment, condo, or house (1)
 - In another person's apartment, condo, or house (2)
 - Hotel or motel room (3)
 - Rooming or boarding house (4)
 - Shelter or hostel (5)
 - Transition house or halfway house (6)
 - Psychiatric institution (7)
 - Drug treatment facility, like detox or rehab (8)
 - Public place, like a street, park or stairwell (9)
 - Correctional facility, like jail or prison (10)
 - Other, please specify below: (11)
-

Have you EVER spent time in a government correctional facility? For example, a jail, corrections or prison. We ask this because incarceration impacts our health in many ways. Select all that apply.

- Yes, in the past year (1)
- Yes, more than a year ago (2)
- No, never (0)

Who do you currently live with? (Select all that apply)

- I live by myself (1)
- Partner(s) or spouse (2)
- Parent(s) (3)
- Children (4)
- Other family (5)
- Friends (6)
- Roommate(s) (7)
- Pet(s) (8)

What is your CURRENT employment status? Select all that apply.

- Employed full-time (30+ hours/week) (1)
- Employed part-time ((4)
- Self-employed: professional, contractor, business owner (5)
- On government assistance (6)
- Student (7)
- Retired (8)
- Unemployed (9)
- Unable to work (10)

In the past six months, did you receive income from any of the following sources? Select all that apply.

- Employment income, reported on your T4 (1)
- Employment income, under the table (2)
- Tips/Gratuities (3)
- Sex work, escorting, companionship or other arrangement income (4)
- Friends/Family (5)
- Sugar Daddy/Momma or Glucose Guardian (6)
- COVID-19 government benefits (e.g. CERB, CRB, CRCB, CRSB, CEWS) (7)
- Temporary Employment Insurance (e.g., money received if laid off) (8)
- Pension or Retirement Benefit (e.g., money received upon retirement) (9)
- Disability Insurance / Workers' Compensation (e.g., money received if unable to work) (10)
- Investment income (e.g., money received from investments) (11)
- Student Loans, Scholarships, or Bursaries (12)
- Child support or alimony (13)
- Selling drugs (14)
- Other legal sources of income (15)
- Other non-legal or illegal sources of income (16)

Are you currently a student?

- Yes (1)
- No (2)

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

- Did not finish high school (1)
 - High school or equivalent (2)
 - Post-secondary school (e.g. certificate, diploma, trade) (3)
 - Bachelor degree (4)
 - Masters or doctorate degree (5)
 - Other, please specify below: (6)
-

What are the first three characters of your postal code (Letter-Number-Letter (e.g. V2N, M3N, L4M))? We ask this question to place your responses in a region, not a specific address. We ask this question to evaluate the impact of different health policies, services, and programs in different regions of Canada.

Are you currently in a relationship? (exclusive or non-exclusive)

- No (0)
- Yes, with a man (1)
- Yes, with more than 1 person (polyamorous) (2)
- Yes, with a non-binary person (3)
- Yes, with a woman (4)

You indicated that you are currently in a relationship. This section is about your relationship(s). **Is your current relationship exclusive/monogamous?**

- No, we are open (fully or with some rules) (0)
- Yes, we only have sex with each other (1)
- Don't know. We haven't discussed it or decided. (1111)
- We don't have sex together (2)
- Prefer not to answer (2222)

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 (4) _____
- Months (5) _____

End of Block: Sociodemographics

Start of Block: Sex Life

The questions in this section are about your sex life. We define sex as any physical contact that you felt was sexual.

What sex act do you enjoy the most? Select all that apply.

- Bottoming (1)
 - Flip fucking (taking turns topping and bottoming) (2)
 - Topping (3)
 - Giving head (oral) (4)
 - Getting head (oral) (5)
 - Giving-getting head ("69ing") (6)
 - Rimming (7)
 - Getting rimmed (8)
 - BDSM (9)
 - Fisting (10)
 - Mutual masturbation (11)
 - Kissing (12)
 - Sex? No thank you (13)
 - Something else? let us know! (14)
-

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

In the PAST 6 MONTHS, what kinds of sex have you had? Select all that apply.

- Mutual masturbation (1)
- Oral sex (2)
- Fingering (sex using fingers) (3)
- Rimming (4)
- Fisting my partners (sex using fists) (5)
- Getting fisted (sex using fists) (6)
- Anal sex as bottom (receptive partner) with a condom (7)
- Anal sex as bottom (receptive partner) without a condom (8)
- Anal sex as top (insertive partner) with a condom (9)
- Anal sex as top (insertive partner) without a condom (10)
- Sex in my vagina or front hole with a condom (11)
- Sex in my vagina or front hole without a condom (12)
- Sex in my partner's vagina or front hole with a condom (13)
- Sex in my partner's vagina or front hole without a condom (14)
- Sex with prosthetics or sex toys (15)
- Online sex (camming, sexting) (16)
- Threesome (sex between 3 people) (17)

Group sex (sex between 4+ people) (18)

None of the above. (19)

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 (0)

This week (1)

2-4 weeks ago (2)

1-3 months ago (3)

4-6 months ago (4)

7-12 months ago (5)

Longer than a year ago (6)

IN THE PAST 6 MONTHS, where did you look for sex (or to meet partners)? Select all that apply.

- Bars (includes gay and straight bars, and after-hours clubs/parties) (1)
- Saunas or bathhouse (baths) (2)
- Apps (mobile) (3)
- Internet (chat rooms/personal ads) (4)
- Social venues (includes community organizations, recreational groups, LGBTQ2+ community events) (5)
- Health clubs/gyms (6)
- Public settings (includes bicycle paths, parks, public restrooms, stairwells) (7)
- Coffee shops (8)
- Telephone chat line/personal ads (9)
- Rave/circuit parties or other commercial sex parties (10)
- Private sex parties in someone's home (11)
- Pop-up queer events/parties (12)
- Adult sex shops and video stores (13)
- I have not looked for sex in the above places in the past 6 months (14)

In the PAST 6 MONTHS, what kind of people have you had sex with? Select all that apply.

- A one-night stand (someone you only had sex with once) (1)
- A regular sex partner (someone you have had sex with 2+ times) (2)
- A person who was on PrEP (3)
- A person who was HIV undetectable (4)
- A person whose HIV status I did not know (5)
- A person whose HIV status was different than mine (6)
- A person who was a significantly different age than me (7)
- A person who wasn't the same race/ethnicity as me (8)
- A person who didn't speak the same language as me (9)
- A partner who gave you money, goods or services for sex (11)
- A partner who you gave money, goods or services for sex (12)
- None of the above (10)

What HIV prevention practices did you use in the PAST 6 MONTHS during anal or vaginal (front hole) sex? These are different ways that you can reduce passing HIV through sex. All participants receive the same response options. Some response options may not apply to you

- Was the bottom (receptive partner) during sex (if you are living with HIV) (1)
- Was the top (insertive partner) during sex (if you are HIV-negative) (2)
- Always used condoms during sex (3)
- Only had condomless sex if a partner had the same HIV status as me (4)
- Only had condomless sex if a partner was on PrEP (5)
- Only had condomless sex if a partner was “undetectable” (low HIV viral load) (6)
- Took Pre-Exposure Prophylaxis (PrEP) before and after sex where I might get HIV (7)
- Took Post-Exposure Prophylaxis (PEP) after sex where I might have gotten HIV (8)
- Took HIV medications to be “undetectable” (low viral load, if you are living with HIV) (9)
- Asked my sex partners about their HIV status before sex (10)
- Had sex that didn’t include anal or vaginal (front hole) sex (11)
- Only had sex with one person (closed relationship/monogamy) (12)
- Reduced my number of sexual partners (13)
- I have not used any of the HIV prevention practices above in the past 6 months. (14)

End of Block: Sex Life

Start of Block: HIV

The questions in this section are about HIV.

Have you EVER been diagnosed with HIV? This is an important question. It determines whether you get questions about living with HIV or questions about HIV testing and Pre-Exposure Prophylaxis. We use that to improve services and access. We keep this information confidential and only use it for research purposes. This is a required question

- Yes (I am Living with HIV) (1)
- No (I have never been diagnosed with HIV) (0)
- Prefer not to answer (2222)

What year were you first diagnosed with HIV?

Where have you ever tested for HIV? Select all that apply.

- Private doctor's office (1)
- HIV counseling and testing site (4)
- Public health clinic / Community health clinic (5)
- Street outreach program / Mobile unit (6)
- Sexual health clinic (7)
- Emergency room (8)
- Hospital (inpatient) (9)
- At an appointment related to pregnancy (10)
- At an appointment during the immigration process (11)
- Correctional facility (jail or prison) (12)
- Event-based testing (e.g. Pride, festival) (13)
- Online testing program (i.e. GetCheckedOnline) (14)
- Home or other private location (i.e. using HIV self-test) (15)
- Bathhouse (18)
- Prefer not to answer (17)
- Other location, please specify below: (16)

When were you LAST tested for HIV? _____

- In the past 3 months (1)
- 4-6 months (2)
- 7-12 months (3)
- 1-2 years ago (4)
- Longer than two years ago (5)
- I have never been tested for HIV (6)
- I don't know (7)

How often do you get tested for HIV?

- At least once every 3 months (1)
- Every 6 months (2)
- Once a year (3)
- Once every 2 years (4)
- I do not test regularly (0)
- I don't know (1111)

The following questions are about U=U (Undetectable=Untransmittable).

	Yes (1)	No (0)
Have you heard about the U=U message (Undetectable=Untransmittable)? (1)	<input type="radio"/>	<input type="radio"/>
Are you aware of the scientific evidence supporting U=U that indicates sexual transmission is not possible if the person living with HIV is on antiretroviral medications for at least 6 months and is undetectable? (2)	<input type="radio"/>	<input type="radio"/>
Do you believe the U=U statement that sexual transmission is not possible if the person living with HIV is on antiretroviral medications for at least 6 months and is undetectable? (3)	<input type="radio"/>	<input type="radio"/>

Has the Undetectable = Untransmittable (U=U) campaign had an impact on your life in the following ways?

	Decreased (1)	No Change (2)	Increased (3)
Stigma (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rejection by sexual partners (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of shame (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure to get/maintain an undetectable viral load (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure to take medication (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental well-being (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social well-being (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of sex life (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to sexual partners (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you currently have a clinic or HIV care provider that you go to for your HIV care?

- Yes (1)
- No (0)
- I don't know (1111)

Are you currently taking medications to treat HIV (i.e. antiretroviral drugs)?

- Yes, I am currently taking antiretroviral drugs. (2)
- No, but I have previously taken antiretroviral drugs. (1)
- No, I have never taken antiretroviral drugs. (0)

How easy or difficult is it for you to take your HIV medication on a daily basis?

- Very easy (1)
- Somewhat easy (2)
- Neither easy nor difficult (3)
- Somewhat difficult (4)
- Very difficult (5)
- I don't take HIV medication (6)

What was the result of your most recent HIV viral load test?

- Suppressed ("undetectable" or less than 200 copies) (1)
- Not suppressed (greater than 200 copies) (2)
- I do not know or I am not sure (3)
- I have never had an HIV viral load test (4)

What are your main concerns with taking HIV treatment/anti-retroviral treatment? Select all that apply.

- There may be negative side effects from the medications (1)
- The medication would do more harm than good (2)
- I do not know enough about it (3)
- Taking the medication would make it hard to hide my HIV status (4)
- There would be financial barriers (i.e., I couldn't afford treatment) (5)
- The location or distance to services (6)
- My discomfort with the medical system (7)
- I face stigma and discrimination in the healthcare system (8)
- I do not know how to get in the system or access care (9)
- I have other priorities (i.e., I have children to take care of; I have a job) (10)
- I do not feel antiretroviral therapy is necessary for me to survive (11)
- Other therapies, medication or remedies will help (12)
- I do not want to start something I know I will have to take for the rest of my life (13)
- I do not feel ready to start treatment (14)
- My family/friends/partner do not want me to start ART (15)
- My doctor advised me not to start ART (16)
- I do not have a good place to live (17)

- I am dealing with addiction (18)
 - I feel well (19)
 - I feel depressed or hopeless (20)
 - I feel alone and isolated (21)
 - None of the above (23)
 - Another reason, please explain below: (22)
-

End of Block: HIV

Start of Block: Hep C

The questions in this section are about hepatitis C.

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

	Yes, I knew this already (1)	No, I did not know (2)
There is no vaccine to protect against Hepatitis C. (1)	<input type="radio"/>	<input type="radio"/>
There are highly effective treatment options for people living with Hepatitis C. (2)	<input type="radio"/>	<input type="radio"/>
It is possible to get Hepatitis C again after successful treatment or clearing the virus spontaneously. (3)	<input type="radio"/>	<input type="radio"/>
Hepatitis C can be passed from shared injection or inhalation equipment and anal sex without a condom. (4)	<input type="radio"/>	<input type="radio"/>

What best describes your current hepatitis C status?

- I have hepatitis C now (1)
- I have had hepatitis C before, but I cleared the virus without treatment (spontaneously) (2)
- I have had hepatitis C before, but I cleared the virus with treatment (3)
- I have never been diagnosed with hepatitis C (0)

When were you LAST tested for hepatitis C? If you are living with hepatitis C, indicate the test when you were last diagnosed.

- In the past year (1)
- More than 1 year ago (2)
- I have never been tested for hepatitis C (0)
- I don't know (1111)

How often do you get tested for hepatitis C?

- At least once every 3 months (1)
- Once every 6 months (2)
- Once a year (3)
- Once every 2 years (4)
- I do not test regularly (5)
- I have never been tested for hepatitis C (0)
- I don't know (1111)

Do you currently have a hepatitis C healthcare provider that you go to for your hepatitis C care?

- Yes (1)
- No (0)
- I don't know (1111)

Have you received treatment for your hepatitis C?

- Yes, I am currently receiving treatment (1)
- Yes, I started treatment but did not complete it (2)
- Yes, I completed treatment (3)
- No, I have never received treatment (0)

End of Block: Hep C

Start of Block: STI's

The questions in this section are about sexually transmitted infections (STIs) other than HIV or Hepatitis C. Some examples of Sexually Transmitted Infections are chlamydia, gonorrhea, syphilis, HPV, herpes, and BV.

When were you LAST tested for any STIs (other than HIV or hepatitis C)?

- In the past 3 months (1)
- 4-6 months ago (2)
- 7-12 months ago (3)
- 1-2 years ago (4)
- Longer than two years ago (5)
- I have never tested for STIs (0)
- I don't know (1111)

How often do you get tested for any STIs (other than HIV or hepatitis C)?

- At least once every 3 months (1)
- Every 6 months (2)
- Once a year (3)
- Once every 2 years (4)
- I do not test regularly (5)
- I don't know (1111)

We ask this next question so that we can ask appropriate STI tests. We all have different ways we talk about our bodies, and different words to refer to our tender parts. We apologize if these are not the terms you use.

Did you have sex using any of these body parts in the PAST 12 months? Select all that apply.

- My bum (1)
- My vagina or front hole (2)
- My mouth (3)
- My penis (4)
- None of the above (5)

What type of STI tests have you received in the PAST 12 MONTHS (other than HIV or hepatitis C)?
Select all that apply.

- Pee in a cup (urine test) (1)
- Blood sample (usually from arm) (2)
- Throat swab (3)
- Anal swab (in your bum) (4)
- A urethral swab (in your penis) (5)
- A pelvic exam (6)
- Vaginal (front hole) or cervical swab (7)
- None of the above (8)
- I don't know (9)

Have you been diagnosed with or treated for any of the following STIs in the PAST 12 MONTHS?
Select all that apply.

- Syphilis (1)
- Chlamydia (2)
- Gonorrhea (3)
- Warts (genital or anal) (4)
- Herpes (genital or anal) (5)
- Non-specific urethritis (6)
- Lymphogranuloma venereum (LGV) (7)
- Bacterial vaginosis (8)
- Trichomoniasis (9)
- Crab (pubic lice) (10)
- Other (11)
- Yes I had an STI but I don't know the name (12)
- No STIs in the past year (13)

In the past 12 months, have you been diagnosed with chlamydia or gonorrhea specifically in your...?
Select all that apply.

	Yes (1)	No (0)
Bum (1)	<input type="radio"/>	<input type="radio"/>
Throat (2)	<input type="radio"/>	<input type="radio"/>

Have any of the following caused you to delay or skip STI testing since the start of the Coronavirus pandemic? Select all that apply.

- It was too high risk to visit a clinic due to the COVID-19 pandemic (1)
- Clinics were closed or not available due to the COVID-19 pandemic (no appointments available) (2)
- Too busy (3)
- Services too far away (4)
- Hours inconvenient (5)
- Lack of privacy (6)
- Lack of professional sensitivity to sexual and gender diversity (7)
- Negative reaction from/ judgement by health care worker (8)
- Stressed out, anxious, or. depressed (9)
- The cost (e.g., no health insurance) (10)
- Wait time for appointment too long (11)
- Didn't know where to go (12)
- Services not in my preferred language (13)
- No delays or skipped STI testing since the start of the Coronavirus pandemic (14)
- Other, please specify below: (15)

End of Block: STI's

Start of Block: Knowledge

The questions in this section are about your knowledge. Please read the following statements. These are true statements. For each, select if you knew this before taking this survey or not.

Yes, I knew this already (1)

No, I did not know (2)

Bottoming (being the receptive partner) is higher risk for getting HIV than topping (being the insertive partner). Topping is higher risk for passing HIV than bottoming. (1)

Condoms are a reliable way of preventing HIV and most STIs passing between sex partners (if used consistently and correctly). (2)

Pre-Exposure Prophylaxis ("PrEP") is HIV medication that HIV-negative people can take before and continuing after sex to prevent getting HIV. (3)

PrEP is available to people with "status" for free through the Non-Insured Healthcare Benefits (NIHB) program? (12)

Post-Exposure Prophylaxis ("PEP"): Within 3 days after potential exposure to HIV, an HIV-negative person takes HIV medication for up to a month that may stop HIV. (4)

HIV medications, taken daily by someone living with HIV, can make their HIV viral load undetectable. (5)

There is now scientific consensus that someone who maintains an undetectable viral load cannot pass HIV to their sexual partners. This is known as "Undetectable = Untransmittable" (U=U). (6)

Syphilis can be passed via oral, vaginal (front hole) or anal sex, including through mutual masturbation and sharing sex toys. (7)

There is an effective vaccine for Human Papilloma Virus that reduces your risk of oral, anal, cervical, penile and throat

cancers, and reduces your risk of genital and anal warts. (8)

In Canada, the number of new chlamydia and gonorrhea diagnoses are increasing. (9)

Health Canada banned the sale of poppers in 2013. (10)

Health Canada recently approved an HIV self-test that you can use yourself (without a healthcare provider). (11)

End of Block: Knowledge

Start of Block: Test @ Home

We have another study where we mail you free HIV self-test kits, ask you some questions, and hook you up with peer support. The HIV self-test kits can be used for yourself or given to a friend/sexual partner. Want to learn more about the Test@Home study?

Yes (1)

No (0)

This section provides information on the Test@Home, **a study about a new way to test for HIV recently approved in Canada.**

Study Consent Form (for biological component)

Invitation to be part of the Study

This study is being conducted by the Community Based Research Centre, the University of Victoria, and the CIHR Centre for REACH Nexus. The study is called Sex Now, Test @ Home Edition – Home-testing and Secondary Distribution of HIV self-tests with sexual minority men. You are invited to participate in this study.

What the study is about?

The purpose of the study is to learn more about the experience of HIV self-testing among gay, bisexual, trans, and queer men and Two-Spirit and non-binary people. This includes using an HIV self-test, optionally giving an HIV self-test to friends or sexual partners to use, and surveys about your experience with post-test HIV testing, treatment or prevention. A Peer Navigator (a member of the LGBTQ2+ community) will be available for additional support and will contact you at least once

throughout the study. This support could include help to complete the HIV self-test, peer counselling or assistance in locating services for HIV testing, treatment or prevention.

What am I being asked to do?

If you agree to participate, you will receive up to three (3) HIV self-tests mailed to a location of your choosing (for example, your home). You may use the tests yourself or provide it to someone else that you know. You will complete an online survey after you receive the HIV self-test(s). Shorter follow-up online surveys will be emailed to you at 1 week, 1 month, 3 months and 6 months after you complete the first survey so that we can find out what services you have accessed after using the HIV self-test. If you use a new HIV self-test, the series of follow-up surveys will restart (1 week, 1 month, 3 months, and 6 months).

How are you protecting my information?

The contact information that you provide to us (name, address, email and phone number) will only be used to mail you the HIV self-tests and contact you for follow-up and will not be linked to your survey results. We will be linking your data from the Sex Now, Test @ Home survey to limit repeating the same questions. You may also choose to have your contact information used to recontact you about future HIV and other sexually transmitted and blood-borne infection testing studies at CBRC. The information you provide in the survey and the results of your HIV self-test will be treated according to privacy laws including the Federal Personal Information Protection and Electronic Documents Act (PIPEDA). All data will be stored on an encrypted, password-protected Canadian server at the University of Victoria. Data will only be reported for groups of participants (and not individuals) to minimize the risk of an individual being identified based through a combination of responses (e.g. age, gender, geography). The Peer Navigators are available for peer counselling and referrals to community resources. They will not see the answers to your questionnaire. If you provide personal health information to them, they will abide by the confidentiality requirements for health information of the province you reside in. If you would like to withdraw from the study after completing the survey, the study team will not be able to remove your questionnaire answers or HIV self-test result because they will not know which information and sample belongs to you.

Are there any risks?

If you are upset by any question or feel uncomfortable at any time, you can skip any questions or contact the study team. If you give an HIV self-test to someone else for them to use, this could be an uncomfortable conversation. If you like, a Peer Navigator can help you get support and refer you to an outreach worker or counsellor.

There is some pain expected when you prick your finger. Many people do something similar to measure their blood sugar levels. There is a very low chance of experiencing complications, for example fainting or getting an infection, from pricking your finger. Please follow the package insert to reduce the risk of pain. You may receive a positive HIV screening result by completing the HIV self-test. This could be distressing to you. A positive HIV self-test result is only preliminary and we encourage you to get a confirmatory HIV test so that you are able to benefit from HIV treatment and reduce the risk of passing HIV on to someone else. A member of the study team is available to provide post-test counselling and referrals. Additionally, the HIV self-test package insert has contact information for provincial/territorial health info lines.

What are the benefits?

If you are interested, the study team will tell you where to go for HIV, Hepatitis C and other sexually transmitted infections testing and counselling. The study team can also refer you to a variety of health, treatment, and social services. By participating, you are receiving a screening test for HIV or giving tests to other community members for use. You are helping to generate data which will help to improve the health and well-being of community members by providing researchers and community organizations with the information they need to improve access to HIV testing and linkage to care. You'll also get to access findings from the study online for free through the Community-Based Research Centre's website.

Use of Information

The information that you provide (which does not include your name or any contact information) will be shared with the research team at the Community-Based Research Centre, the University of Victoria, and the CIHR Centre for REACH Nexus. The data collected may be shared with other researchers who are interested in the health of gay, bisexual, trans, Two-Spirit and queer men and non-binary people at a later date. The information will be used to write reports, provide statistical information and to prepare presentations. You will not be identified in any way as these reports and other public documents will always refer to groups of people, never to one person. Researchers will at all times comply with the Tri-Council ethical guidelines for research with human participants.

Voluntary Participation and Reimbursement

This study is completely voluntary. If you decide not to do it, it won't affect how you are treated by any health, treatment or social agencies. 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 questions you don't want to answer. If you submit your questionnaire and then change your mind, it won't be possible to remove your data. This is because the study team will not know which answers are yours. There is no financial compensation for participating in this study. However, you will be able to receive up to 3 HIV self-tests. One HIV self-test has a value of \$35.

Contact for information about the study

If you have any questions or need further information with respect to this study, you may contact Chris Draenos, National STBBI Testing and Linkage Implementation Manager at the Community-Based Research Centre at 416-803-4304 or at chris.draenos@cbrc.net

Rights of Participants
This survey has been approved by the University of Victoria Human Research Ethics Board. 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

By consenting to participate in this survey, you are agreeing to receive 1-3 HIV self-tests and answer some questions about your experience using the self-test. By consenting to participate in this study, you have not waived your rights to legal recourse in the unlikely event of research-related harm. Now that you have read this consent form, if you have any questions about participating in this survey, please contact the study team.

Do you acknowledge and agree to these conditions?

Yes (1)

No (0)

How many HIV self-test kits would you like to receive? These are individually packaged and could be for your own use or to provide to a sexual partner or someone you know.

1 (1)

2 (2)

3 (3)

How do you plan to use the HIV self-test kits? Select all that apply.

Use it myself (1)

Give to a sexual partner (2)

Give to a friend (3)

I am not sure yet (5)

Other, please describe: (4) _____

Please provide your preferred name, mailing address and a method to contact you, so that we can facilitate the shipment of your test kit(s). This contact information will be kept confidential and deleted once the study is over. Although a name is required, you may choose to provide us with your everyday name, legal name, chosen name, or a fake name to further protect your privacy.

If you leave any of the following blank you'll receive a prompt that the question is unanswered. If this

was intentional, i.e., you don't have an apartment number/buzzer, you can simply ignore the prompt and continue! Thank you!

Name (1) _____

Address (2) _____

Apartment Unit # (if applicable) (3)

Buzzer # (If applicable) (4) _____

City (5) _____

Province (6) _____

Postal Code (7) _____

Province

▼ AB (2) ... YT (9)

Provide your preferred contact information. Only provide the information you'd like us to use. At least one is required.

Email: (1) _____

Phone number to call: (2) _____

Phone number to text: (3) _____

A member of the research team will contact you approximately 1 week after you receive your HIV self-test kit(s) as part of the study. Please indicate when you prefer to be contacted. Select all that apply.

	Weekday (Mon-Fri) (1)	Weekend (Sat/Sun) (2)
Contact me in the morning (10 am – 1 pm) (1)	<input type="checkbox"/>	<input type="checkbox"/>
Contact me in the afternoon (1 pm – 5 pm) (2)	<input type="checkbox"/>	<input type="checkbox"/>
Contact me in the evening (5 pm – 8 pm) (3)	<input type="checkbox"/>	<input type="checkbox"/>

If we cannot reach you by phone, can we leave a voicemail indicating we are calling from “CBRC”?

- Yes (1)
- No (0)

End of Block: Test @ Home

Start of Block: PrEP

The questions in this section are about Pre-Exposure Prophylaxis (PrEP). PrEP is HIV medication that HIV-negative people can take before and continuing after sex to prevent getting HIV.

Have you EVER taken PrEP?

- Yes, I am currently taking PrEP (1)
- Yes, but I stopped before the Coronavirus pandemic and have not used it since (2)
- Yes, but I stopped during the Coronavirus pandemic and have not used it since. (3)
- No (0)
- I don't know (1111)

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

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
Using PrEP is now widely accepted among people in my community (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of sexually active people in my community are now using PrEP (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential sexual partners would want me to use PrEP (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP is now the "norm" for sexually active people in my community (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I should use PrEP (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that sexually active people in my community should use PrEP (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How are you using PrEP?

- Daily (1)
 - On-demand (2)
 - Other, please specify below: (3)
-

Have you EVER tried to get PrEP?

- Yes (1)
- No (0)

Are you interested in using PrEP?

- Yes (1)
- No (0)
- Unsure (2222)

What stops you from taking PrEP? Select all that apply.

- I don't think I'll get HIV (1)
- It costs too much (e.g., need to pay out of pocket, insurance doesn't cover PrEP) (2)
- I can't get a prescription (e.g., don't know where, don't have a healthcare provider, not eligible) (3)
- I'm worried about the side effects (long- or short-term) (4)
- I don't want to take a medication every day (5)
- Too much testing and clinic visits (6)
- I'm worried about judgement from people in my community (7)
- I'm worried about judgement by a healthcare provider (8)
- It doesn't provide protection from other STIs (9)
- I don't know/think PrEP will fully protect me from HIV (10)
- I would rather use condoms (11)
- I need more information (12)
- I'm worried that HIV medications would not work if I were infected (13)
- Reduced my number of sexual partners (no sex partners) (14)
- Now in a monogamous/closed relationship (15)
- Lost my drug coverage or health insurance due to COVID-19 pandemic (16)

Other, please specify below: (17)

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 old (score of 0) (1)
- 18-28 years (score of 8) (2)
- 29-40 years (score of 5) (3)
- 41-48 years (score of 2) (4)
- 49 years or older (score of 0) (5)

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

- 0-5 (score of 0) (3)
- 6-10 (score of 4) (2)
- More than 10 (score of 7) (1)

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) (1)
- No (score of 0) (0)

Q114 In the last 6 months, how many of your male sex partners were HIV positive?

- 0 (score of 0) (0)
- 1 (score of 4) (1)
- >1 (score of 8) (2)

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) (0)
- 5+ times (score of 6) (1)

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

- Yes (score of 6) (1)
- No (score of 0) (0)

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

- Yes (score of 3) (1)
- No (score of 0) (0)

The above set of questions is used by some 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.

Do you feel these questions accurately represent how likely you are to acquire HIV?

- Yes (1)
- No (0)
- I don't know (1111)

End of Block: PrEP

Start of Block: PEP

The questions in this section are about Post-Exposure Prophylaxis (PEP). Post-Exposure Prophylaxis ("PEP") is HIV medication that HIV-negative people can take within 3 days of a potential exposure to prevent them getting HIV

IN THE PAST YEAR, have you tried to get PEP after having sex or sharing substance use equipment?

- Yes, I have tried and got PEP (1)
- Yes, I have tried but did not get PEP (2)
- No, I have not tried to get PEP (0)
- I don't know (1111)

Why were you not able to get PEP? Select all that apply.

- Costs associated with drugs (1)
 - Was assessed low risk (2)
 - Didn't know where to go (3)
 - Was too late after my potential exposure (4)
 - Provider wouldn't talk to me about PEP (5)
 - Other, please specify below: (6)
-

IN YOUR LIFETIME, how many times have you taken PEP after having sex or sharing substance use equipment?

- Once (1)
- More than once (2)
- Never (0)
- I don't know (1111)

End of Block: PEP

Start of Block: Substance Use

The questions in this section are about your recent substance use. By substances we mean alcohol, marijuana, tobacco, and any other drugs.

Why do you use substances? Select all that apply.

- To feel good/have a good time (1)
- Because I like how they make me feel (2)
- To feel better about bad things that happen to me (3)
- To forget about bad things that happen to me (4)
- To connect with others (5)
- To improve my sex life (6)
- To help with stress or anxiety (7)
- To help with sadness or depression (8)
- To help with pain (9)
- To help me sleep (10)
- Because my friends use them (11)
- Because I am dependent (for example, to avoid withdrawal) (12)
- None of the above (13)
- Not applicable. I do not use any substances. (14)

How often have you used the following substances in the PAST 6 MONTHS? Select all that apply.

	Never (0)	Once in a while, not every week (1)	regularly, at least once a week (2)	Daily (3)
Alcohol (less than 5 drinks in one occasion) (Q127_19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (5+ drinks in one occasion) (Q127_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco (e.g., cigarettes or cigars) (Q127_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine (e.g., vaping or e- cigarettes) (Q127_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis, marijuana (Q127_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poppers/amyl (Q127_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (Q127_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy/MDMA (Q127_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erection drugs (e.g., Viagra, Cialis) (Q127_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB/"G" (Q127_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crystal meth/Tina (Q127_10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine/Special K (Q127_11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack, Freebase (Q127_12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tranquilizers or benzos (e.g., Valium, Xanax) (Q127_13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines (e.g., speed, mephedrone) (Q127_14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychedelics (e.g., LSD, mescaline, acid, mushrooms) (Q127_15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids, including those not used as prescribed (e.g., Heroin, fentanyl, Percocet, hydromorphone) (Q127_16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-medical steroids (e.g., anabolic steroids) (Q127_17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: (Q127_18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the PAST 6 MONTHS, how often did you intentionally use more than one substance at the same time? By substance we mean any substance from the previous question.

- Never (1)
- Sometimes (2)
- Often (3)
- Always (4)

Have you EVER engaged in Party N' Play (PnP) or chemsex?

- No, never (0)
- Yes, in the past 6 months (1)
- Yes, more than 6 months ago (2)

In the PAST 6 MONTHS, how frequently did you PnP?

- Only once (1)
- Once in a while, not every week (2)
- Regularly, at least once a week (3)
- Daily (4)

What substances did you use when you last PnP'd? (Select all that apply)

- Alcohol (5+ drinks in one occasion) (1)
- Alcohol (less than 5 drinks on one occasion) (19)
- Tobacco (e.g., cigarettes or cigars) (2)
- Nicotine (e.g., vaping or e-cigarettes) (3)
- Cannabis, marijuana (4)
- Poppers/amyl (5)
- Cocaine (6)
- Ecstasy/MDMA (7)
- Erection drugs (e.g., Viagra, Cialis) (8)
- GHB/"G" (9)
- Crystal meth/Tina (10)
- Ketamine/Special K (11)
- Crack, Freebase (12)
- Tranquilizers or benzos (e.g., Valium, Xanax) (13)
- Amphetamines (e.g., speed, mephedrone) (14)
- Psychedelics (e.g., LSD, mescaline, acid, mushrooms) (15)
- Opioids, including those not used as prescribed (e.g., Heroin, fentanyl, Percocet, hydromorphone) (16)

Non-medical steroids (e.g., anabolic steroids) (17)

Other, please specify below: (18)

Have you EVER used substances to make sex more intense, less inhibited, or last longer?

No, never (0)

Yes, in the past 6 months (1)

Yes, more than 6 months ago (2)

In the PAST 6 MONTHS, how frequently did you use substance to make sex more intense, less inhibited or last longer?

Only once (1)

Once in a while, not every week (2)

Regularly, at least once a week (3)

Daily (4)

What substances did you use to make sex more intense, less inhibited, or last longer? Select all that apply.

- Alcohol (5+ drinks in one occasion) (1)
- Alcohol (less than 5 drinks in one occasion) (22)
- Tobacco (e.g., cigarettes or cigars) (2)
- Nicotine (e.g., vaping or e-cigarettes) (3)
- Cannabis, marijuana (4)
- Poppers/amyl (5)
- Cocaine (6)
- Ecstasy/MDMA (7)
- Erection drugs (e.g., Viagra, Cialis) (8)
- GHB/"G" (9)
- Crystal meth/Tina (10)
- Ketamine/Special K (11)
- Crack, Freebase (12)
- Tranquilizers or benzos (e.g., Valium, Xanax) (13)
- Amphetamines (e.g., speed, mephedrone) (14)
- Psychedelics (e.g., LSD, mescaline, acid, mushrooms) (15)

Opioids, including those not used as prescribed (e.g., Heroin, fentanyl, Percocet, hydromorphone) (16)

Non-medical steroids (e.g., anabolic steroids) (17)

Other, please specify below: (18)

The next few questions are about poppers, which Health Canada restricted access to in 2013. We want to know the role of poppers in your life nowadays.

Why do you use poppers? Select all that apply.

I enjoy the headrush (1)

It helps me to relax when I bottom (i.e., during receptive anal sex) (2)

I have found that it reduces the chance of anal tears (3)

I find sex more pleasurable (4)

It is a way to feel closer to sexual partners (5)

It makes me feel less inhibited/more adventurous (6)

Other, please specify below: (7)

Where do you get your poppers? Select all that apply.

- I buy them in a sex shop (1)
 - I buy them in another kind of shop (2)
 - I buy them from a drug dealer/supplier (3)
 - I buy them online (4)
 - A friend or partner gives them to me (5)
 - I get them from the US or another country (6)
 - Other: Please specify below: (7)
-

How do you feel about the safety of the poppers you use?

- I absolutely trust the safety of the poppers I use. (3)
- I sometimes trust the safety of the poppers I use. (2)
- I do not trust the safety of the poppers I use. (1)
- I haven't considered the safety of the poppers I use. (4)

What kind of poppers do you use? Select all that apply.

- Amyl nitrite (1)
 - Isobutyl nitrite (2)
 - Isopropyl nitrite (3)
 - Butyl nitrite (4)
 - Other, please specify below: (5)
-

I don't know (6)

Have you ever experienced any of the following side effects after using poppers? Select all that apply.

- Skin lesions (1)
 - Dizziness (2)
 - Dizziness, to the point of falling over (3)
 - Headaches (4)
 - Inability to maintain an erection (5)
 - Vision problems (6)
 - Other, please specify below: (7)
-

None of the above (8)

Where do you get your information about using poppers safely? Select all that apply.

- Online (1)
 - Friends (2)
 - Partners (3)
 - Health care providers (e.g., nurses, doctors) (4)
 - Public health or government resources (5)
 - I haven't looked for safety information about poppers (6)
 - Other, please specify below: (7)
-

The next few questions are about the use of injection drugs.

Have you EVER injected any drug to get high or had someone else inject into you? We mean any drug other than anabolic steroids, gender affirming hormones or medicines used as prescribed for you.

- Yes, in the past 6 months (1)
- Yes, more than 6 months ago (2)
- No, never (0)

Which drugs have you injected in the PAST 6 MONTHS? Select all that apply.

- Crystal meth/Tina (1)
- Cocaine (2)
- Opioids (e.g., Heroin/Smack/Fentanyl) (3)
- Ketamine/Special K (4)
- Amphetamine/Speed (5)
- Ecstasy/MDMA (6)
- Crack (7)
- Other, please specify below: (8)

- I've injected drugs, but I don't know which drugs. (9)

In the PAST 6 MONTHS, did you use any of the following drug equipment that had already been used by someone else?

	Yes (1)	No (0)	I don't know (1111)
Needles or syringes (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Straws, dollar bills, or pipes (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filters (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookers or spoons (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tourniquets or ties (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swabs (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acidifiers (vinegar, lemon juice, vitamin C or ascorbic acid) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next question is about overdosing. For this survey, overdosing means you experience negative physical or mental reactions to using too much of a substance. Overdosing can be intentional or unintentional. For substances such as opioids, this could be slow or no breathing, heart rate, or pulse, and muscle spasms, seizures, blue lips and nails, cold or clammy skin, tiny pupils, not moving or responding, or decreased consciousness. For substances such as methamphetamines, cocaine, crack or other stimulants, this could be paranoia, delusions, psychosis, increased heart rate and/or chest pains, sweating, severe headaches or stroke-like symptoms. Symptoms may vary by drug.

Have you EVER overdosed?

- Yes, in the past 6 months (1)
- Yes, more than 6 months ago (2)
- No, never (0)

Substances can have both positive and negative effects. The next set of four questions are specifically about some negative impacts alcohol and other substances might have on your life. We ask these questions to help determine who might benefit from substance use services and supports.

When was the last time that you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?

- Never (0)
- Past month (1)
- 2 to 3 months ago (2)
- 4 to 12 months ago (3)
- 1+ years ago (4)

When was the last time that you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?

- Never (0)
- Past month (1)
- 2 to 3 months ago (2)
- 4 to 12 months ago (3)
- 1+ years ago (4)

When was the last time that your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?

- Never (0)
- Past month (1)
- 2 to 3 months ago (2)
- 4 to 12 months ago (3)
- 1+ years ago (4)

When was the last time that you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?

- Never (0)
- Past month (1)
- 2 to 3 months ago (2)
- 4 to 12 months ago (3)
- 1+ years ago (4)

In the PAST 6 MONTHS, have you tried to get any of the following resources: Select all that apply.

- Counselling for alcohol or substance use (1)
- Needle exchange (2)
- Harm reduction supplies (e.g. free pipes, straws) (3)
- Drug checking services (4)
- PnP kit (e.g. safer partying supplies) (5)
- Supervised injection/consumption sites (6)
- Naloxone/NARCAN kit (7)
- Safe supply of opioids or heroin (8)
- Referrals for social supports (e.g., housing, income, food) (9)
- No I did not try to get any of the resources above (10)

In the PAST 6 MONTHS, have you wanted to make any changes to your level of substance use?
Select all that apply.

- Yes, I wanted to increase my substance use (1)
- Yes, I wanted to reduce my substance use (2)
- Yes, I wanted to quit (3)
- No, I'm fine with my level of substance use (0)

In the PAST 6 MONTHS, did you try to get help from a PROFESSIONAL OR HEALTHCARE PROVIDER to reduce or quit any substances?

- Yes, I tried and got help (1)
- Yes, I tried but I was not given help (2)
- Yes, I tried but then changed my mind (3)
- No, I did not try to get help (0)

In the PAST 6 MONTHS, have you tried to get any of the following substance use services or resources? Select all that apply.

- Outpatient Rehab (e.g., group support or counselling) (1)
- In-patient detox (2)
- Drug treatment facility (3)
- Sweat Lodge or other cultural traditions (4)
- Spiritual, Religious, or Cultural Resource (5)
- Narcotics Anonymous (6)
- Alcoholics Anonymous (7)
- Peer support services (8)
- A healthcare provider, like a family doctor, nurse practitioner, or registered nurse (9)
- An addictions counsellor (10)
- Methadone, Suboxone, or Buprenorphine Treatment (OAT program) (11)
- Other substance use services/resources: (12)

- None of the above (13)

Which services were you unable to get? Select all that apply.

- Outpatient Rehab (e.g., group support or counselling) (1)
- In-patient detox (2)
- Drug treatment facility (3)
- Sweat Lodge or other cultural traditions (4)
- Spiritual, religious, or cultural resource (5)
- Narcotics Anonymous (6)
- Alcoholics Anonymous (7)
- Peer support services (8)
- A primary healthcare provider, like a family doctor, nurse practitioner, or registered nurse (9)
- An addictions counsellor (10)
- Methadone, Suboxone, or Buprenorphine Treatment (OAT program) (11)
- Other substance use services/resources (12)
- I was able to get all of the above (13)

End of Block: Substance Use

Start of Block: Mental Health

The questions in this section are about your mental health.

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

- Excellent (5)
- Very good (4)
- Good (3)
- Fair (2)
- Poor (1)

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

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
Little interest or pleasure in doing things (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous, anxious, or on the edge (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you want help for any of the following issues? Select all that apply.

- Depression (1)
 - Anxiety (2)
 - Coming out (3)
 - Gender dysphoria (4)
 - Gender transition (5)
 - Eating disorders (6)
 - Body image (7)
 - Relationship problems (8)
 - Loneliness (9)
 - Suicidal thoughts (10)
 - Substance use (11)
 - Trauma (12)
 - I don't need help with any of the above (13)
 - Other, please specify below: (14)
-

On a scale from 1 to 5, how open (out) are you about your...

	Not at all open (out) (1)	2 (2)	3 (3)	4 (4)	Open (out) to all or most people (5)
Trans identity (Q161_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV status (Q161_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Identity (Q161_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you want to be more or less open (out) about your...

	I want to be more out (1)	I want to be less out (2)	No, I am fine with how out I am (3)
Trans identity (Q223_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Status (Q223_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Identity (Q223_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you feel...

	Hardly ever (1)	Some of the time (2)	Often (3)
... that you lack companionship? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Left out? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Isolated from others? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the PAST 12 MONTHS, have you used mental health supports?

- Yes, I am currently accessing mental health supports (1)
- Yes, but I am no longer accessing mental health supports (2)
- No (0)

If you were having mental health difficulties or feeling low or depressed, what would be your preferred treatment option? (Select all that apply)

- Daily medication (1)
- Individual therapy (2)
- Group therapy (3)
- Spiritual or cultural supports (e.g., from an elder or knowledge keeper) (4)
- Support from family and/or friends (5)
- Wait and see (no treatment) (6)
- Other, please specify below: (7)

- I don't know (8)

If you were to engage in counselling or psychotherapy, what would your preferences be for your therapist?

	Strongly disagree (18)	Somewhat disagree (19)	Neither agree nor disagree (20)	Somewhat agree (21)	Strongly agree (22)
The therapist should have the same sexual identity as me (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The therapist should have the same gender identity as me (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The therapist should be from the same ethnic background or culture as me (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The therapist should have received specific training regarding LGBTQ2+ mental health (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A therapist I would meet in person (face-to-face) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A therapist I would meet online (videocall) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A therapist I would chat with via instant message online (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of these websites or apps do you use (for any reason)? Select all that apply.

- Facebook (1)
- Instagram (2)
- Reddit (3)
- Snapchat (4)
- Tik Tok (5)
- Tumblr (6)
- Twitter (7)
- Adam 4 Adam (8)
- BBRT (9)
- Bear411 (10)
- BlackGayChat (BGC) (11)
- Bumble (12)
- Dudesnude (13)
- FetLife (14)
- Gay411 (15)
- Grindr (16)
- Growlr (17)

Hornet (18)

Jack'd (19)

ManHunt (20)

OK Cupid (21)

Recon (22)

Scruff (23)

Squirt (24)

Tinder (25)

Other, please specify below: (26)

I don't use any of the websites or apps above (27)

End of Block: Mental Health

Start of Block: Discrimination

These next questions are about discrimination, violence, sexual abuse, and conversion therapy. The following questions may be uncomfortable or triggering. If you do not wish to answer these questions you may scroll to the bottom and click next.

Have you ever experienced discrimination in the PAST 12 MONTHS, based on any of the following?
Select all that apply.

- Age (1)
- HIV status (2)
- PrEP status (3)
- Race/ethnicity (4)
- Body type (5)
- Gender expression (6)
- Gender transition (7)
- Language spoken (8)
- Migrant/residency status (9)
- Sexual orientation (10)
- Trans status (11)
- (Dis)abilities (12)
- Use of alcohol (13)
- Use of drugs (14)
- Use of tobacco/cigarettes (15)
- Sex work (16)
- Other (17)

I have not experienced discrimination in the past year (18)

Please indicate whether you have ever heard negative and/or positive things said about being LGBTQ2+ from...

	Said Negative Things (1)	Said Positive Things (2)
Your parents or guardians (Q171_1)	<input type="checkbox"/>	<input type="checkbox"/>
Your friends (Q171_2)	<input type="checkbox"/>	<input type="checkbox"/>
Your teachers (Q171_3)	<input type="checkbox"/>	<input type="checkbox"/>
Your healthcare providers (doctor, nurse, etc.) (Q171_4)	<input type="checkbox"/>	<input type="checkbox"/>
Your counsellor or mental health provider (Q171_5)	<input type="checkbox"/>	<input type="checkbox"/>
Your classmates (Q171_6)	<input type="checkbox"/>	<input type="checkbox"/>
Your coworkers (Q171_7)	<input type="checkbox"/>	<input type="checkbox"/>
Your work supervisors (Q171_8)	<input type="checkbox"/>	<input type="checkbox"/>
Your religious leaders (Q171_9)	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever attended so-called “conversion therapy,” by which we mean organized attempts (such as counseling or faith-based rituals) to change your sexual orientation or gender identity, or to deny or suppress LGBTQ2 identities or non-normative gender expressions?

- No, never (0)
- Yes, within the past 12 months (1)
- Yes, but more than 12 months ago (2)
- Yes, both within the past 12 months and more than 12 months ago (3)

Has a partner EVER done the following to you? Select all that apply.

- Insulted or verbally abused you (1)
- Hit, kicked, slapped, or physically abused you (2)
- Forced unwanted sex, raped, or sexual abused you (3)
- No, never (4)

These next questions are about discrimination, violence, sexual abuse, and conversion therapy. The following questions may be uncomfortable or triggering. If you do not wish to answer these questions you may scroll to the bottom and click next.

In the PAST 12 MONTHS, has a partner done the following to you? Select all that apply.

- Insulted or verbally abused you (1)
- Hit, kicked, slapped, or physically abused you (2)
- Forced unwanted sex, raped, or sexually abused you (3)
- No, not in the past 12 months. (4)

When you were a child (under 18 years old), did you EVER directly experience the following? Select all that apply.

- Verbal abuse, hate talk (1)
- Emotional abuse, ignored or excluded (2)
- Physical abuse, beaten up (3)
- Sexual abuse, rape (4)
- No, never (5)

As an adult (18 years old and above), did you EVER directly experience the following? Select all that apply.

- Verbal abuse, hate talk (1)
- Emotional abuse, ignored or excluded (2)
- Physical abuse, beaten up (3)
- Sexual abuse, rape (4)
- No, never (5)

End of Block: Discrimination

Start of Block: General Health

The questions in this section are about your general health.

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

- Excellent (5)
- Very good (4)
- Good (3)
- Fair (2)
- Poor (1)

Do you have the following types of health coverage? Select all that apply.

- Public (government-funded) health insurance (1)
- Private health insurance (4)
- Extended health coverage (5)
- None of the above (6)

Do you have any of the following difficulties? Select all that apply. Include only difficulties or long-term conditions that have lasted or are expected to last for six or more months.

- Difficulty seeing even when wearing glasses or contact lenses (1)
- Difficulty hearing even when using a hearing aid or cochlear implant (4)
- Difficulty walking, using stairs, using your hands or fingers or doing other physical activities (5)
- Difficulty learning, remembering or concentrating (6)
- Emotional, psychological or mental health conditions (e.g. anxiety, depression, bipolar disorder, substance abuse, anorexia) (7)
- Other health problem or long-term condition that has lasted or is expected to last for six or more months (8)
- I do not have any difficulty or long-term condition that has lasted or is expected to last for six or more months (9)

Who is your current primary health care provider? By this, we mean a health professional that you regularly see or talk to when you need care or advice for your health.

- A family doctor (1)
- A nurse practitioner (2)
- A walk-in clinic (3)
- I have no primary health care provider right now (0)

Did you meet with your primary health care provider in the PAST 12 MONTHS?

- Yes, in-person (1)
- Yes, virtually or by phone (2)
- Yes, both in-person and virtually/by phone (3)
- No (4)

Does your regular family doctor or nurse practitioner know about your sexual orientation?

- No (0)
- Unsure (1111)
- Yes (1)
- N/A (6666)

In the PAST 12 MONTHS, have you had a discussion with a healthcare provider about...

	Yes (1)	No (0)	N/A (6666)
...ways to reduce the chance of getting or passing sexually transmitted infections, including HIV and hepatitis C? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...gender dysphoria or gender transition? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...coming out? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the PAST 12 MONTHS, when you were sick or needed advice about your health, have you accessed or used any services that include Indigenous health or healing practices? This includes a

Traditional Healer, Community Elder, First Nations and Inuit Hope for Wellness Help line, or other Indigenous-specific services.

- Yes (1)
- No (0)
- N/A (6666)
- I don't know (1111)

Have you EVER been vaccinated against the following?

	Yes (1)	No (0)	Unsure (1111)
Hepatitis A (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Papillomavirus (HPV) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu (Influenza) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you asked for AND been wrongfully denied by ANY provider the following in the PAST 12 MONTHS? Select all that apply

- A COVID-19 test (1)
- A COVID-19 vaccination (2)
- An HIV test (3)
- A Hep C test (4)
- Hep C treatment (5)
- STI test (any kind) (6)
- PEP (post-exposure prophylaxis) (7)
- PrEP (pre-exposure prophylaxis) (8)
- HPV vaccination (9)
- Gender affirming hormone therapy / HRT (testosterone, estrogen, etc.) (10)
- Selective Androgen Receptor Modulators (SARMs) (11)
- Trans-related surgeries (gender affirming surgeries) (12)
- Pap smear (13)
- Breast/chest exam (14)
- None of the above (15)

In the PAST 6 MONTHS, have you used any of the following dietary supplements? Select all that apply. We define dietary supplements as an orally consumed product intended to supplement one's diet.

- Vitamins/Minerals (e.g. D, C, B12, Iron, Calcium, multi-vitamin) (1)
- Protein (e.g. Whey, Casien, Soy, Creatine, protein bars/powder/shakes) (2)
- Amino Acids (e.g. Glutamine, BCAA (branched chain amino acids), L-leucine) (3)
- Carbohydrate (e.g. Sports drinks, gels, powders) (4)
- Stimulants/Energy Boosters (e.g. drinks, pre-workout supplements, caffeine pills) (5)
- Antioxidants, Non-Vitamin/Mineral (e.g. food polyphenols (e.g., quercetin, açai), CoQ10, Glutathione) (6)
- Fatty Acids (e.g. Omega-3, CLA (conjugated linoleic acid), Fish oil) (7)
- Herbs and Botanicals (e.g. Gingko biloba, Ginseng, Echinacea, Natural testosterone boosters) (8)
- Fat Burners/Weight Loss (e.g. Diuretics, Garcinia cambogia, Green coffee bean extract, Green tea extract, L-carnitine, MCT oil/powder) (9)
- Meal Replacements/Weight Gainers (10)
- Nitrates, Nitric Oxide, 'Pump', and Vasodilators (e.g., beetroot juice or powder, l-arginine, and citrulline malate) (11)
- Prebiotics and Probiotics (12)
- Digestive enzymes (13)
- None of the above (15) _____

Other unlisted supplement(s). Please specify below: (14)

End of Block: General Health

Start of Block: Survey Wrap Up

Please imagine a ladder, with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

0 1 2 3 4 5 6 7 8 9 10

On which step of the ladder would you say you personally feel you stand at this time? ()



End of Block: Survey Wrap Up

Start of Block: Survey End

Thank you for completing our survey. Would you like to sign up for the Community-Based Research Centre mailing list? By clicking "Yes," you consent to receiving periodic updates from the Community-Based Research Centre, including notification of findings from this survey. Don't worry, you can unsubscribe at any time. You can also check out CBRC's privacy policy for more information on how your contact data is used.

- Yes, please sign me up for the CBRC mailing list! (1)
- No thanks (2)

If you would like, you can also choose to have your contact information used to recontact you about future HIV and other sexually transmitted and blood-borne infection testing studies at CBRC. This is completely optional. Would you like to be recontacted about future testing studies?

- Yes (1)
- No (0)

If you selected “yes” to one or both of the above, please provide your name, email address, and the language you would like to receive emails in. We will solely use this contact information for the purposes outlined above.

Full Name (1) _____

Email (2) _____

Language preference

English (1)

French (2)

Before you go, CBRC is working to develop new ways of linking our data anonymously across our surveys using user-generated non-identifying participant ID numbers. This will help us identify trends and generate a better understanding of our communities. If you agree, we will ask you a few simple questions to generate a unique ID. We may ask these questions to you again in future surveys and use that to link across different studies. Do you consent to having your data linked across different CBRC surveys?

Yes (1)

No (2)

What is the month you were born?

▼ January (1) ... December (12)

What is the first initial of your first name? If none, use X. (A-Z)

▼ A (1) ... Z (26)

What is the first initial of your middle name? If none, use X. If more than one middle name, use first middle name. (A-Z)

▼ A (1) ... Z (26)

What is the first initial of your mother's first name? If none/unknown, use X. (A-Z)

▼ A (1) ... Z (26)

What is the number of older siblings you have? Both alive and deceased.

▼ 1 (1) ... 0 (10)

What is the first letter of your birthplace? If unknown, use X. (A-Z)

▼ A (1) ... Z (26)

End of Block: Survey End
