

The survey is **confidential**. Please complete this paper survey **only once this year**. Your answers are **very valuable**. Please **tick one box** unless the question states otherwise. You can skip any question you prefer not to answer.

**Let's get started with a little about yourself...**

**1. What province or territory do you currently live in?**

- |  |  |
|--|--|
| <input type="checkbox"/> Alberta                 | <input type="checkbox"/> Nunavut                               |
| <input type="checkbox"/> British Columbia        | <input type="checkbox"/> Ontario                               |
| <input type="checkbox"/> Manitoba                | <input type="checkbox"/> Prince Edward Island                  |
| <input type="checkbox"/> New Brunswick           | <input type="checkbox"/> Quebec                                |
| <input type="checkbox"/> Newfoundland & Labrador | <input type="checkbox"/> Saskatchewan                          |
| <input type="checkbox"/> Northwest Territories   | <input type="checkbox"/> Yukon                                 |
| <input type="checkbox"/> Nova Scotia             | <input type="checkbox"/> I don't live in Canada (ask a staff!) |

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

- African, Caribbean, Black
- Arab, West Asian (e.g. Iranian, Afghan)
- East or Southeast Asian (e.g. Chinese, Japanese, Korean)
- Indigenous
- Latin American, Hispanic
- South Asian (e.g. East Indian, Pakistani, Sri Lankan)
- White
- Other, please specify: \_\_\_\_\_

If you checked Indigenous above go to #3. Otherwise skip to #7.

**3. Do you identify as?**  First Nations  Métis  Inuk  None

**4. Do you identify as Two-Spirit?**  No  Yes

**5. Do you live in an Indigenous community?**  No  Yes

**6. HIV treatment and prevention medications are covered for First Nations and Inuit people who have status. Do you have "status" (Registered/Treaty)?**  No  Yes  Not applicable

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

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Gay      | <input type="checkbox"/> Bi (bisexual)                     | <input type="checkbox"/> Queer          |
| <input type="checkbox"/> Asexual  | <input type="checkbox"/> Pansexual                         | <input type="checkbox"/> Heteroflexible |
| <input type="checkbox"/> Straight | <input type="checkbox"/> Prefer to self-describe as: _____ |   |

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

- |                            |   |
|----------------------------|---|
| Not at all                 | Open (out) to all or  |
| open (out)                 | most people I know  |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |

**9. What is your gender identity?**  Man  Woman

Neither. I prefer to self-describe as: \_\_\_\_\_

**10. Do you have trans experience?**  No  Yes

(i.e., your gender is different than the sex you were assigned at birth)

**11. How old are you?** \_\_\_\_\_ years old

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

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

**13. Were you born in Canada?**  No  Yes

**14. What are the first 3 characters of your postal code?** \_\_\_-\_\_\_

Format: Letter-Number-Letter (e.g. V2N, M3N, L4M)

These locate your response to a region, not a specific address

**15. How would you describe your money situation right now?**

- |  |  |
|--|--|
| <input type="checkbox"/> Comfortable, with extra | <input type="checkbox"/> Have to cut back      |
| <input type="checkbox"/> Enough, but no extra    | <input type="checkbox"/> Cannot make ends meet |

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

- |  |  |
|--|--|
| <input type="checkbox"/> No (skip to #18)  | <input type="checkbox"/> Yes, with a woman             |
| <input type="checkbox"/> Yes, with a man   | <input type="checkbox"/> Yes, with a non-binary person |
| <input type="checkbox"/> Yes, with more than 1 person (polyamorous). With how many?<br>_____ men, _____ women, and _____ non-binary people |  |

**17. 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

**18. Have you ever had sex with a woman?**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> No, never | <input type="checkbox"/> Yes, in the past 6 months         |
| <input type="checkbox"/> Unsure    | <input type="checkbox"/> Yes, but longer than 6 months ago |

**Now let's chat about your recent sex life...**

We define sex as any physical contact that you felt was sexual. These questions are about sex partners of all genders.

**19. How many sex partners have you had in the PAST 6 MONTHS?** \_\_\_\_\_ (provide your best guess)

Of those, how many were in the PAST 3 MONTHS? \_\_\_\_\_

**20. We define a new sex partner as someone you have never had sex with before. Think of your newest sex partner, which may not be your most recent one. When did you first have sex with them?**

- |   |   |
|---|---|
| <input type="checkbox"/> I have never had sex (skip to #23) |   |
| <input type="checkbox"/> this week                          | <input type="checkbox"/> 4-6 months ago         |
| <input type="checkbox"/> 2-4 weeks ago                      | <input type="checkbox"/> 7-12 months ago        |
| <input type="checkbox"/> 1-3 months ago                     | <input type="checkbox"/> longer than a year ago |

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

- Mutual masturbation
- Oral sex
- Fingering (sex using fingers)
- 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)
- Other, please describe: \_\_\_\_\_
- None of the above. I have not had sex in the past 6 months.

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

- a partner who gave me money, goods or services for sex
- a partner I gave money, goods or services for sex
- a trans man
- a trans woman
- a non-binary person
- none of the above

## Next, let's talk Sexually Transmitted Infections (STIs)

These questions are about STIs other than HIV.

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

- Syphilis  Warts (genital or anal)  
 Chlamydia  Herpes (genital or anal)  
 Gonorrhea  Non-specific urethritis  
 Other(s): \_\_\_\_\_  No STIs in the past year!

**24. Have you ever had chlamydia or gonorrhea in your bum?**

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

**25. When were you LAST tested for any STIs (other than HIV)?**

- in the past 3 months  
 4-6 months ago  
 7-12 months ago  
 longer than a year ago  
 never (skip to #27 below)  
 don't know (skip to #27 below)

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

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

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

- Too busy  Stressed out, anxious or depressed  
 Services too far away  The cost (e.g. no health insurance)  
 Hours inconvenient  Wait time for appointment too long  
 Lack of privacy  Services not in my preferred language  
 Lack of professional sensitivity to gay, bi or queer men's health  
 Other, please explain: \_\_\_\_\_  
 No delays or skipped STI testing in the past year

**28. 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

**29. What samples could you self-collect? (check all that apply)**

- Imagine detailed visual and video instructions are provided.*  
 Prick finger for a few blood drops  Swab your throat  
 Pee into a container (urine)  Swab your bum (rectum)  
 I could not self-collect any of the above

## This section is all about blood donation...

**30. Please read the following statements.**

**For each, check off if you were aware of these 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 12 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.

**31. For each of the following statements, indicate how strongly you agree or disagree. MSM = "men who have sex with men".**

**The current deferral policy for MSM is justified**

- Strongly agree  Agree  Disagree  Strongly disagree

**The current deferral policy for MSM is discriminatory**

- Strongly agree  Agree  Disagree  Strongly disagree

**I support a shorter deferral period for MSM (3 months vs. 1 year)**

- Strongly agree  Agree  Disagree  Strongly disagree

**I support a policy that screens all potential donors based on number of sexual partners regardless of their gender**

- Strongly agree  Agree  Disagree  Strongly disagree

**I support a policy that screens all potential donors based on recently having a new sexual partner(s)**

- Strongly agree  Agree  Disagree  Strongly disagree

**I support a policy that screens all potential donors based on specific sex practices with higher risk for HIV transmission**

- Strongly agree  Agree  Disagree  Strongly disagree

**If I were allowed to, I would donate blood in the future**

- Strongly agree  Agree  Disagree  Strongly disagree

## Did you know? The following statements are all TRUE...

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

**Condoms are a reliable way of preventing STI and HIV transmission between sex partners.**

- No, I did not know  Yes, I knew this already

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

- No, I did not know  Yes, I knew this already

**Post-Exposure Prophylaxis ("PEP"): Within 3 days after a sexual risk event an HIV-negative person takes anti-HIV meds for a month that may stop HIV from taking hold in their body.**

- No, I did not know  Yes, I knew this already

**Anti-HIV medications, taken daily by someone living with HIV, can make their HIV viral load undetectable.**

- No, I did not know  Yes, I knew this already

**There is now scientific consensus that someone who remains HIV undetectable cannot pass HIV to their sexual partners. This is known as "Undetectable = Untransmittable" (U=U).**

- No, I did not know  Yes, I knew this already

## Let's chat about Hepatitis C Testing & Care...

**33. When were you LAST tested for Hepatitis C (Hep C)?**

- in the past 3 months  7-12 months ago  
 4-6 months ago  longer than a year ago  
 I have never tested for Hep C (skip to #35)  
 I don't know (skip to #35)

**34. What was the result of your last Hep C test?**

- Negative  Positive  I never received my result

**35. Have you EVER been diagnosed with Hep C?**

**You were told by a healthcare provider that you had Hep C.**

- No (skip to #41 – start of next section)  
 Yes (continue to next question)

**36. What year did you FIRST test positive for Hep C? \_\_\_\_\_**

37. When did you LAST see a doctor about your Hep C care?  
 In last 6 months  More than 1 year ago  
 7-12 months ago  Have never seen a doctor about my Hep C
38. Have you ever received treatment for your Hep C?  
 No (skip to #40)  Yes (continue to next question)
39. What year did you LAST start treatment for Hep C? \_\_\_\_\_
40. Was this last treatment successful? (you no longer have Hep C)  
 No  Yes  I am currently still under treatment

### Let's chat about HIV Testing & Care...

41. When were you LAST tested for HIV?  
 in the past 3 months  7-12 months ago  
 4-6 months ago  longer than a year ago  
 I have never tested for HIV (skip to #43)  
 I don't know (skip to #43)
42. What was the result of your last HIV test?  
 Negative  Positive  I never received my result
43. Have you EVER been diagnosed with HIV?  
 You were told by a healthcare provider that you had HIV.  
 No (skip to #49 – next section)  
 Yes (continue to next question)
44. What year did you FIRST test positive for HIV? \_\_\_\_\_
45. What's your CURRENT risk for passing HIV to someone?  
 Low  High  Don't know
46. When did you last see a doctor about your HIV care?  
 In last 6 months  More than 1 year ago  
 7-12 months ago  Have never seen a doctor about my HIV
47. Are you CURRENTLY taking anti-HIV medications (meds)?  
 No → Have you EVER taken anti-HIV meds?  No  Yes  
 Yes → When was the LAST TIME you missed taking any of your anti-HIV medications?  
 Within the past week  1-3 months ago  
 1-2 weeks ago  more than 3 months ago  
 2-4 weeks ago  I never skip medications

48. What was your most recent HIV viral load test result?  
 Undetectable  I don't know  
 Detectable  I have never had an HIV viral load test

Now skip to the new section on mental health - question #57.

### This section is about HIV PrEP...

49. How would you rate your CURRENT risk for getting HIV?  
 Low  High  I think I already have HIV  Don't know
50. Have you EVER used PrEP?  
 No  
 Yes, but I stopped → Why? \_\_\_\_\_  
 Yes, I'm taking PrEP now! (skip to #53)
51. Are you interested in using PrEP?  
 No  Yes, but I want to know more  
 Unsure  Yes, I want to use PrEP now
52. What stops you from taking PrEP? (check all that apply)  
 I don't think I'll get HIV  Too much testing and clinic visits  
 Costs too much  Judgement by guys in community  
 Can't get a prescription  Judgement by healthcare provider  
 Side effects  No protection from other STIs  
 Don't like taking pills  Something else: \_\_\_\_\_  
 None of the above

### The HIV Incidence Risk Index for MSM...

53. 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.

Questions	Answers	Score
How old are you?	<input type="checkbox"/> <18 years	0
	<input type="checkbox"/> 18-28 years	8
	<input type="checkbox"/> 29-40 years	5
	<input type="checkbox"/> 41-48 years	2
	<input type="checkbox"/> 49+ years	0
How many men have you had sex with in the last 6 months?	<input type="checkbox"/> more than 10	7
	<input type="checkbox"/> 6-10	4
	<input type="checkbox"/> 0-5	0
In the last 6 months, did you have receptive anal sex (you were the bottom) with a man without a condom?	<input type="checkbox"/> Yes	10
	<input type="checkbox"/> No	0
How many of your male sex partners were HIV positive?	<input type="checkbox"/> 0	0
	<input type="checkbox"/> 1	4
	<input type="checkbox"/> >1	8
In the last 6 months, how many times did you have insertive anal sex (you were the top) without a condom with a man who was HIV positive?	<input type="checkbox"/> 0-4 times	0
	<input type="checkbox"/> 5+ times	6
In the last 6 months, have you used methamphetamines (crystal or speed)?	<input type="checkbox"/> Yes	6
	<input type="checkbox"/> No	0
In the last 6 months, have you used poppers (amyl nitrate)?	<input type="checkbox"/> Yes	3
	<input type="checkbox"/> No	0

Add score from each question for your TOTAL: \_\_\_\_\_

Skip to #57 (next section) unless you are currently using PrEP.

54. How are you using PrEP?  
 daily  on-demand  other: \_\_\_\_\_
55. How long have you been using PrEP?  
 \_\_\_ months \_\_\_ years
56. How many days did you take PrEP in the PAST 4 WEEKS?  
 \_\_\_\_\_ of 28 days

### Now let's chat about mental health...

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

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Depression                   | <input type="checkbox"/> Eating disorders      |
| <input type="checkbox"/> Anxiety                      | <input type="checkbox"/> Body image            |
| <input type="checkbox"/> Coming out                   | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Gender dysphoria/transition  | <input type="checkbox"/> Suicidal thoughts     |
| <input type="checkbox"/> Other, please specify: _____ |  |
| <input type="checkbox"/> None of the above            |  |

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

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

**This next section is about substance use...**

**60. Have you used any substances (alcohol or drugs) in the PAST 6 MONTHS?**

- No (skip to #62 below)  
 Yes (continue to next question)

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

	Used in past 6 months?	Used with sex?
Alcohol (5+ drinks within 2 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco/cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/weed/hash/pot/grass	<input type="checkbox"/>	<input type="checkbox"/>
Poppers/amy1	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine/Special K	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy/MDMA	<input type="checkbox"/>	<input type="checkbox"/>
Crystal meth/Tina	<input type="checkbox"/>	<input type="checkbox"/>
Erection drugs (e.g., Viagra, Cialis)	<input type="checkbox"/>	<input type="checkbox"/>
Crack, free base	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (smack)	<input type="checkbox"/>	<input type="checkbox"/>
Other prescription opioids (e.g., Percocet, Dialudid, OxyContin)	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>
GHB/"G"	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilizers or benzos (e.g, Valium, Xanax)	<input type="checkbox"/>	<input type="checkbox"/>
Psychedelics (e.g, LSD, mescaline, acid, mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>
Non-medicinal steroids	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

- Needle exchange  
 Harm reduction supplies (e.g. free pipes, straws)  
 Supervised injection/consumption site  
 Naloxone/NARCAN→ was used  on me,  on someone else  
 Detox or drug treatment facility  
 Sweat Lodge or other cultural traditions  
 Other substance use service/resource: \_\_\_\_\_  
 None of the above

**Next we'll ask about your connections & social life...**

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

- Personal voluntary action, neighbourhood support, elder care  
 Gay activism, organization, or cultural activities  
 LGTBQ2S+ sport leagues or recreational activities  
 HIV advocacy, AIDS service organization  
 Civic (non-LGBTQ2S+) activism, charity, or cultural activities  
 Political organizing, advocacy, party membership  
 Pop-ups (queer dance party, art show, etc.)  
 Ethnoracial community groups, activities  
 I am not involved in any of the above

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

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

**66. Are you satisfied with...**

- Your connection to LGTBQ2S+ communities?**  
 No     Unsure     Yes     Not applicable  
**Your connection to gay, bi and queer men?**  
 No     Unsure     Yes     Not applicable  
**Physical spaces to meet guys (e.g. bars, clubs)?**  
 No     Unsure     Yes     Not applicable  
**Online spaces to meet guys (e.g. apps/websites)?**  
 No     Unsure     Yes     Not applicable

**Next, let's talk about your general health and care...**

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

- No (skip to #69 below)  
 Yes

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

- No     Unsure     Yes     Not applicable

**69. Have you EVER been vaccinated against the following?**

- Hepatitis B Virus:**                     No     Unsure     Yes  
**Human Papilloma Virus (HPV):**  No     Unsure     Yes

**70. Testicular cancer is the most common cancer in men with balls aged 15-35. It very treatable, especially if caught early.**

**Do you follow recommendations to check your balls for hard lumps or irregularities once a month?**

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

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

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

**Now some questions on discrimination and violence...**

*The following questions are important but may be uncomfortable or triggering. They will ask you about discrimination, abuse and rape. Remember, you can skip any questions you prefer not to answer.*

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

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

*If you are under the age of 18, skip to #75. Otherwise continue.*

**73. 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

**74. Has anyone EVER forced sex on you? (check all that apply)**

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

**75. Have you EVER spent time in a correctional facility?**

**For example, a jail, corrections, or prison. ( ) No ( ) Yes**

**Finally, let's chat just about your sex with men...**

*We define sex as any physical contact that you felt was sexual.*

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

\_\_\_\_ years old ( ) I've never had sex with a man (*skip to #82*)

**77. In the PAST 6 MONTHS how many men have you had sex with? \_\_\_\_\_** (*provide your best guess*)

**Of those, how many did you have anal sex with? \_\_\_\_\_**

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

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

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

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

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

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

**81. The sex act I enjoy the most is...**

- Bottoming
- Getting rimmed
- Flip fucking
- Rimming
- Topping
- Sex? No thank-you.
- Giving head (oral)
- Something else? Let us know!
- Getting head (oral)

**82. Who is your gay, bi, queer, Two-Spirit or trans role model?**

**Thanks for doing Sex Now 2018 with us!**  
***Please let a study team member know you're done.***