

# **American Men's Internet Survey (AMIS) 2015:** Online HIV Behavioral Survey of Men Who Have Sex with Men



EMORY

ROLLINS  
SCHOOL OF  
PUBLIC  
HEALTH

**For data requests and additional information:**

**Email:** [amis@emory.edu](mailto:amis@emory.edu)

**Phone:** 404-727-8799

**Address:** PRISM Health  
1518 Clifton Road NE  
Atlanta, Georgia 30322

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## Landing page



**Join over 10,000 men in the U.S. by taking our annual sexual health survey!**



**"Sex is the Question" collects information to help researchers better understand patterns of behavior – both sexual and health promoting – among men and to help ensure prevention resources have the greatest impact for the community. Click or tap the arrow or "Next" button below to be a part of this national effort!**

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## Eligibility Screener

**How old are you?\***

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**Since October 2014, did you already complete at least part of Sex is the Question?**

- No
- Yes
- I prefer not to answer
- Don't know

**Do you consider yourself to be Hispanic or Latino?\***

- No
- Yes
- I prefer not to answer
- Don't know

**Which racial group or groups do you consider yourself to be in? Check all that apply.\***

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- I prefer not to answer
- Does not apply
- Don't know

**What ZIP code do you live in?\***

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**Do you consider yourself to be male, female, or transgender?\***

- Male
- Female
- Transgender
- Don't know
- Prefer not to answer

**Have you ever had vaginal sex (penis in the vagina) or anal sex (penis in the butt) with a woman?\***

- No
- Yes
- I prefer not to answer
- Don't know

**Have you ever had oral sex (mouth on the penis) with a man?\***

- No
- Yes
- I prefer not to answer
- Don't know

**Have you ever had anal sex (penis in the butt) with a man?\***

- No
- Yes
- I prefer not to answer
- Don't know

**Do you consider yourself to be:**

- Homosexual or Gay
- Heterosexual or Straight
- Bisexual
- I prefer not to answer
- Don't know

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## Consent



**Thank you for your interest in our survey. Please note:**

- 1. Your answers are confidential: we don't have any information about who you are beyond the questions you answer.**
- 2. This survey includes some personal questions. You can choose to not answer any questions that make you feel uncomfortable.**
- 3. If you agree to be in this study, you will first be screened to see if you qualify to be in the study. If you qualify, you will be given the opportunity to complete the survey.**

**If you have any questions or comments you may contact the research staff at [sexisthequestion@emory.edu](mailto:sexisthequestion@emory.edu).**

**Please read the information below about the study, and indicate whether you consent to participate in the study. \***

- I consent to participate in the survey.
- I do not consent to participate in the survey.

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## Demographics

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

- Never attended school
- Less than high school
- Some high school
- High school diploma or GED
- Some college, Associate's Degree, or Technical Degree
- College, post graduate or professional school
- I prefer not to answer
- Don't know

**What was your household income last year from all sources before taxes? That is, the total amount of money earned and shared by all people living in your household.**

- \$0 to \$19,999 annually (\$0 to \$1667 monthly)
- \$20,000 to \$39,999 annually (\$1668 to \$3333 monthly)
- \$40,000 to \$74,999 annually (\$3334 to \$6250 monthly)
- \$75,000 or more annually (\$6251 or more monthly)
- I prefer not to answer
- Don't know

**Including yourself, how many people depend on this income?**

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**How many of your dependents are under the age of 18?**

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**In the past month:**

**Did you stay in a motel or hotel because you had nowhere else to sleep?**

- No
- Yes
- I prefer not to answer
- Don't know

**In the past month:**

**Did you double up or stay overnight with friends, relatives, or someone you didn't know well because you didn't have a regular, adequate, and safe place to stay at night?**

- No
- Yes
- I prefer not to answer
- Don't know

**In the past month:**

**Did you stay in a shelter or other facility that provides short-term housing for people who do not have their own place to sleep?**

- No
- Yes
- I prefer not to answer
- Don't know

**In the past month:**

**Did you stay overnight in a car, park, public place, abandoned building, bus or train station, or airport because you didn't have a regular, adequate, and safe place to sleep?**

- No
- Yes
- I prefer not to answer
- Don't know



**What kind of health insurance or health care coverage do you currently have?**

**Health insurance--health plans people get through employment or purchased directly as well as government programs (like Medicare and Medicaid) that provide medical care or help pay medical bills.**

**Choose all that apply:**

- A private health plan purchased through an employer
- A private health plan purchased through an exchange (i.e. Obamacare)
- Medicaid or Medicare
- Some other Medical Assistance program
- TRICARE (CHAMPUS)
- Veterans Administration coverage
- Some other health care plan
- I don't currently have any health insurance
- I prefer not to answer
- Don't know

**In the past 12 months, have you seen a doctor, nurse, or other health care provider about your own health?**

- No
- Yes
- I prefer not to answer
- Don't know

**At any of those times you were seen by a doctor or health care provider, were you offered an HIV test? An HIV test checks whether someone has the virus that causes AIDS.**

- No
- Yes
- I prefer not to answer
- Don't know

**Did your doctor or health care provider talk to you about sex (gay or straight) or sexual health?**

- No
- Yes
- I prefer not to answer
- Don't know

**Do you consider yourself to be:**

- Heterosexual or "Straight"
  - Homosexual or Gay
  - Bisexual
  - I prefer not to answer
  - Don't know
- 

## **Outness**

**Have you ever told anyone that you are attracted to or have sex with men?**

- No
- Yes
- I prefer not to answer
- Don't know

**Who of the following people have you told that you are attracted to or have sex with men?**

	<b>No</b>	<b>Yes</b>	<b>Does not apply</b>
Gay, lesbian, or bisexual friends	( )	( )	( )
Friends who are not gay, lesbian, or bisexual	( )	( )	( )
Family members	( )	( )	( )
Health care provider	( )	( )	( )
Employer	( )	( )	( )
Fellow employees	( )	( )	( )

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## **Marriage**

**Have you ever been legally married?**

- ( ) Yes
- ( ) No

**Are you currently legally married?**

- ( ) Yes
- ( ) No

**What is the gender of the partner to whom you are legally married?**

- ( ) Male
- ( ) Female
- ( ) Transgender (Male-to-Female)
- ( ) Transgender (Female-to-Male)

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## **Sexual Behavior: Female Sex Partners**

**The next questions are about having sex with women. For these questions, "having sex" means oral, vaginal, or anal sex. Oral sex means mouth on the vagina or penis; vaginal sex means penis in the vagina; and anal sex means penis in the anus (butt).**

**In the past 12 months (since [MONTH/YEAR]), what types of sex have you had with a woman? (Check all that apply.)**

- Oral sex
  - Vaginal sex
  - Anal sex
  - Some other type of sex
  - I have not had any type of sex with a woman in the past 12 months
  - Prefer not to answer
  - Don't know
- 

## **Sexual Behavior: Female Sex Partners**

**These next questions are about the last time you had oral, vaginal or anal sex with a woman.**

**Was the woman you had sex with that last time a main partner (someone you felt committed to above anyone else) or a casual partner (someone you didn't feel committed to or don't know very well)?**

- Main sex partner
- Casual sex partner
- I prefer not to answer
- Don't know

**When you had sex that last time, did you have either vaginal or anal sex?**

- No
- Yes
- I prefer not to answer
- Don't know

**The last time you had sex with a woman, did you have either vaginal or anal sex without using a condom?**

- No
- Yes
- I prefer not to answer
- Don't know

**The last time you had sex with this partner, did you know her HIV status?**

- No
- Yes
- I prefer not to answer

**What was her HIV status?**

- HIV-negative
- HIV-positive
- Indeterminate
- I prefer not to answer

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## Sexual Behavior: Male Sex Partners

The next questions are about having sex with men. For these questions, "having sex" means oral or anal sex. Oral sex means he put his mouth on your penis or you put your mouth on his penis. Anal sex means you put your penis in his anus (butt) or he put his penis in your anus (butt).

How old were you the first time you had oral sex (mouth on the penis) with a man?

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How old were you the first time you had anal sex (penis in the butt) with a man?

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Do you consider yourself to be a top, bottom, or versatile?

- Top
- Bottom
- Versatile
- I prefer not to answer
- Don't know

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In the past 12 months, what types of sex have you had with other men?

- Oral sex
- Anal sex
- Some other type of sex
- I have not had any type of sex with a man in the past 12 months
- I prefer not to answer
- Don't know

Please specify other type of sex:

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**In the past 12 months, since [MONTH/YEAR], with how many different men have you had oral or anal sex?**

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**In the past 12 months, since [MONTH/YEAR], with how many different men have you had anal sex?**

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**In the past 12 months, since [MONTH/YEAR], with how many different men have you had oral sex?**

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**Of the [question("value"), id="233"] men you had oral or anal sex with in the past 12 months, how many of them did you have anal sex with?**

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**In the past 12 months, did you have anal sex without using a condom?**

- No
- Yes
- I prefer not to answer
- Don't know

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**In the past 12 months, with how many of these [NUMBER] male anal sex partners did you have anal sex without using a condom?**

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**In the past 12 months, with how many of these [NUMBER] male anal sex partners did you have anal sex without using a condom?**

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## **Sexual Behavior: Male Sex Partners (1 Partner)**

**In the past 12 months, this male partner was a:**

- Main partner (someone you felt committed to above anyone else)
- Casual partner (someone you didn't feel committed to or don't know very well)
- I prefer not to answer
- Don't know

**Did you know his HIV status?**

- No
- Yes
- I prefer not to answer

**What was his HIV status?**

- HIV-negative
  - HIV-positive
  - Indeterminate
  - I prefer not to answer
- 

## **Sexual Behavior: Male Sex Partners (>1)**

**In the past 12 months, the [NUMBER] male partners you told us about were:**

- Only main partners (you felt committed to above anyone else)
- Only casual partners (you didn't feel committed to or don't know very well)
- Both main and casual partners
- I prefer not to answer
- Don't know



**In the past 12 months, did you have anal sex without using a condom with a man whose HIV status you did not know?**

- No
- Yes
- I prefer not to answer
- Don't know

**Was this with a main or casual partner?**

- Main partner
- Casual partner
- Both main and casual partners
- I prefer not to answer
- Don't know

**In the past 12 months, did you have anal sex without using a condom with a man who was HIV positive?**

- No
- Yes
- I prefer not to answer
- Don't know

**Was this with a main or casual partner?**

- Main partner
- Casual partner
- Both main and casual partners
- I prefer not to answer
- Don't know

**In the past 12 months, did you have anal sex without using a condom with a man who was HIV negative?**

- No
- Yes
- I prefer not to answer
- Don't know

**Was this with a main or casual partner?**

- Main partner
  - Casual partner
  - Both main and casual partners
  - I prefer not to answer
  - Don't know
- 

## **Sexual Behavior: Male Sex Partners (Last Sex)**

**In the next few screens, we're going to ask some questions about your most recent male sex partner--that is, the last guy you had sex with.**

**To make the questions easier to ask, we'd like you to enter in this partner's initials or a nickname that is not his real name. If you prefer to leave his initials blank, we will refer to him as "your last partner".**

**What are the initials of or a nickname for your last male sex partner?**

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## **Sexual Behavior: Male Sex Partners (Last Sex)**

**When was the last time you had either oral or anal sex with [INITIALS/NICKNAME]?**

**Month:**

- January
- February
- March
- April
- May
- June
- July
- August

- September
- October
- November
- December

Year:: \_\_\_\_\_

**Was [INITIALS/NICKNAME] a main partner (someone you felt committed to above anyone else) or a casual partner (someone you didn't feel committed to or don't know very well)?**

- Main sex partner
- Casual sex partner
- I prefer not to answer
- Don't know

**That last time you had sex with [INITIALS/NICKNAME], did you have receptive anal sex where he put his penis in your anus (you were the bottom)?**

- No
- Yes
- I prefer not to answer
- Don't know

**During that last time you had receptive anal sex, did [INITIALS/NICKNAME] use a condom?**

- No
- Yes, but not the whole time
- Yes, the whole time
- I prefer not to answer
- Don't know

**When you had sex that last time, did you have insertive anal sex where you put your penis in his anus (you were the top)?**

- No
- Yes
- I prefer not to answer
- Don't know

**During insertive anal sex that last time, did you use a condom?**

- No
  - Yes, but not the whole time
  - Yes, the whole time
  - I prefer not to answer
  - Don't know
- 

**The last time you had sex with [INITIALS/NICKNAME], did you know his HIV status?**

- No
- Yes
- I prefer not to answer

**What was [INITIALS/NICKNAME]'s HIV status?**

- HIV-negative
  - HIV-positive
  - Indeterminate
  - I prefer not to answer
- 

**What was [INITIALS/NICKNAME]'s age?**

- 19 years or younger
- 20 to 24 years
- 25 to 29 years
- 30 to 34 years
- 35 to 39 years
- 40 to 44 years
- 45 to 49 years
- 50 to 54 years
- 55 to 59 years
- 60 to 64 years
- 65 to 69 years
- 70 to 74 years

- 75 to 79 years
- 80 years or older
- Don't know
- Prefer not to answer

**Was [INITIALS/NICKNAME] younger than you, older than you, or the same age as you?**

- Younger
- Older
- Same age
- I prefer not to answer
- Don't know

**Which of the following best describes [INITIALS/NICKNAME]'s ethnic background?**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White
- I prefer not to answer
- Don't know

**As far as you know, has [INITIALS/NICKNAME] ever injected drugs like heroin, cocaine, or speed?**

**Would you say he:**

- Definitely did not
- Probably did not
- Probably did
- Definitely did
- I prefer not to answer
- Don't know

**As far as you know, has [INITIALS/NICKNAME] ever used crystal meth (tina, crank, ice)?**

- Definitely did not
- Probably did not
- Probably did
- Definitely did
- I prefer not to answer
- Don't know

**Did you have sex with [INITIALS/NICKNAME] one time ('one night stand'), or more than one time?**

- One time
- More than one time
- I prefer not to answer
- Don't know

**How long have you been having a sexual relationship with [INITIALS/NICKNAME]?**

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- Days
- Months
- Years

**Do you expect to have sex with [INITIALS/NICKNAME] again?**

- Yes
  - No
  - Don't know
  - I prefer not to answer
-

**As far as you know, during the time you were having a sexual relationship with [INITIALS/NICKNAME], did he have sex with other people?**

**Would you say he:**

- Definitely did not
- Probably did not
- Probably did
- Definitely did
- I prefer not to answer
- Don't know

**During the time you were having a sexual relationship with [INITIALS/NICKNAME], did you have sex with other people?**

- No
  - Yes
  - I prefer not to answer
  - Don't know
- 

**Where did you first meet [INITIALS/NICKNAME]?**

- Work
- School
- House party
- Mobile phone app (such as a gay chat, dating or hookup app)
- Internet
- Bar/Club
- Circuit party or rave
- Public sex environment (such as a bathhouse, sex club, sex resort, cruising area, private sex party, or adult bookstore)
- Place of worship (such as a church, synagogue, mosque)
- Other: \_\_\_\_\_
- I prefer not to answer
- Don't know

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## **Partnership agreements for main partners**

**You indicated earlier that one or more of your male sexual partners was a main partner, someone you felt committed to above anyone else. The next set of questions are about your relationship with this person. If you have or had more than one main partner in the past 12 months, the questions are about the main partner you most recently had sex with.**

**To make the questions easier to ask, we'd like you to enter in this partner's initials or a nickname that is not his real name. If you prefer to leave his initials blank, we will refer to him as "your main partner".**

**What are the initials of or a nickname for your most recent male main partner?**

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## **Partnership agreements for main partners, contd**

**What is your current agreement, if any, that you and [INITIALS/NICKNAME] have about having sex with partners outside of your relationship?**

- Neither of us can have any sex with any outside partners
- We can have sex with outside partners, but with some conditions or restrictions that make it safer (for example, always using condoms OR refraining from certain acts OR knowing someone's HIV status)
- We can have sex with outside partners, without any conditions or restrictions
- We have no agreement
- I prefer not to answer
- Don't know



**How long have you and [INITIALS/NICKNAME] had this agreement?**

- Less than three months
- Three to six months
- 6 months – 1 year
- One to two years
- Two to three years
- Three to four years
- Four to five years
- More than 5 years
- I prefer not to answer
- Don't know

**For each of the following, please indicate if this act IS allowed, IS NOT allowed, or if you do not have an agreement with [INITIALS/NICKNAME] about this act.**

	<b>Allowed</b>	<b>Not allowed</b>	<b>No agreement</b>	<b>Don't know</b>
You topping someone else <b>WITHOUT</b> a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You bottoming someone else <b>WITHOUT</b> a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You topping someone else <b>WITH</b> a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You bottoming someone else <b>WITH</b> a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How many times in the past 12 months have you broken your current agreement with [INITIALS/NICKNAME]? Please enter "0" if this has not happened in the past 12 months.**

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**During the times that you broke your agreement with [INITIALS/NICKNAME], which of the following did you do? Check all that apply.**

- Receptive anal sex (you bottomed with someone else)
- Insertive anal sex (you topped with someone else)
- Some other kind of sex

**During the times that you had anal sex outside of your agreement, how often was it fully protected by a condom? This means that you or your partner used a condom throughout the entire sex act and the condom did not break or come off.**

- Never
- Rarely
- Sometimes
- Often
- Always
- Prefer not to answer
- Don't know

**To your knowledge, how many times in the past 12 months has [INITIALS/NICKNAME] broken your current agreement? Please enter "0" if this has not happened in the past 12 months.**

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**In the past 12 months, have you exchanged things like money or drugs for sex with a male partner? Check all that apply.**

- No
- Yes, I gave a sex partner things like drugs or money for sex
- Yes, a sex partner gave me things like drugs or money for sex
- I prefer not to answer
- Don't know

**In the past 12 months, how often have you gone to a place (not online) where gay men hangout, meet or socialize? These could include bars, clubs, social organizations, parks, gay businesses, bookstores, sex clubs, etc.**

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- Never
- I prefer not to answer
- Don't know

**In the past 12 months, have you used any of following kinds of internet sites to meet or socialize with gay men?**

- Social network websites (such as Facebook)
- Dating websites directed towards gay men
- Mobile phone apps (such as gay chat, dating and hookup apps)
- None of the above
- I prefer not to answer
- Don't know

**In the past 12 months, how often did you use social network websites (such as Facebook) to meet or socialize with gay men?**

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- Never
- I prefer not to answer
- Don't know

**In the past 12 months, how often have you used dating websites directed towards gay men to meet or socialize with gay men?**

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- Never
- I prefer not to answer
- Don't know

**In the past 12 months, how often did you use mobile phone apps (such as gay chat, dating and hookup apps) to meet or socialize with gay men?**

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- Never
- I prefer not to answer
- Don't know

**How satisfied are you with your current sex life?**

- Very satisfied
  - Satisfied
  - Unsure
  - Dissatisfied
  - Very Dissatisfied
  - Don't know
  - I prefer not to answer
-

## **Substance Use: Injection Drug Use**

**The next screens are about injection drug use. This means injecting drugs yourself or having someone who isn't a health care provider inject you.**

**Have you ever in your life shot up or injected any drugs other than those prescribed for you? By shooting up, we mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.**

- No
- Yes
- I prefer not to answer
- Don't know

**In the past 12 months, on average, how often did you inject?**

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- Never
- I prefer not to answer
- Don't know

**Which drug do you inject most often?**

- Speedball - Heroin and cocaine together
- Heroin, by itself
- Cocaine, by itself
- Crack
- Crystal, meth, tina, crank, ice
- Something else (Specify)
- I prefer not to answer
- Don't know

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## Substance Use: Non-Injection Drug Use

**The next questions are about drugs that you may have used but did not inject.**

**In the past 12 months, have you used any non-injection drugs (drugs you did not inject), other than those prescribed for you.**

- No
- Yes
- I prefer not to answer
- Don't know

**In the past 12 months, which drugs that were not prescribed to you did you use? (Check all that apply.)**

- Marijuana
- Powdered cocaine (smoked or snorted)
- Poppers (amyl nitrate)
- X or Ecstasy
- Painkillers (Oxycontin, Vicodin, Percocet)
- Downers (Valium, Ativan, Xanax)
- Crystal meth (tina, crank, ice)
- Hallucinogens (LSD, mushrooms)
- Special K (ketamine)
- GHB
- Crack cocaine
- Other drug: \_\_\_\_\_
- Heroin (smoked or snorted)
- I prefer not to answer
- Don't know

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## Drug use frequency

**In the past 12 months, how often did you use [question("piped title")]?**

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

**In the past 12 months, have you been prescribed marijuana and had it filled at a legal dispensary?**

- No
- Yes
- I prefer not to answer
- Don't now

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## Alcohol and Drugs at last sex

**Before or during the last time you had sex with [INITIALS/NICKNAME], did you use:**

- Alcohol
- Drugs
- Both alcohol and drugs
- Neither one
- I prefer not to answer
- Don't know

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**For the next question, a drink of alcohol is a 12 oz beer, a 5 oz glass of wine, or a 1.5 oz. shot of liquor. A 40 oz beer would count as 3 drinks. A cocktail with 2 shots would count as 2 drinks.**



1 Regular Beer  
12 oz.

1 Glass of Wine  
5 oz.

1 Shot of Liquor  
(Whisky, Vodka, Gin, etc.)  
1.5 oz.

**Before or during sex the last time you had sex with [INITIALS/NICKNAME], how many alcoholic drinks did you have?**

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**The last time you had sex with [INITIALS/NICKNAME], which drugs did you use? Check all that apply.**

Other drug: \_\_\_\_\_

I prefer not to answer

Don't know



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## **HIV Testing**

**Have you ever been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS.**

- No
- Yes
- I prefer not to answer
- Don't know

**In the past 2 years, that is since [MONTH/YEAR], how many times have you been tested for HIV?**

---

**When did you have your most recent HIV test?**

**Month:**

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- Don't know
- Prefer not to answer

**Year::** \_\_\_\_\_

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**Have you had an HIV test in the past 12 months (since [MONTH/YEAR])?**

- Yes
- No
- Don't know
- I prefer not to answer

**When you got tested in [MONTH/YEAR OF LAST HIV TEST] where did you get tested?**

- Private doctor's office
  - HIV counseling and testing site
  - Public health clinic/community health clinic
  - Street outreach program/mobile unit
  - Sexually transmitted disease clinic
  - Hospital (inpatient)
  - Correctional facility (jail or prison)
  - Emergency room
  - At home
  - Other
  - I prefer not to answer
  - Don't know
- 

## **HIV Status**

**What was the result of your most recent HIV test?**

- Negative
- Positive
- Never obtained results
- Indeterminate
- I prefer not to answer
- Don't know

**Before your test in [MONTH/YEAR OF LAST HIV TEST], did you ever test positive for HIV?**

- No
- Yes
- I prefer not to answer
- Don't know

**Was your test in [MONTH/YEAR OF LAST HIV TEST] your first positive test?**

- No
- Yes
- I prefer not to answer
- Don't know

**When did you first test positive?**

**Month**

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Year: \_\_\_\_\_

**Are you currently taking antiretroviral medicines to treat your HIV infection?**

- No
- Yes
- I prefer not to answer
- Don't know

**What is the main reason you are not currently taking any antiretroviral medicines?**

- Not currently going to a health care provider for my HIV
  - CD4 count and viral load are good
  - Don't have money or insurance for antiretroviral medicines
  - Don't want to take antiretroviral medicines
  - Other
  - I prefer not to answer
  - Don't know
- 

## **At-home HIV Testing**

**A home HIV test is one that you can use to test yourself for HIV at home or another private location.**

**Have you ever heard about home HIV tests?**

- No
- Yes
- I prefer not to answer

**Have you ever used a home HIV test?**

- No
- Yes
- I prefer not to answer

**In the past 12 months, how many times have you tested yourself with a home HIV test?**

---

**In the past 12 months, which of these home HIV tests have you used? Check all that apply.**

Home Access HIV- Test System (where you prick your finger, collect a blood sample on a card, and mail that card to a lab for testing)

Oraquick In-Home HIV Test (where you collect your own oral fluid sample by swabbing your mouth, use the testing device yourself, and read the test results within 20 minutes)

Other rapid HIV test (please specify):

---

Don't know

I prefer not to answer

**Under which circumstances did you use the home HIV test? Check all that apply.**

I used it to test myself regularly

I used it to test myself before having sex with a new partner

I asked my sex partner to test himself/herself before having sex with me

I used it to test myself after having sex with someone I knew was HIV negative

I used it to test myself after having sex with someone I knew was HIV positive OR whose HIV status I did not know

I prefer not to answer

Don't know

Other: \_\_\_\_\_

---

## Home Testing

**You mentioned you used [question("piped title")] to test yourself for HIV. Where did you get the home HIV test(s)? Check all that apply.**

Bought Online

From a pharmacy

From a friend

From a sex partner

From my doctor's office

From an HIV counseling and testing site

From a Health Department

From another research study

- Other location or person (Specify (do not include someone's name))
  - I prefer not to answer
  - Don't know
- 

## **Questions requested by CDC Prevention for 2013**

**How sure are you that you could get an HIV test within the next 3-6 months if you wanted to?**

- Very sure I could not
- Somewhat sure I could not
- Slightly sure I could
- Somewhat sure I could
- Very sure I could
- I prefer not to answer
- Refuse to answer

**How likely is it that you will get an HIV test within the next 3-6 months?**

- Very unlikely
- Somewhat unlikely
- Slightly likely
- Somewhat likely
- Very likely
- I'd prefer not to answer
- Refuse to answer

**Do you agree or disagree with the following statement:**

**Most gay men I know get tested for HIV at least every 3-6 months**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

- I prefer not to answer
  - Don't know
- 

## **PrEP**

**Pre-exposure prophylaxis (PrEP) is taking an antiretroviral pill, also called Truvada, every day for months or years to reduce a persons chance of getting HIV.**

**Before today, have you ever heard of people who do not have HIV taking PrEP, the antiretroviral medicine taken every day for months or years to reduce the risk of getting HIV?**

- No
- Yes

**Before today, have you ever heard of people who do not have HIV taking PrEP?**

- No
- Yes
- Don't know
- I prefer not to answer

**Before today, have you ever heard of PrEP?**

- No
- Yes
- Don't know
- I prefer not to answer

**In the past 12 months, have you had a discussion with a health care provider about taking PrEP?**

- No
- Yes
- Don't know
- I prefer not to answer

**In the past 12 months, when you discussed taking PrEP with a health care provider, did you receive the medicine or a prescription for the medicine?**

- No
- Yes
- Don't know
- I prefer not to answer

**In the past 12 months, have you taken PrEP to reduce the risk of getting HIV?**

- No
- Yes
- Don't know
- Prefer not to answer

**When you were on PrEP in the past 12 months, how frequently were you taking PrEP?**

- Less than every day
- Every day
- Don't know
- Prefer not to answer

**When you were on PrEP in the past 12 months, how many months in a row were you taking it?**

- Less than 2 months
- 2 to 6 months
- 7 to 12 months
- Don't know
- Prefer not to answer



---

**PrEP stands for pre-exposure prophylaxis. It involves a healthy person taking a pill used to treat HIV in order to prevent being infected with HIV. The pills have to be taken once a day, every day. Some people who take these pills experience side effects. These may include nausea and weight loss, which usually go away after the first month. In rare cases, taking the pill for long periods may damage the kidneys. The medication is prescribed by a doctor. Taking this medication provides only partial protection against HIV infection. So, a person on the medication should still practice other HIV prevention strategies like using condoms every time. For people who take the pill every day, studies have shown that it provides up to 90% protection against HIV infection.**

**Would you be willing to take anti-HIV medicines every day to lower your chances of getting HIV?**

- No
  - Yes
  - I prefer not to answer
  - Don't know
- 

## **PEP**

**Post-exposure prophylaxis (PEP) is taking antiretroviral pills for 28 days after a person has had a single high-risk exposure to HIV.**

**In the past 12 months, have you taken PEP to reduce the risk of getting HIV?**

- No
- Yes
- Don't know
- I prefer not to answer

---

## Conversations with partners - HIV Positive respondents

**These next questions are about conversations you may have had with your main partner.**

**In the last 6 months, how many times have you talked with [INITIALS/NICKNAME] about:**

	<b>Never</b>	<b>1-2 times</b>	<b>3-4 times</b>	<b>5 or more times</b>
Your antiviral medication adherence	( )	( )	( )	( )
Your viral load or viral suppression	( )	( )	( )	( )
Scheduling your HIV provider visits	( )	( )	( )	( )
Attending your HIV provider visits	( )	( )	( )	( )
PrEP to protect [INITIALS/NICKNAME]? Pre-exposure prophylaxis (PrEP) is taking an antiretroviral pill, also called Truvada, every day for months or years to reduce a persons chance of getting HIV.	( )	( )	( )	( )

**In the last 6 months, how many times have you talked with [INITIALS/NICKNAME] about:**

	<b>Never</b>	<b>1-2 times</b>	<b>3-4 times</b>	<b>5 or more times</b>
PrEP to protect [INITIALS/NICKNAME]? Pre-exposure prophylaxis (PrEP) is taking an antiretroviral pill, also called Truvada, every day for months or years to reduce a persons chance of getting HIV.	( )	( )	( )	( )
Your antiviral adherence to protect [INITIALS/NICKNAME]?	( )	( )	( )	( )
Consistent condom use to protect [INITIALS/NICKNAME]?	( )	( )	( )	( )
HIV testing or test results for [INITIALS/NICKNAME]?	( )	( )	( )	( )
[INITIALS/NICKNAME] refraining from receptive anal sex (bottoming)?	( )	( )	( )	( )

---

## Conversations with partners - HIV negative respondents

**These next questions are about conversations you may have had with your main partner.**

**In the last 6 months, how many times have you talked with [INITIALS/NICKNAME] about:**

	<b>Never</b>	<b>1-2 times</b>	<b>3-4 times</b>	<b>5 or more times</b>
[INITIALS/NICKNAME]'s antiviral medication adherence	( )	( )	( )	( )
[INITIALS/NICKNAME]'s viral load or viral suppression	( )	( )	( )	( )
Scheduling [INITIALS/NICKNAME]'s HIV provider visits	( )	( )	( )	( )
Attending [INITIALS/NICKNAME]'s HIV provider visits	( )	( )	( )	( )
PrEP to protect you?	( )	( )	( )	( )
Consistent condom use to protect you?	( )	( )	( )	( )
HIV testing or your test results?	( )	( )	( )	( )
You refraining from receptive anal sex (bottoming)?	( )	( )	( )	( )

---

## Acute Infection

**This next question is about your understanding of HIV infection.**

**Do you think that after a person is infected with HIV, they can show symptoms within a month of being infected?**

- No
  - Yes
  - Don't know
- 

## Stigma – randomized module 1

**During the past 12 months, have any of the following things happened to you because someone knew or assumes you were attracted to men?**

	No	Yes	I prefer not to answer	Don't Know
You were called names or insulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You received poorer services than other people in restaurants, stores, other businesses or agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were treated unfairly at work or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were denied or given lower quality health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were physically attacked or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How strongly do you agree or disagree with the following statement: "Most people in my area are tolerant of gays and bisexuals."**

- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
  - I prefer not to answer
  - Don't know
- 

## **Stigma – randomized module 1, continued**

**How strongly do you agree or disagree with each statement below?**

**Most people in my area would discriminate against someone with HIV.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I prefer not to answer
- Don't know

**Most people in my area would support the rights of a person with HIV to live and work wherever they wanted to.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I prefer not to answer
- Don't know

**Most people in my area would not be friends with someone with HIV.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I prefer not to answer
- Don't know

**Most people in my area would think that people who got HIV through sex or drug use have gotten what they deserve.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I prefer not to answer
- Don't know

---

## Stigma – randomized module 2

The next questions are about things you may have ever experienced because someone knew or assumed you have sex with men.

	Yes	No	Doesn't Apply	I prefer not to answer	Don't know
Have you ever felt excluded from family gatherings because you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt that family members have made discriminatory remarks or gossiped about you because you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt rejected by your friends because you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt afraid to go to health care services because you worry someone may learn you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt that health care providers did not treat you well or gave you lower quality care because you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever avoided going to health care services because you worried someone may learn you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever heard health care providers make discriminatory remarks or gossip about you because you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Have you ever felt that the police refused to protect you because you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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## Stigma – randomized module 2, continued

The next questions are about things you may have ever experienced because someone knew or assumed you have sex with men.

	Yes	No	I prefer not to answer	Don't know
Have you ever felt scared to walk around in public places because you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been verbally harassed because you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been blackmailed by someone because you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been physically aggressed (pushed, shoved, slapped, hit, kicked, choked or physically hurt) because you have sex with men?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been forced to have sex when you did not want to? By forced, I mean physically forced, coerced to have sex, or penetrated with an object when you did not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Sometimes parents or other adults hurt children.**

**While you were growing up, that is, in your first 18 years of life, how often did a parent, stepparent or adult living in your home:**

	<b>Never</b>	<b>Once or twice</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very often</b>	<b>I prefer not answer</b>	<b>Don't know</b>
Push, grab, slap, or throw something at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hit you so hard that you had marks or were injured?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

**Some people, while they are growing up in their first 18 years of life, had a sexual experience with an adult or someone at least 5 years older than themselves. These experiences may have involved a relative, family friend, or stranger.**

**During the first 18 years of life, did an adult, relative, family friend, or stranger ever:**

**Touch or fondle your body in a sexual way?**

- No
- Yes
- I prefer not answer
- Don't know

**Have you touch their body in a sexual way?**

- No
- Yes
- I prefer not answer
- Don't know

**Attempt to have any type of sexual intercourse (oral or anal) with you?**

- No
- Yes
- I prefer not answer
- Don't know

**Actually have any type of sexual intercourse (oral or anal) with you?**

- No
- Yes
- I prefer not answer
- Don't know

---

**Sometimes physical blows occur between parents.**

**While you were growing up in your first 18 years of life, how often did your father (or stepfather) or mother's boyfriend do any of these things to you mother (or stepmother):**

	<b>Never</b>	<b>Once or twice</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very often</b>	<b>I prefer not to answer</b>	<b>Don't know</b>
Push, grab, slap or throw something at her?	( )	( )	( )	( )	( )	( )	( )
Kick, bite, hit her with a fist, or hit her something hard?	( )	( )	( )	( )	( )	( )	( )
Repeatedly hit her over at least a few minutes?	( )	( )	( )	( )	( )	( )	( )
Threaten her with a knife or gun, or use a knife to hurt her?	( )	( )	( )	( )	( )	( )	( )

---

**These next questions are about the people who lived with you while you were growing up, in your first 18 years of life.**

**Did you live with anyone who was a problem drinker or alcoholic?**

- No
- Yes
- I prefer not answer
- Don't know

**Did you live with anyone who used street drugs?**

- No
- Yes
- I prefer not answer
- Don't know

**Was a household member depressed or mentally ill?**

- No
- Yes
- I prefer not answer
- Don't know

**Did a household member attempt suicide?**

- No
- Yes
- I prefer not answer
- Don't know

**Did a household member go to prison?**

- No
- Yes
- I prefer not to answer
- Don't know

---

**While you were growing up, in your first 18 years of life, were your parents ever separated or divorced?**

- No
  - Yes
  - I prefer not to answer
  - Don't know
- 

## **Viral STI Diagnoses**

**Has a doctor, nurse or other health care provider ever told you that you had any of the following? Check all that apply.**

- Hepatitis
- Genital herpes
- Genital warts
- Human papillomavirus or HPV
- None of the above
- I prefer not to answer
- Don't know

**What type or types of hepatitis have you had? Check all that apply.**

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Other
- I prefer not to answer
- Don't know

**There are vaccines or shots that can prevent some types of hepatitis. Have you ever had a hepatitis vaccine?**

- No
- Yes

- I prefer not to answer
- Don't know

**What type or types of hepatitis vaccine have you had?**

- Hepatitis A vaccine
  - Hepatitis B vaccine
  - Both Hepatitis A and B vaccine
  - I prefer not to answer
  - Don't know
- 

## **Bacterial STI Diagnoses**

**In the past 12 months (since [MONTH/YEAR]), has a doctor, nurse or other health care provider told you that you had any of the following? Check all that apply.**

- Gonorrhea
  - Chlamydia
  - Syphilis
  - None of the above
  - I prefer not to answer
  - Don't know
- 

## **Bacterial STI Testing**

**Even though a doctor, nurse, or other health care provider did not tell you that you had gonorrhea, in the past 12 months (since [MONTH/YEAR]) were you tested for gonorrhea?**

- No
- Yes
- I prefer not to answer
- Don't know



**Even though a doctor, nurse, or other health care provider did not tell you that you had chlamydia, in the past 12 months (since [MONTH/YEAR]) were you tested for chlamydia?**

- No
- Yes
- I prefer not to answer
- Don't know

**Even though a doctor, nurse, or other health care provider did not tell you that you had sypphilis, in the past 12 months (since [MONTH/YEAR]) were you tested for sypphilis?**

- No
  - Yes
  - I prefer not to answer
  - Don't know
- 

## **HPV**

**A vaccine to prevent human papillomavirus (HPV) infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®, or CERVARIX®. Have you ever received the HPV vaccine?**

- No
- Yes
- I prefer not to answer
- Don't know

**How old were you when you received your first dose of the HPV vaccine?**

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## Assessment of Prevention Activities

**In the past 12 months, have you gotten any free condoms, not counting those given to you by a friend, relative, or sex partner?**

- No
- Yes
- I prefer not to answer
- Don't know

**In the past 12 months, have you had a one-on-one conversation with an outreach worker, counselor, or prevention program worker about ways to prevent HIV? Don't count the times where you had a conversation as part of an HIV test.**

- No
- Yes
- I prefer not to answer
- Don't know

**In the past 12 months, have you been a participant in any organized session(s) involving a small group of people to discuss ways to prevent HIV? Don't include discussions you had with a group of friends.**

- No
- Yes
- I prefer not to know
- Don't know

---

## Prevention Campaigns

In the past 12 months, how often did you see or hear the following slogans or messages?

*Let's stop HIV together.™*

**Let's stop HIV together:**

- Never
- Rarely
- Sometimes
- Often
- Very Often
- I prefer not to answer
- Don't know

**On a scale of 0 to 5, where 0 means "not very effective" and 5 means "very effective", how effective do you think this slogan or message is?**

- 0 (Not Effective)
- 1
- 2
- 3
- 4
- 5 (Very Effective)

---

## Prevention Campaigns

In the past 12 months, how often did you see or hear the following slogans or messages?

**PROTEST**

**Protest:**

- Never
- Rarely
- Sometimes
- Often
- Very Often
- I prefer not to answer
- Don't know

**On a scale of 0 to 5, where 0 means "not very effective" and 5 means "very effective", how effective do you think this slogan or message is?**

- 0 (Not Effective)
  - 1
  - 2
  - 3
  - 4
  - 5 (Very Effective)
- 

## **Prevention Campaigns**

**In the past 12 months, how often did you see or hear the following slogans or messages?**



**ACT Against AIDS:**

- Never
- Rarely
- Sometimes
- Often
- Very Often
- I prefer not to answer
- Don't know

**On a scale of 0 to 5, where 0 means "not very effective" and 5 means "very effective", how effective do you think this slogan or message is?**

- 0 (Not Effective)
  - 1
  - 2
  - 3
  - 4
  - 5 (Very Effective)
- 

## **Prevention Campaigns**

**In the past 12 months, how often did you see or hear the following slogans or messages?**



**Greater than AIDS:**

- Never
- Rarely
- Sometimes
- Often
- Very Often
- I prefer not to answer
- Don't know

**On a scale of 0 to 5, where 0 means "not very effective" and 5 means "very effective", how effective do you think this slogan or message is?**

- 0 (Not Effective)
- 1
- 2
- 3
- 4
- 5 (Very Effective)

---

## **Prevention Campaigns**

**In the past 12 months, how often did you see or hear the following slogans or messages?**

**Start Talking. Stop HIV.**

**Start Talking. Stop HIV.**

- Never
- Rarely
- Sometimes
- Often
- Very Often
- I prefer not to answer
- Don't know

**On a scale of 0 to 5, where 0 means "not very effective" and 5 means "very effective", how effective do you think this slogan or message is?**

- 0 (Not Effective)
- 1
- 2
- 3

- 4
- 5 (Very Effective)

---

## Prevention Campaigns

In the past 12 months, how often did you see or hear the following slogans or messages?



**Testing Makes us Stronger:**

- Never
- Rarely
- Sometimes
- Often
- Very Often
- I prefer not to answer
- Don't know

On a scale of 0 to 5, where 0 means "not very effective" and 5 means "very effective", how effective do you think this slogan or message is?

- 0 (Not Effective)
- 1
- 2
- 3
- 4
- 5 (Very Effective)

---

## Prevention Campaigns

In the past 12 months, how often did you see or hear the following slogans or messages?



**Reasons:**

- Never
- Rarely
- Sometimes
- Often

- Very Often
- I prefer not to answer
- Don't know

**On a scale of 0 to 5, where 0 means "not very effective" and 5 means "very effective", how effective do you think this slogan or message is?**

- 0 (Not Effective)
- 1
- 2
- 3
- 4
- 5 (Very Effective)

---

## **Prevention Campaigns**

**In the past 12 months, how often did you see or hear the following slogans or messages?**



**HIV Treatment Works:**

- Never
- Rarely
- Sometimes
- Often
- Very Often
- I prefer not to answer
- Don't know

**On a scale of 0 to 5, where 0 means "not very effective" and 5 means "very effective", how effective do you think this slogan or message is?**

- 0 (Not Effective)
- 1
- 2
- 3
- 4
- 5 (Very Effective)

**As far as you know, did you participate in the “Sex is the Question” Survey between October 2014 and April 2015?**

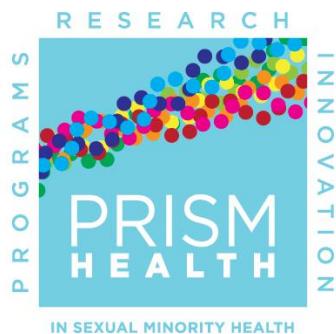
- Yes
- No
- I'm not sure

**For this national study, we are recruiting a large number of men like you. Can you tell us the name of social networking website where we could reach other men like you who might like to complete this survey?**

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## **Future Contact**



**The PRISM Health team conducts many research projects at Emory University. Would you like to be contacted for potential participation in our future projects?**

- Yes
- No

**Please provide the email address you would like for us to use to contact you for future studies.**

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## **Survey End**

**Thank you for taking our survey! Your response is very important to us!**

**If you have any questions or comments, you may contact study staff at [sexisthequestion@emory.edu](mailto:sexisthequestion@emory.edu).**

**To get more information about HIV, please visit: [www.cdc.gov/hiv](http://www.cdc.gov/hiv)**

**Otherwise, you can close your browser.**

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