

Welcome to the COVID-19 survey!

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

Principal Investigator

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Introduction

You are being asked to participate in a study entitled "Assessing the Impacts of COVID-19 on the Health and Wellbeing of Canadian Sexual and Gender Minoritized Men." The survey asks questions about your everyday life during COVID-19, including your sex life, sexual health, mental health, substance use, access to health services, and experiences during COVID-19 and associated physical distancing restrictions.

Purpose & Objectives

The overall goal of this study is to evaluate the direct and secondary impacts of the COVID-19 pandemic on 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 during COVID-19. The survey will assess how COVID-19 has impacted GBT2Q people's sexual behaviours, substance use patterns, economic stability, and ability to access various health services (e.g., HIV and STBI testing, HIV treatment and PrEP, mental health supports).

Study Procedure

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.

Potential 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 which you can access [here](https://www.cbrc.net/covid19_resources) (https://www.cbrc.net/covid19_resources). We encourage you to consult these resources if the survey brings up troubling experiences.

Potential Benefits

By participating, you are helping to improve the health and well-being of GBT2Q communities by illuminating community needs during COVID-19. You'll also get to access findings from the study online for free next year through the Community-Based Research Centre's website.

Rights and Compensation

Please note that there is no incentive associated with your participation. 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.

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. 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). All data will be stored on an encrypted, password-protected Canadian server 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).

*** Consent Agreement**

Do you acknowledge and agree to these conditions?

☐ Yes

☐ No

These questions are about your eligibility to participate.

*** 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

*** How old are you? (in years)**

If you are Indigenous, are you Two-Spirit?

- ☐ I am Indigenous and Two-Spirit
- ☐ I am Indigenous, but not Two-Spirit
- ☐ I am not Indigenous

*** 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.

- ☐ Man
- ☐ Woman
- ☐ Non-Binary
- ☐ Agender
- ☐ Genderqueer
- ☐ Genderfluid
- ☐ I prefer to use another term:

*** How do you identify sexually?** Check all that apply.

- ☐ Gay
- ☐ Bi (bisexual)
- ☐ Queer
- ☐ Asexual
- ☐ Pansexual
- ☐ Heteroflexible
- ☐ Questioning
- ☐ Straight
- ☐ I prefer to use another term:

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

- ☐ Yes
- ☐ No, not in the past 5 years

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

- ☐ Yes, within the past three months
- ☐ Yes, online in 2019/20 (before March 2020)
- ☐ Yes, in-person in 2018
- ☐ Yes, online in 2014/15
- ☐ Yes, but I don't remember which year
- ☐ No, none of the above

This section is about the general impact of the Coronavirus pandemic.

The World Health Organization declared the Coronavirus a pandemic on March 11, 2020. After that, the Public Health Agency of Canada and Provincial/Territorial governments started to significantly increase control measures.

This section is about your experiences throughout the Coronavirus pandemic. For this survey, we consider March 15th to be the start of the Coronavirus pandemic. Questions about experience now and specific to the early period of the pandemic (mid-March to April) will be later in the survey.

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

- ☐ Yes, I received a positive test
- ☐ Yes, but I never received a test
- ☐ No, I tested and it was negative
- ☐ No, I have not been tested
- ☐ Unsure

How many times have you gone to a healthcare provider or assessment centre to get tested for COVID-19?

How many times have you gone to a healthcare provider or assessment centre for a COVID-19 test and been DENIED a test?

Due to the Coronavirus pandemic, how worried have you been about your...

	Not at all concerned	Slightly concerned	Somewhat concerned	Very concerned	Extremely concerned
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/religious wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner's (one or more) health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family member's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has COVID-19 negatively impacted the likelihood that you will...

Check all that apply.

- ☐ ...have enough money to live as you wish?
- ☐ ...own property such as a condo or house?
- ☐ ...parent a child or children?
- ☐ ...achieve the quality of life that you want?
- ☐ ...be in a relationship that you want to have?
- ☐ ...have the appearance or body type you would like to have?
- ☐ ...have the amount of sex you would like to have?
- ☐ None of the above

What is your CURRENT 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

How has your employment changed during the Coronavirus pandemic? Check all that apply.

- ☐ I was not employed before the Coronavirus pandemic
- ☐ I was laid off temporarily or permanently
- ☐ I had my hours of work increased
- ☐ I had my hours of work reduced
- ☐ I got a new job
- ☐ I have had no change in my hours of work

During the Coronavirus pandemic, how often have you worked from home?

- ☐ Most or all of the time
- ☐ Some of the time
- ☐ Very little of the time
- ☐ Not at all

In the PAST 6 MONTHS, did you receive income from any of the following sources? Check all that apply.

- ☐ Employment income, reported on your T4
- ☐ Employment income, under the table
- ☐ Tips/Gratuities
- ☐ Sex work, escorting, companionship or other arrangement income
- ☐ Friends/Family
- ☐ Sugar Daddy/Momma or Glucose Guardian
- ☐ Canada Emergency Response Benefits (CERB)
- ☐ Canada Emergency Student Benefit (CESB)
- ☐ Temporary Employment Insurance (e.g., money received if laid off)
- ☐ Pension or Retirement Benefit (e.g., money received upon retirement)
- ☐ Disability Insurance / Workers Compensation (e.g., money received if unable to work)
- ☐ Investment income (e.g., money received from investments)
- ☐ Student Loans, Scholarships, or Bursaries
- ☐ Child support or alimony
- ☐ Selling drugs
- ☐ Other, legal sources of income
- ☐ Other non-legal or illegal sources of income
- ☐ None of the above

Did you apply for the COVID-19 Emergency Response Benefits (CERB)?

- ☐ Yes
- ☐ No

How many payments for CERB have you received?

Have you received any other financial support specific to the Coronavirus pandemic from a provincial/territorial government?

- ☐ Yes
- ☐ No

Since the start of the coronavirus pandemic, what types of places have you lived in? Check all that apply.

- ☐ Own apartment or house
- ☐ Family or friend's place
- ☐ Hotel or motel room
- ☐ Rooming or boarding house
- ☐ Shelter or hostel
- ☐ Transition house or halfway house
- ☐ Psychiatric institution or drug treatment facility, like detox or rehab
- ☐ Public place, like a street, park or stairwell
- ☐ Correctional facility, like jail or prison
- ☐ None of the above

How many other people do you live with?

Has the Coronavirus pandemic led to any of the following? Check all that apply.

- ☐ Loss of drug coverage
- ☐ Loss of your housing, or becoming homeless
- ☐ Difficulty paying for basic needs, including food, clothing, shelter and heat
- ☐ Not having enough medication for the month
- ☐ Losing childcare or having to spend more time taking care of children
- ☐ Increased social isolation
- ☐ No change to my situation

This section is about your experiences with the Coronavirus pandemic now. There will be questions about experiences during the early period of the pandemic later in the survey.

How would you rate your PERSONAL RISK now of being exposed to the Coronavirus in the following places:

	I have already been exposed	High	Medium	Low	None	N/A
In your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your friend or family's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a shelter or communal living space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At work (outside your home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When on public transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a grocery store, restaurant or retail store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a GBT2Q bar or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you describe your money situation right now?

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

How easy or difficult is it to understand the current guidelines issued by Public Health to prevent the spread of the Coronavirus?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Somewhat difficult
- ☐ Very difficult

To what extent are you following current guidelines issued by Public Health to prevent the spread of the Coronavirus?

	Very closely	Somewhat	Not at all
Physically distance yourself by 2 metres from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a mask in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wash your hands often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the number of people you interact with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid non-essential trips in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past two weeks of the Coronavirus pandemic, have you...

Select the best answer for yourself.

- ☐ Stayed home all or nearly all of the time.
- ☐ Stayed home most of the time. Left my home to buy food and other essentials.
- ☐ Stayed home some of the time. Reduced the amount of time I am in public spaces, at social gatherings, or at work.
- ☐ Done everything I normally do.
- ☐ Don't know
- ☐ Prefer not to answer

When it comes to information or updates about the Coronavirus pandemic, which of the following do you trust? Check all that apply.

- ☐ Friends
- ☐ Family members
- ☐ Social media celebrity/influencer (e.g., someone who you follow on social media who has an established follower base)
- ☐ Dr. Theresa Tam, Canada Chief Public Health Officer
- ☐ Justin Trudeau, Prime Minister of Canada
- ☐ The Premier of your province/territory
- ☐ The medical health officer of your province/territory
- ☐ None of the above
- ☐ Other (please specify)

This section is about your experiences during the early period of the Coronarvirus pandemic. When we say the early period, we mean mid-March to the end of April. By this we mean March 15th to April 30th.

During the early period of the Coronavirus pandemic, how would you describe your money situation?

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

During the early period of the Coronavirus pandemic, how easy or difficult was it to understand the guidelines issued by Public Health to prevent the spread of the Coronavirus?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Somewhat difficult
- ☐ Very difficult

During the early period of the Coronavirus pandemic, to what extent did you do the following?

	Very closely	Somewhat	Not at all
Physically distance yourself by 2 metres from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a mask in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wash your hands often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the number of people you interact with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid non-essential trips in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the early period of the Coronavirus pandemic, did you... *Select only one that is the best answer for yourself.*

- ☐ Stayed home all or nearly all of the time.
- ☐ Stayed home most of the time. Left my home to buy food and other essentials.
- ☐ Stayed home some of the time. Reduced the amount of time I am in public spaces, at social gatherings, or at work.
- ☐ Done everything I normally do.
- ☐ Don't know
- ☐ Prefer not to answer

These demographic questions are about yourself.

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

What are the first 3 characters of your postal code? We ask this question to locate your response to a region, not a specific address. Different regions of Canada have different health policies, services, and programs. *Note: Formatted as Letter-Number-Letter (e.g. V2N, M3N, L4M).*

Do you have any of the following difficulties? Check 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
- ☐ Difficulty hearing even when using a hearing aid or cochlear implant
- ☐ Difficulty walking, using stairs, using your hands or fingers or doing other physical activities
- ☐ Difficulty learning, remembering or concentrating
- ☐ Emotional, psychological or mental health conditions (e.g. anxiety, depression, bipolar disorder, substance abuse, anorexia)
- ☐ Other health problem or long-term condition that has lasted or is expected to last for six or more months
- ☐ I do not have any difficulty or long-term condition that has lasted or is expected to last for six or more months

Do you identify as a person with a disability?

- ☐ Yes
- ☐ No

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

What sex were you assigned at birth, meaning on your original birth certificate? We ask this question so that we can use the information we get from this survey to better inform services for trans people.

- ☐ Male
- ☐ Female

*** Are you currently in a relationship?**

- ☐ No
- ☐ Yes, with a man
- ☐ Yes, with more than 1 person (polyamorous)
- ☐ Yes, with a woman
- ☐ Yes, with a non-binary person
- ☐ 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
- ☐ I prefer to identify as (please specify):

Do you live on reserve?

- ☐ Yes, full-time
- ☐ Yes, part-time / seasonally
- ☐ No

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

- ☐ Yes
- ☐ No
- ☐ I don't know

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)
- ☐ 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

(Note: We define sex as any physical contact that you felt was sexual) Remember that for this survey, we consider March 15th to be the start of the Coronavirus pandemic.

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(Note: if you didn't do an activity prior to or during the emergency, check "N/A" for "not applicable")

[illegible]

Which COVID-19 prevention strategies did you use while seeking or having sex? Check all that apply.

- ☐ No kissing
- ☐ Wear a face mask
- ☐ Meet outdoors
- ☐ Ask partners about COVID-19 symptoms
- ☐ Reduce the number of people I have sex with
- ☐ Use glory holes or other physical barriers
- ☐ Have sex online instead of in-person
- ☐ Have fun on my own (e.g., masturbate)
- ☐ Restricting guest lists for group sex
- ☐ Washing hands before and after every partner
- ☐ None of the above
- ☐ Other (please specify)

Since the start of the Coronavirus pandemic, 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

Which HIV prevention strategies did you use since the start of the Coronavirus pandemic? 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
- ☐ Took HIV treatment medication to prevent passing HIV to my partners
- ☐ Asked my sex partners about their HIV status before sex
- ☐ Only had sex with one partner (closed relationship/monogamy)
- ☐ None of the above

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 sexually transmitted infections (STIs) and testing for STIs other than HIV.

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

- ☐ It was too high risk to visit a clinic due to the Coronavirus pandemic
- ☐ Clinics were closed or not available due to the Coronavirus pandemic (no appointments available)
- ☐ 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 since the start of the Coronavirus pandemic
- ☐ Other, please explain:

Have you had any symptoms of an STI since the start of the Coronavirus pandemic? Check all that apply.

- ☐ Pain while peeing
- ☐ Itchiness from where I pee (urethra)
- ☐ Penile discharge
- ☐ Front hole or vaginal discharge or non-menstrual bleeding
- ☐ Itchiness, pain, discharge or bleeding from my bum/ass
- ☐ Sore throat
- ☐ Lumps or bumps on or near your genitals or bum
- ☐ Rash on your body or hands
- ☐ I have not experienced any of these symptoms
- ☐ Other (please specify)

Did you see a health professional for this/these symptom(s)?

- ☐ I have not had any symptoms since the start of the Coronavirus pandemic
- ☐ Yes, I saw a health professional about these symptoms
- ☐ No, I did not see a health professional about these symptoms

Have you been tested for any STIs (other than HIV) since the start of the Coronavirus pandemic?

- ☐ Yes
- ☐ No

These questions are about your STI testing during the Coronavirus pandemic.

What did your LAST STI test include? Check all that apply.

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

Where was your last STI test?

- ☐ 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)
- ☐ Other place 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

For you, what is the greatest BENEFIT of this possible testing service? Check all that apply.

- ☐ Less exposure to the Coronavirus pandemic
- ☐ 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 your experiences with HIV (human immunodeficiency virus).

* **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 these questions to improve services and access. We keep this information confidential and only use it for research purposes. If you select “prefer not to answer,” you will not get any of these questions.

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

Have you been tested for HIV since the start of the Coronavirus pandemic?

☐ Yes

☐ No

Has the Coronavirus pandemic caused you to delay or skip HIV testing?

☐ Yes

☐ No

These questions are about your experiences with HIV care and treatment.

How has the Coronavirus pandemic impacted the care you receive for HIV?

- ☐ There have been improvements
- ☐ No change
- ☐ There have been new challenges
- ☐ I don't receive HIV care

How have you accessed your regular HIV care during the Coronavirus pandemic? Check all that apply.

- ☐ In-person
- ☐ By video
- ☐ By phone call
- ☐ By app
- ☐ Not accessed, due to Coronavirus pandemic
- ☐ Not accessed, because I have not needed to

How would you rate your satisfaction with virtual care (e.g. phone, video or app)?

- ☐ Very Satisfied
- ☐ Somewhat satisfied
- ☐ Neutral
- ☐ Somewhat dissatisfied
- ☐ Very Dissatisfied
- ☐ Not applicable (I have not received virtual care)

Has the coronavirus pandemic led to any of the following problems accessing HIV care?

- ☐ Was unable to access medical care, because the healthcare facility was closed because of the Coronavirus pandemic
- ☐ Was unable to access medical care, because I had no transportation to get to the healthcare provider's office
- ☐ Was unable to access medical care, because my healthcare provider was seeing patients over the internet or by phone and I do not have internet access or a cellphone
- ☐ Was unable to obtain medications that I normally take
- ☐ Had a delay in getting my HIV medications
- ☐ Was unable to get my HIV medications
- ☐ Was unable to afford medications
- ☐ Lost my drug coverage

Are you currently taking HIV medications?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

When was the LAST TIME you missed taking any of your 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
- ☐ I am not currently taking HIV 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

*** Have you ever used PrEP?**

- ☐ No
- ☐ Yes, but I stopped **before** the Coronavirus pandemic and have not used it since
- ☐ Yes, but I stopped **during** the Coronavirus pandemic and have not used it since
- ☐ Yes, I'm taking PrEP now!
- ☐ I prefer not to answer

These questions are about your experiences using PrEP.

Did you ever stop taking PrEP during the Coronavirus pandemic?

- ☐ Yes
- ☐ No

How are you using PrEP?

- ☐ Daily
- ☐ On-demand
- ☐ Other

How has the Coronavirus pandemic impacted the care you receive for PrEP?

- ☐ There have been improvements
- ☐ No change
- ☐ There have been additional challenges
- ☐ I don't receive PrEP care

How have you accessed PrEP care during the Coronavirus pandemic? Check all that apply.

- ☐ In-person
- ☐ By video
- ☐ By phone call
- ☐ By app
- ☐ Not accessed, due to Coronavirus pandemic (skip next question)
- ☐ Not accessed, because I have not needed to (skip next question)

How would you rate your satisfaction with virtual care for PrEP (e.g. phone, video or app)?

- ☐ Very Satisfied
- ☐ Somewhat satisfied
- ☐ Neutral
- ☐ Somewhat dissatisfied
- ☐ Very Dissatisfied
- ☐ Not applicable (I have not received virtual care)

These questions are about your attitudes about PrEP.

Are you interested in using PrEP?

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

These questions are about your attitudes about PrEP.

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"/>
...afford the cost of PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...get bloodwork for PrEP	<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
- ☐ Reduced my number of sexual partners (no sex partners)
- ☐ Now in a monogamous/closed relationship
- ☐ Lost my drug coverage or health insurance due to Coronavirus pandemic
- ☐ None of the above
- ☐ Something else

Do you think the Coronavirus pandemic has made it easier or harder to...

	Easier	About the same	Harder
...talk to a healthcare provider about PrEP (doctor or nurse practitioner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...get or refill a PrEP prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...take the PrEP prescription daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...afford the cost of PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...get bloodwork for PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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"/>

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"/>

During the Coronavirus pandemic, how often have you given the following types of support to friends or loved ones?

	Every day	Several times a week	Once a week	Less than once a week	Never	Don't know
Emotional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household Supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since the Coronavirus pandemic started, have you wanted 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

These questions are about your substance use.

* **Have you used ANY substances (alcohol or drugs) since the Coronavirus pandemic started?** If you select "I prefer not to answer," you will not get questions about substance use.

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

* **Have you EVER injected any drugs?**

- ☐ No, never
- ☐ Yes, since the Coronavirus pandemic started
- ☐ Yes, but only before the Coronavirus pandemic started
- ☐ I prefer not to answer.

These questions are about your experiences using drugs and alcohol.

Describe any changes in your substance use during the Coronavirus pandemic, as compared to the 6 months before.

(Note: if you didn't use a substance prior to or during the Coronavirus pandemic, check "N/A" for "not applicable")

	Much less	Less	About the same	More	Much more	Don't know	N/A
Alcohol (5+ drinks within 2 hours)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (less than 5 drinks within 2 hours)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco/cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/weed/hash/pot/grass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poppers/amyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine/Special K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy/MDMA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crystal meth/Tina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erection drugs (e.g., Viagra, Cialis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack, free base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other prescription opioids (e.g., Percocet, Dialudid, OxyContin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB/"G"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers or benzos (e.g., Valium, Xanax)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychedelics (e.g., LSD, mescaline, acid, mushrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-medicinal steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Describe any changes in access to the following items, compared with 6 months before.

(Note: if you didn't access these prior to or during the Coronavirus pandemic, check "N/A" for "not applicable")

	Much less	Less	About the same	More	Much more	Don't know	N/A
Your usual drug of choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supply of good quality drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe place to use drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your regular drug source or dealer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harm reduction supplies (e.g. free pipes, straws)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised injection/consumption site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support Groups (e.g., Narcotics Anonymous, Alcoholics Anonymous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

☐ Yes

☐ No (skip next question)

If Yes, I want to...

Reduce my use of:

Quit my use of:

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

Has the Coronavirus pandemic impacted your ability to access care in any of the following areas?

	There have been improvements	No change	There have been new challenges	N/A
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender-affirming hormones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender-affirming surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What extended health insurance or benefits do you currently have? Check all that apply.

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

Do you have a regular family doctor or nurse practitioner?

- ☐ Yes
- ☐ No

Since the Coronavirus pandemic started, have you personally experienced problems accessing any of the following health care services?

	Yes	No	I did not need this service
Non-emergency surgery (e.g. cardiac, knee or hip replacement, cataract)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-emergency diagnostic test (e.g. MRI, CT scan, ultrasound, angiogram)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment with your family doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment with a medical specialist (e.g. cardiologist, optometrist, oncologist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment for rehabilitative care (e.g. physiotherapist, massage therapist, chiropractor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care (e.g. dentist, orthodontist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help for mental health (e.g. counselling appointment, support group)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical treatment (e.g. chemo, radiotherapy, dialysis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural medicine (e.g. naturopathy, acupuncture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency services, urgent care (e.g. hospital emergency room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health care service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How have you accessed a family doctor or nurse practitioner during the Coronavirus pandemic?

Check all that apply.

- ☐ In-person
- ☐ By video
- ☐ By phone call
- ☐ By app
- ☐ Not accessed, due to Coronavirus pandemic
- ☐ Not accessed, because I have not needed to
- ☐ Not accessed, because I could not access a family doctor or nurse practitioner

What was the main purpose of your virtual care visit(s)? Check all that apply.

- ☐ Get or renew a prescription
- ☐ Ask a health-related question
- ☐ Assess a health symptom
- ☐ Receive a medical exam
- ☐ Receive mental health support
- ☐ Other (please specify)

How would you rate your satisfaction with virtual care (e.g. phone, video or app)?

- ☐ Very Satisfied
- ☐ Somewhat satisfied
- ☐ Neutral
- ☐ Somewhat dissatisfied
- ☐ Very Dissatisfied

Currently there is no vaccine available to prevent Coronavirus (COVID-19), but there are several vaccines under development. Assuming that an effective vaccine is developed, tested on humans, and approved by Health Canada, how likely are you to take the vaccine?

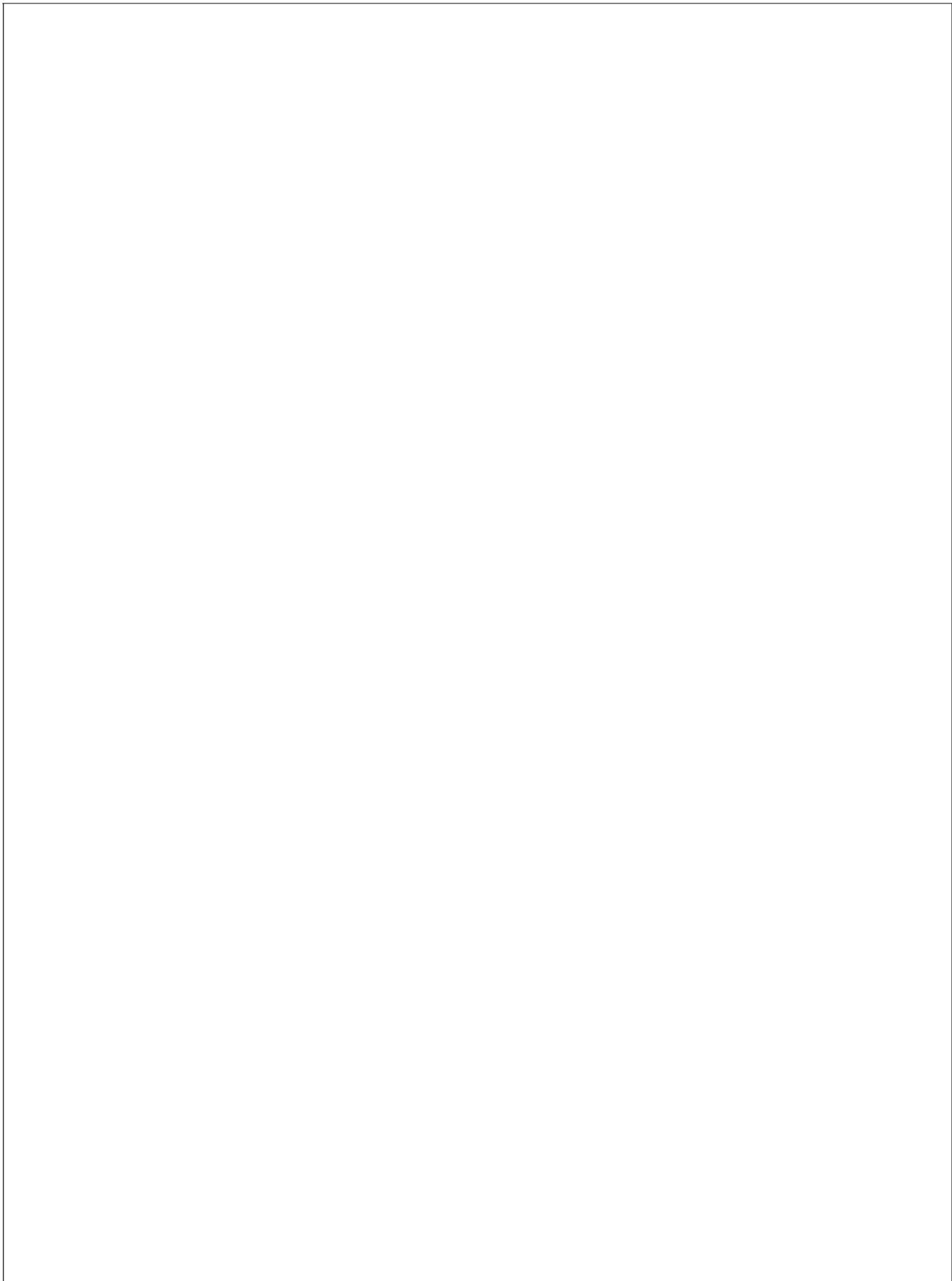
- ☐ Very likely
- ☐ Somewhat likely
- ☐ Unlikely
- ☐ Very unlikely
- ☐ I would never get the vaccine

Why would you get a Coronavirus vaccine? Check all that apply.

- ☐ I want to protect myself
- ☐ I want to protect my family
- ☐ I want to protect my community
- ☐ It would be the best way to avoid getting seriously ill from the Coronavirus
- ☐ It would allow me to feel safe around other people
- ☐ Life won't go back to normal until most people are vaccinated
- ☐ My doctor recommends vaccines
- ☐ I have a chronic health condition, such as asthma or diabetes, so it is important that I receive a Coronavirus vaccine
- ☐ Other (please specify)

Why would you NOT get a Coronavirus vaccine? Check all that apply.

- ☐ I would be concerned about side effects from the vaccine
- ☐ I would be concerned about getting infected with the Coronavirus from the vaccine
- ☐ I am not concerned about getting seriously ill from the Coronavirus
- ☐ The Coronavirus is not as serious as some people say it is
- ☐ I do not think vaccines work very well
- ☐ I do not like needles
- ☐ I am allergic to vaccines
- ☐ I would not have time to get vaccinated
- ☐ Other (please specify)



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

Because of my race/ethnicity, during the Coronavirus pandemic I have...

- ☐ Been treated with less respect than other people
- ☐ Been called names or insulted
- ☐ Been personally threatened or intimidated
- ☐ Been exposed to racist social media/graffiti/propaganda/jokes, etc.
- ☐ Been physically attacked by strangers
- ☐ Changed some of my routines because of concerns about racism or discrimination related to the Coronavirus pandemic
- ☐ Had friends and/or colleagues avoid contact with me (not related to social distancing)
- ☐ Been made to feel like I pose a threat to the health and safety of others
- ☐ Felt at greater risk of Coronavirus
- ☐ None of the above

How often do you feel safe in your home environment (both physical and emotional safety)?

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Never

Since the coronavirus pandemic started, 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

Since the coronavirus pandemic started, has anyone forced sex on you?

☐ Yes

☐ No

This is the end of this section. The survey continues on the next page.

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! However, you may skip any question that does not apply to you.

*** 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 attitudes towards blood donation.

Please read the following statements. 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"/>

Did you read, hear or see any media coverage during the Coronavirus pandemic about Canada's blood donor policy that restricts men (and trans women) from donating if they have had any kind of sex with a man in the past 3 months?

- ☐ Yes, I read a story about this
- ☐ No, I did not read a story about this
- ☐ No, I did not know this policy existed before today!

Please read the following:

It may be possible for HIV-negative gay, bi and other MSM to donate plasma sooner than whole blood. Plasma is the liquid portion of blood leftover after red blood cells, white blood cells and platelets are removed. The components of plasma (e.g. proteins and antibodies) are important ingredients in life saving medicines. Plasma donation is similar to regular blood donation, and takes about an hour. It is believed this type of donation could pose less of a risk of HIV transmission to the blood supply. Plasma is also more urgently needed than whole blood. Canada only collects 17% of the plasma it needs, the rest is purchased from other countries.

Indicate the degree to which, for you, donating plasma would be...

1 (A useless experience)	2	3	4	5 (A useful experience)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the degree to which, for you, donating plasma would be...

1 (An experience of exclusion)	2	3	4	5 (An experience of inclusion)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the degree to which, for you, donating plasma would be...

1 (A frustrating experience)	2	3	4	5 (A gratifying experience)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the degree to which, for you, donating plasma would be...

1 (A shameful experience)	2	3	4	5 (An experience of pride)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the degree to which, for you, donating plasma would be...

1 (A disgusting experience)	2	3	4	5 (An appealing experience)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the degree to which, for you, donating plasma would be...

1 (A worrisome experience)	2	3	4	5 (A reassuring experience)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how strongly you agree or disagree with each of the following statements. If I gave plasma it would...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
be a way of sustaining discrimination and stigmatization of MSM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be a step in the right direction, even though it's not ideal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
better meet the needs of the blood system rather than those of the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be a way of continuing the fight to allow MSM to give blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help acknowledge the contribution of MSM to the well-being of other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If I were allowed to, I would donate plasma in the future.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

These final questions tell us a bit more about *you*.

If a Federal election was held today, what party would you vote for?

- ☐ Bloc Quebecois
- ☐ Conservative
- ☐ Green
- ☐ Liberal
- ☐ New Democratic
- ☐ Other
- ☐ I am not eligible to vote

In challenging circumstances, people often find strengths that they did not realize they had. What strengths have you discovered about yourself?

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

Thanks for completing the COVID-19 Survey!

Please share any comments on your experience with the survey. This is the final question. Please click Submit at the very bottom of the page to end the survey.

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

For general mental health support:

- Canadian Mental Health Association: <https://cmha.ca/>
- Government of Canada, "Taking care of your mental and physical health during the COVID-19 pandemic," <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/mental-health.html>
- If you are a **youth (29 and under)**, you may visit Youthline for support by text, chat, or email: <https://www.youthline.ca/>
- If you are **trans**, you can contact Trans Lifeline's Hotline for support: 1-877-330-6366
- If you are **Indigenous**, you may contact the Hope for Wellness Helpline: 1-855-242-3310, <https://www.hopeforwellness.ca/> or view additional COVID-19 resources at: https://www.afn.ca/wp-content/uploads/2020/04/MW-and-COVID_Factsheet_RED_Fe.pdf

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

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. If you do not have health coverage, most sexual health clinics and public health units still provide services for free.

For health information and where to go for sexual health testing and mental health support, by province or territory, please see the below resources.

Alberta

- Alberta Health Services: <https://www.albertahealthservices.ca/amh/page16759.aspx>
- Calgary Sexual Health Centre: <https://www.calgarysexualhealth.ca/>
- The Sharp Foundation: <http://www.thesharpfoundation.com/>
- EMHC Edmonton Health Collective: <https://ourhealthyeg.ca/>
- HIV Community Link: <https://www.hivcl.org/>

British Columbia

- HealthLink BC: <https://www.healthlinkbc.ca/mental-health-covid-19>
- Government of BC, Virtual Mental Health Supports: <https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/virtual-supports-covid-19>
- 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/>

New Brunswick

- Government of New Brunswick, Mental health and coping during COVID-19: https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus/mental-health-and-coping-during-covid-19.html
- AIDS New Brunswick: <http://www.aidsnb.com/>
- Avenue B: <http://avenueb.ca/>
- ENSEMBLE: <https://ensemblegm.ca/>

Newfoundland and Labrador

- Government of Newfoundland and Labrador, Mental health and wellness: <https://www.gov.nl.ca/covid-19/individuals-and-households/mental-health-and-wellness/>
- Newfoundland and Labrador Sexual Health Centre: <https://www.plannedparenthoodnlshc.com/clinics.html>

Nova Scotia

- Government of Nova Scotia, Mental health and wellbeing: <https://novascotia.ca/mental-health-and-wellbeing/>
- Halifax Sexual Health Centre: <http://hshc.ca/>
- AIDS Coalition of Nova Scotia: <https://www.acns.ns.ca/>
- prideHealth (health navigator): <http://www.nshealth.ca/content/pridehealth>

Ontario

- Government of Ontario, Mental health, wellness and addictions support: <https://www.ontario.ca/page/covid-19-support-people#section-4>
- Sexual Health Ontario (includes a clinic finder): <https://sexualhealthontario.ca/en/find-clinic>
- Gay Men's Sexual Health Alliance of Ontario: <http://www.gmsa.ca/>
- MAX Ottawa: <http://maxottawa.ca/>
- ACT Toronto: <http://www.actoronto.org/>

Prince Edward Island

- Government of Prince Edward Island, Mental health and addictions services: <https://www.princeedwardisland.ca/en/information/health-pei/mental-health-and-addictions-services>
- PEERS Alliance: <https://www.peersalliance.ca/>

Québec

- Gouvernement du Québec, Protecting your well-being in the COVID-19 pandemic: <https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/protecting-your-well-being-in-the-covid-19-pandemic/>
- 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): <https://santemontreal.qc.ca/population/ressources/clsc/>

Saskatchewan

- Government of Saskatchewan, Mental health and COVID-19: <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/mental-health-and-covid-19>
- OUTSaskatoon: <https://www.outsaskatoon.ca/>

Territories

- Government of Northwest Territories, Mental health and social distancing: <https://www.gov.nt.ca/covid-19/en/mental-health>
- Government of Nunavut, Managing anxiety and stress during COVID-19: https://gov.nu.ca/sites/default/files/managing_anxiety_and_stress_during_covid-19_-_eng.pdf
- Government of Yukon: Mental health and wellness support during COVID-19: <https://yukon.ca/supports-mental-wellness>
- Blood Ties (Yukon): <https://bloodties.ca/>