American Men's Internet Survey (AMIS) 2022-3:

Online HIV Behavioral Survey of Cisgender Men Who Have Sex with Men
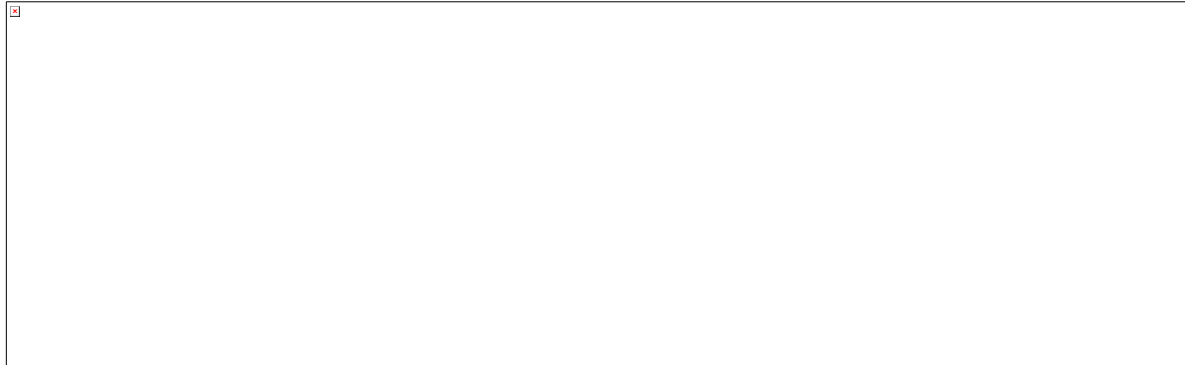
For data requests and additional information:

Email: amis@emory.edu

Phone: (404) 727-8403

Sex is the Question-2022

Support research in your community by taking our annual sexual health survey!

Interested in participating? Click "Next" below to see if you are eligible.

Why participate?

- **This annual survey collects information to help us better understand patterns of behavior and well-being among men like you**
- **Your participation can help ensure public health resources have the greatest positive impact for the community**
- **We will donate $5 for every completed survey to one of three charities: the Trevor Project, SAGE: Advocacy and Services for LGBT Elders or AIDS United (maximum donation of $5,000 split among all charities)**

Who are we?

- **A group of researchers at Emory University**

What happens next?

- **We will first ask you some questions to find out if you are eligible to participate**
- **If you are eligible, you will be invited to complete an online survey**
- **If you are not eligible, we may ask you to provide an email address so we can contact you about future research studies for which you may be eligible. Providing your email address is completely optional**

Our privacy policy: Any information shared in this survey is strictly confidential and will only be used for research study purposes. All the information that we gather from you today is safely stored.

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survey language

In which language do you prefer to take the survey?
¿En cuál idioma prefiere tomar la encuesta?

( ) English

( ) Español

Page entry logic: This page will show when: #1 Question "In which language do you prefer to take the survey?
¿En cuál idioma prefiere tomar la encuesta?" is one of the following answers ("Español")

redirect to Spanish survey

Eligibility Screener

First, we will ask you some questions to see if you are eligible to participate. Questions marked with * are required.

Please enter your age in years, not your birth year.

How old are you?*

_____

Eligibility screener

Questions marked with * are required.

Questions marked with * are required.

What is your race or ethnicity? Select all that apply.*

[ ] White, for example: German, Irish, English, Italian, Polish, French, etc.

[ ] Hispanic, Latino, or Spanish, for example: Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.

[ ] Black or African American, for example: African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

[ ] Asian, for example: Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.

[ ] American Indian or Alaska Native, for example: Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc.

[ ] Middle Eastern or North African, for example: Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.

[ ] Native Hawaiian or Other Pacific Islander, for example: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.

[ ] Some other race, ethnicity, or origin::

_____ *

[ ] I prefer not to answer

[ ] Don't know

What are your White ethnicities? Select all that apply.*

[ ] German

[ ] Irish

[ ] English

[ ] Italian

[ ] Polish

[ ] French

[ ] Another ethnicity, for example: Scottish, Norwegian, Dutch, etc.:

_____ *

[ ] I prefer not to answer

[ ] Don't know

What are your Hispanic, Latino, or Spanish ethnicities? Select all that apply.*

[ ] Mexican or Mexican American

[ ] Puerto Rican

[ ] Cuban

[ ] Salvadoran

[ ] Dominican

[ ] Colombian

[ ] Spanish

[ ] Guatemalan

[ ] Another ethnicity, for example: Guatemalan, Spaniard, Ecuadorian, etc.:

_____ *

[ ] I prefer not to answer

[ ] Don't know

What are your Black or African American ethnicities? Select all that apply.*

[ ] African American

[ ] Jamaican

[ ] Haitian

[ ] Nigerian

[ ] Ethiopian

[ ] Somali

[ ] Another ethnicity, for example: Ghanaian, South African, Barbadian, etc.:
_____ *

[ ] I prefer not to answer

[ ] Don't know

What are your Asian ethnicities? Select all that apply.*

[ ] Chinese

[ ] Filipino

[ ] Asian Indian

[ ] Vietnamese

[ ] Korean

[ ] Japanese

[ ] Another ethnicity, for example: Pakistani, Cambodian, Hmong, etc.:
_____ *

[ ] I prefer not to answer

[ ] Don't know

What are your American Indian or Alaska Native ethnicities? Enter, for example: Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc.*

_____

_____

_____

_____

What are your Middle Eastern or North African ethnicities? Select all that apply.*

[ ] Lebanese

[ ] Iranian

[ ] Egyptian

[ ] Syrian

[ ] Moroccan

[ ] Algerian

[ ] Another ethnicity, for example: Israeli, Iraqi, Tunisian, etc.:
_____ *

[ ] I prefer not to answer

[ ] Don't know

What are your Native Hawaiian or Other Pacific Islander ethnicities? Select all that apply.*

[ ] Native Hawaiian

[ ] Samoan

[ ] Chamorro

[ ] Tongan

[ ] Fijian

[ ] Marshallese

[ ] Another ethnicity, for example: Palauan, Tahitian, Chuukese, etc.:
_____ *

[ ] I prefer not to answer

[ ] Don't know

What country do you live in?*

( ) United States

( ) Mexico

( ) Other country

What ZIP Code do you live in?*

_____

How do you describe your current gender identity? You can choose more than one answer. *

[ ] Female

[ ] Male

[ ] Trans woman, trans female or transfeminine

[ ] Trans man, trans male or transmasculine

[ ] Non-binary, gender nonconforming, or genderqueer

[ ] Another gender

[ ] I prefer not to answer

[ ] Don't know

What is your other gender identity?

_____

What sex was written on your original birth certificate?*

( ) Female

( ) Male

( ) Intersex

( ) I prefer not to answer

( ) Don't know

calculating male script

Eligibility Screener

Questions marked with * are required.

Have you <u>ever</u> 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 <u>ever</u> had oral sex (mouth on the penis) with a man?*

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Have you <u>ever</u> had anal sex (penis in the butt) with a man?*

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

How do you describe your current sexual identity?*

( ) Homosexual, Gay or Lesbian

( ) Heterosexual or Straight

( ) Bisexual

( ) Pansexual

( ) Queer

( ) Another sexual identity

( ) I prefer not to answer

( ) Don't know

What is your sexual identity?

_____

country + sex elig for 15-17

Eligibility script

Future Contact for Ineligible
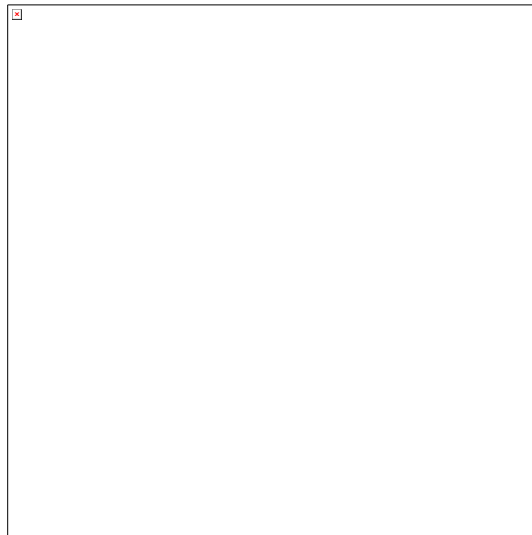
You are not eligible for this survey, but the PRISM Health team conducts many research projects at Emory University for LGBTQ+ people. Would you like to be contacted for potential participation in our future projects?

( ) Yes

( ) No

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

_____

Future contact for ineligible

Thank you for your interest. You can now close your browser.

Consent

Thank you for your interest in our survey. The consent form below will give you more information about the survey. Please read it and indicate below whether you agree to participate.

You may also download the full consent form at the link below.

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.

If you have any questions or comments you may contact the research staff at amis@emory.edu.

[CONSENT DOCUMENT EMBEDDED]

If you agree to the above information and would like to be in the study, please click on the "I Agree" box below.

Please indicate whether you agree to participate in the survey.*

( ) I agree to participate in the survey

( ) I do not agree to participate in the survey

Click here for a printable version of the consent form.

Assent

Thank you for your interest in our survey. The assent form below will give you more information about the survey. Please read it and indicate below whether you agree to participate.

You may also download the full assent form at the link below.

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.

If you have any questions or comments you may contact the research staff at amis@emory.edu.

[ASSENT DOCUMENT EMBEDDED]

If you agree to the above information and would like to be in the study, please click on the "I Agree" box below.

Please indicate whether you agree to participate in the survey.*

( ) I agree to participate in the survey

( ) I do not agree to participate in the survey

Click here for a printable version of the assent form.

Section A: Demographics

What is your primary language?

( ) English

( ) Spanish

( ) Another language

( ) I prefer not to answer

What language is your primary language?

_____

Are you currently enrolled in school?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

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

Section A: Demographics: Employment Status & Food Insecurity

Which best describes your current employment status?

( ) Employed for wages full-time

( ) Employed for wages part-time

( ) Self employed

( ) A homemaker

( ) Retired

( ) Not employed

( ) Unable to work (disabled)

( ) Prefer not to answer

In the past 12 months, did you or others in the household ever cut the size of your meals or skip meals because there wasn't enough money for food?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

In the past 12 months, how often did this happen?

( ) Almost every month

( ) Some months but not every month

( ) Only 1 or 2 months

( ) I prefer not to answer

( ) Don't know

Section A: Demographics: Income

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 $1,666 monthly)

( ) $20,000 to $39,999 annually ($1,667 to $3,333 monthly)

( ) $40,000 to $74,999 annually ($3,334 to $6,249 monthly)

( ) $75,000 to $99,999 annually ($6,250 to $8,333 monthly)

( ) $100,000 to $124,999 annually ($8,334 to $10,416 monthly)

( ) $125,000 to $149,999 annually ($10,417 to $12,499 monthly)

( ) $150,000 or more annually ($12,500 or more monthly)

( ) I prefer not to answer

( ) Don't know

Including yourself, how many people depend on this income?

_____

Please enter a value less than [question("value"), id="96"], the total number of people dependent on your income.

Of the people who depend on this income, how many are under the age of 18?

_____

Section A: Demographics: Birth Country

What country were you born in?

( ) United States and territories (including Puerto Rico)

( ) Afghanistan

( ) Albania

( ) Algeria

( ) Andorra

( ) Angola

( ) Antigua and Barbuda

( ) Argentina

( ) Armenia

( ) Australia

( ) Austria

( ) Azerbaijan

( ) Bahamas

( ) Bahrain

( ) Bangladesh

( ) Barbados

( ) Belarus

( ) Belgium

( ) Belize

( ) Benin

( ) Bermuda

( ) Bhutan

( ) Bolivia

( ) Bosnia and Herzegovina

( ) Botswana

( ) Brazil

( ) Brunei

( ) Bulgaria

( ) Burkina Faso

( ) Burundi

( ) Cambodia

( ) Cameroon

( ) Canada

( ) Cape Verde

( ) Central African Republic

( ) Chad

( ) Chile

( ) China

( ) Colombia

( ) Comoros

( ) Congo, Democratic Republic of the

( ) Congo, Republic of the

( ) Costa Rica

( ) Cote d'Ivoire

( ) Croatia

( ) Cuba

( ) Curacao

( ) Cyprus

( ) Czech Republic

( ) Denmark

( ) Djibouti

( ) Dominica

( ) Dominican Republic

( ) East Timor

( ) Ecuador

( ) Egypt

( ) El Salvador

( ) Equatorial Guinea

( ) Eritrea

( ) Estonia

( ) Ethiopia

( ) Fiji

( ) Finland

( ) France

( ) Gabon

( ) Gambia

( ) Georgia

( ) Germany

( ) Ghana

( ) Greece

( ) Grenada

( ) Guatemala

( ) Guinea

( ) Guinea-Bissau

( ) Guyana

( ) Haiti

( ) Holy See (Vatican)

( ) Honduras

( ) Hong Kong

( ) Hungary

( ) Iceland

( ) India

( ) Indonesia

( ) Iran

( ) Iraq

( ) Ireland

( ) Israel

( ) Italy

( ) Jamaica

( ) Japan

( ) Jordan

( ) Kazakhstan

( ) Kenya

( ) Kiribati

( ) Kosovo

( ) Kuwait

( ) Kyrgyzstan

( ) Laos

( ) Latvia

( ) Lebanon

( ) Lesotho

( ) Liberia

( ) Libya

( ) Liechtenstein

( ) Lithuania

( ) Luxembourg

( ) Macau

( ) Macedonia

( ) Madagascar

( ) Malawi

( ) Malaysia

( ) Maldives

( ) Mali

( ) Malta

( ) Marshall Islands

( ) Mauritania

( ) Mauritius

( ) Mexico

( ) Micronesia

( ) Moldova

( ) Monaco

( ) Mongolia

( ) Montenegro

( ) Morocco

( ) Mozambique

( ) Myanmar

( ) Namibia

( ) Nauru

( ) Nepal

( ) Netherlands

( ) Netherlands Antilles

( ) New Zealand

( ) Nicaragua

( ) Niger

( ) Nigeria

( ) North Korea

( ) Norway

( ) Oman

( ) Pakistan

( ) Palau

( ) Palestinian Territories

( ) Panama

( ) Papua New Guinea

( ) Paraguay

( ) Peru

( ) Philippines

( ) Poland

( ) Portugal

( ) Qatar

( ) Romania

( ) Russia

( ) Rwanda

( ) Saint Kitts and Nevis

( ) Saint Lucia

( ) Saint Vincent and the Grenadines

( ) Samoa

( ) San Marino

( ) Sao Tome and Principe

( ) Saudi Arabia

( ) Senegal

( ) Serbia

( ) Seychelles

( ) Sierra Leone

( ) Singapore

( ) Slovakia

( ) Slovenia

( ) Solomon Islands

( ) Somalia

( ) South Africa

( ) South Korea

( ) South Sudan

( ) Spain

( ) Sri Lanka

( ) Sudan

( ) Suriname

( ) Swaziland

( ) Sweden

( ) Switzerland

( ) Syria

( ) Taiwan

( ) Tajikistan

( ) Tanzania

( ) Thailand

( ) Timor-Leste

( ) Togo

( ) Tonga

( ) Trinidad and Tobago

( ) Tunisia

( ) Turkey

( ) Turkmenistan

( ) Tuvalu

( ) Uganda

( ) Ukraine

( ) United Arab Emirates

( ) United Kingdom

( ) Uruguay

( ) Uzbekistan

( ) Vanuatu

( ) Venezuela

( ) Vietnam

( ) Yemen

( ) Zambia

( ) Zimbabwe

Logic: Hidden unless: (#35 Question "What country were you born in?" is one of the following answers ("United States and territories (including Puerto Rico)") AND #5 Question "What are your Hispanic, Latino, or Spanish ethnicities? Select all that apply." is one of the following answers ("Puerto Rican"))

Which state or territory were you born in?

( ) Alabama

( ) Alaska

( ) American Samoa

( ) Arizona

( ) Arkansas

( ) California

( ) Colorado

( ) Connecticut

( ) Delaware

( ) Federated States of Micronesia

( ) Florida

( ) Georgia

( ) Guam

( ) Hawaii

( ) Idaho

( ) Illinois

( ) Indiana

( ) Iowa

( ) Kansas

( ) Kentucky

( ) Louisiana

( ) Maine

( ) Marshall Islands

( ) Maryland

( ) Massachusetts

( ) Michigan

( ) Minnesota

( ) Mississippi

( ) Missouri

( ) Montana

( ) Nebraska

( ) Nevada

( ) New Hampshire

( ) New Jersey

( ) New Mexico

( ) New York

( ) North Carolina

( ) North Dakota

( ) Northern Mariana Islands

( ) Ohio

( ) Oklahoma

( ) Oregon

( ) Palau

( ) Pennsylvania

( ) Puerto Rico

( ) Rhode Island

( ) South Carolina

( ) South Dakota

( ) Tennessee

( ) Texas

( ) Utah

( ) Vermont

( ) Virgin Islands

( ) Virginia

( ) Washington

( ) Washington, D.C.

( ) West Virginia

( ) Wisconsin

( ) Wyoming

What year did you first come to live in the United States? If you don't know, please enter 9999.

_____

What are the reason(s) you first came to live in the United States? Check all that apply.

[ ] To improve financial situation (to take a job or find work)

[ ] To live more openly as gay/bi/queer

[ ] To live with or join a lover, boyfriend, or husband

[ ] To be able to marry my male partner

[ ] To study

[ ] To be with family or friends

[ ] I came here as a tourist and decided to stay

[ ] To receive medical care

[ ] To escape violence or persecution for being gay/bi/queer

[ ] To escape violence or persecution for other reasons

[ ] To find political asylum

[ ] It was not my decision to come to the US

[ ] Other reason: _____

[ ] I prefer not to answer

[ ] Don't know

Housing

Do you live alone?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Who are the people who live with you? Choose all the apply.

[ ] Partner(s)

[ ] Child or children

[ ] Parent(s)

[ ] Sibling(s)

[ ] Other family member(s)

[ ] Friend(s)

[ ] Roommate(s)

[ ] Other, please specify: _____

In the past 12 months, 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 12 months, were you ever homeless? That is, were you living on the street, in a shelter, in a Single Room Occupancy hotel (SRO), or in a car?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Insurance

What kind of health insurance or health care coverage do you currently have? Choose all that apply.

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.

[ ] My parent's health plan

[ ] 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

Healthcare providers

Logic: Show/hide trigger exists.

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

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Logic: Hidden unless: #44 Question "In the past 12 months, have you seen a doctor, nurse, or other health care provider about your physical health?" is one of the following answers ("Yes")

Did a health care provider that you saw in the past 12 months know that you are attracted to or have sex with men?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Healthcare Continued

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

Prescription pills

Do you currently take prescription pills every day?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

How many prescription pills do you take in a day?

( ) 1

( ) 2 or 3

( ) More than 3

( ) I prefer not to answer

( ) Don't know

Excluding vaccinations, in the past 12 months have you gotten an injection of a prescribed medication? (Check all that apply)

[ ] No

[ ] Yes, I injected myself

[ ] Yes, someone else gave me the injection

[ ] I prefer not to answer

[ ] Don't know

On average, how frequently have you gotten an injection of prescribed medication in the past 12 months?

( ) At least once per day

( ) A few times every week

( ) Once per week

( ) A few times every month

( ) Once per month

( ) Once every few months

( ) Once in the past 12 months

( ) I prefer not to answer

( ) Don't know

Outness

Have you <u>ever</u> told anyone that you are attracted to or have sex with men?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Outness 2

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

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

AUDIT-C

For the next set of questions, a drink of alcohol is a 12 oz can or bottle of 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.
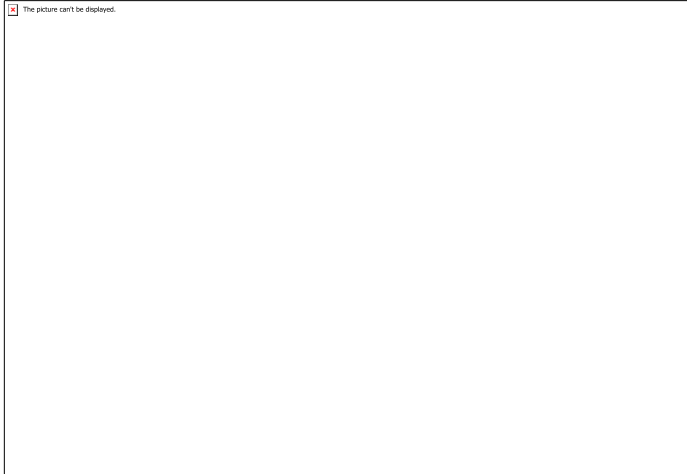
How often did you have a drink containing alcohol in the past year?

( ) Never

( ) Monthly or less

( ) 2 to 4 times a month

( ) 2 to 3 times a week

( ) 4 to 5 times a week

( ) 6 or more times a week

How many drinks did you have on a typical day when you were drinking in the past year?

( ) 1 to 2 drinks

( ) 3 to 4 drinks

( ) 5 to 6 drinks

( ) 7 to 9 drinks

( ) 10 or more drinks

How often did you have <u>6 or more</u> drinks on one occasion in the past year?

( ) Never

( ) Less than monthly

( ) Monthly

( ) Weekly

( ) Daily or almost daily

Section C: Substance Use: Injection Drug Use

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

Have you <u>ever</u> 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

Section C: 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), <u>other than those prescribed for you</u>.

( ) 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

Section C: Substance Use: Drug use frequency

Marijuana: [question('option value'), id='142', option='10665']
Powdered cocaine: [question('option value'), id='142', option='10666']
Poppers: [question('option value'), id='142', option='10667']
Ecstasy: [question('option value'), id='142', option='10668']
Painkillers: [question('option value'), id='142', option='10669']
Downers: [question('option value'), id='142', option='10670']
Crystal meth: [question('option value'), id='142', option='10671']
Hallucinogens: [question('option value'), id='142', option='10672']
Ketamine: [question('option value'), id='142', option='10673']
GHB: [question('option value'), id='142', option='10674']
Crack cocaine: [question('option value'), id='142', option='10675']
Other drug: [question('option value'), id='142', option='10676']
Heroin: [question('option value'), id='142', option='10677']
Prefer not to answer: [question('option value'), id='142', option='10678']
Don't know: [question('option value'), id='142', option='10679']

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

Section C: Substance Use: Medical Marijuana

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 know

Section B: Sexual Behavior: Female Sex Partners

The next questions are about having sex with cisgender women (people whose sex was assigned female on their original birth certificate and who currently identify as 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 [question('value'), id='9']), what types of sex have you had with a cisgender 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

[ ] I prefer not to answer

[ ] Don't know

In the past 12 months (since [question('value'), id='9']), with how many different cisgender women have you had vaginal or anal sex?

_____

In the past 12 months, when you had vaginal or anal sex with a cisgender female partner, how often did you use a condom?

( ) Always

( ) Most of the time

( ) Sometimes

( ) Rarely

( ) Never

( ) I prefer not to answer

( ) Don't know

Section B: Sexual Behavior: Female Sex Partners (1 Partner)

You mentioned that in the past 12 months, you had sex with one cisgender female partner.

In the past 12 months (since [question('value'), id='9']), this cisgender female partner was a:

( ) Main partner (someone you felt committed to)

( ) Casual partner (someone you didn't feel committed to or don't know very well)

( ) I prefer not to answer

( ) Don't know

Section B: Sexual Behavior: Female Sex Partners (More than 1 partner)

In the past 12 months (since [question('value'), id='9']), the[question('value'), id='148'] cisgender female partners you told us about were:

( ) Only main partners (you felt committed to)

( ) 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

Section B: Sexual Behavior: Transgender and Nonbinary sex partners

The next questions are about having sex with transgender, nonbinary, gender non-conforming and Two-spirit people (people whose gender identity is different from the sex they were assigned on their original birth certificate). For these questions, we will use "transgender" to refer to transgender, nonbinary, gender non-conforming and Two-spirit people. While we acknowledge that transgender people may have distinct names or ways of referring to their sexual body parts, we will be using standard terms because we need to be sure we are collecting the same information from everyone who takes the survey. 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 [question('value'), id='9']), what types of sex have you had with a transgender person? (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 transgender person in the past 12 months

[ ] I prefer not to answer

[ ] Don't know

In the past 12 months (since [question('value'), id='9']), what types of sex have you had with a transgender person? (Check all that apply.)

" is one of the following answers ("Vaginal sex","Anal sex")

In the past 12 months (since [question('value'), id='9']), with how many different transgender people have you had vaginal or anal sex?

_____

Section B: Sexual behavior: Transgender and Nonbinary sex partners (1 partner)

You mentioned that in the past 12 months, you had sex with one transgender partner.

How do you describe this person's current gender identity? You can choose more than one answer.

[ ] Trans man or transmasculine person

[ ] Trans woman or transfeminine person

[ ] Nonbinary, gender nonconforming or genderqueer person

[ ] Another gender identity - please specify::
_____ *

[ ] I prefer not to answer

[ ] Don't know

In the past 12 months (since [question('value'), id='9']), this transgender partner was a:

( ) Main partner (someone you felt committed to)

( ) Casual partner (you didn't feel committed to or don't know very well)

( ) I prefer not to answer

( ) Don't know

Section B: Sexual Behavior: Transgender and Nonbinary Sex Partners (More than 1 partner)

You mentioned that in the past 12 months, you had sex with more than one transgender partner.

How do you describe these people's current gender identities? You can choose more than one answer.

[ ] Trans man or transmasculine person

[ ] Trans woman or transfeminine person

[ ] Nonbinary, gender nonconforming or genderqueer person

[ ] Another gender identity - please specify: _____

[ ] I prefer not to answer

[ ] Don't know

In the past 12 months (since [question('value'), id='9']), the [question('value'), id='334'] transgender partners you told us about were:

( ) Only Main partners (you felt committed to)

( ) 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

Section B: Sexual Behavior: Male Sex Partners, 2

The next questions are about having sex with cisgender men (people whose sex was assigned male on their original birth certificate and who currently identify as men). 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). Rimming means he put his mouth or tongue on your anus (butt) or you put your mouth or tongue on his anus (butt).

In the past 12 months (since [question('value'), id='9']), what types of sex have you had with other cisgender men?

[ ] Oral sex

[ ] Anal sex

[ ] Rimming

[ ] 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:

_____

_____

Sex partner number

In the past 12 months, with how many different cisgender men have you had oral or anal sex?

_____

In the past 12 months, with how many different cisgender men have you had <u>anal</u> sex?

_____

In the past 12 months, with how many different cisgender men have you had <u>oral</u> sex?

_____

Section B: Sexual Behavior: Male Sex Partners, 3

Please ensure your number of anal sex partners in the past 12 months is less than or equal to [question('value'), id='155'], the total number of oral and anal sex partners in the past 12 months.

Of the [question('value'), id='155'] cisgender men you had oral or anal sex with in the past 12 months, how many of them did you have <u>anal</u> sex with?

_____

Section B: Sexual Behavior: Condom Use

Logic: Show/hide trigger exists.

In the past 12 months, did you have anal sex <u>without using a condom</u>?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Section B: Sexual Behavior: Condom Use, 2

Logic: Hidden by default

Please ensure your number of unprotected anal sex partners in the past 12 months is less than or equal to [question('value'), id='156'], the total number of anal sex partners in the past 12 months.

In the past 12 months, with how many of the [question('value'), id='156'] male anal sex partners did you have anal sex <u>without using a condom</u>?

_____

Please ensure your number of unprotected anal sex partners in the past 12 months is less than or equal to [question('value'), id='159'], the total number of anal sex partners in the past 12 months.

In the past 12 months, with how many of the [question('value'), id='159'] male anal sex partners did you have anal sex <u>without using a condom</u>?

_____

Section B: Sexual Behavior: Male Sex Partners (1 Partner)

You mentioned that in the past 12 months, you had sex with one cisgender male partner.

In the past 12 months (since [question('value'), id='9']), this cisgender male partner was a:

( ) Main partner (someone you felt committed to)

( ) Casual partner (someone you didn't feel committed to or don't know very well)

( ) I prefer not to answer

( ) Don't know

As far as you know, during the time you were having a sexual relationship with your sexual partner, 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

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

As far as you know, was he taking pre-exposure prophylaxis (PrEP or Truvada) to prevent HIV infection?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

As far as you know, was he taking HIV medications (antiretrovirals) to treat his HIV infection? Some men will say that they are "undetectable" when taking HIV medications.

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Section B: Sexual Behavior: Male Sex Partners (>1)

In the past 12 months, the [question('value'), id='155'][question('value'), id='156'][question('value'), id='157'] cisgender male partners you told us about were:

( ) Only main partners (you felt committed to)

( ) 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

Logic: Hidden unless: #80 Question "In the past 12 months, did you have anal sex without using a condom?" is one of the following answers ("Yes")

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

Logic: Hidden unless: (#89 Question "In the past 12 months, the [question('value'), id='155'][question('value'), id='156'][question('value'), id='157'] cisgender male partners you told us about were:" is one of the following answers ("Both main and casual partners") AND #90 Question "In the past 12 months, did you have anal sex without using a condom with a man whose HIV status you did not know?" is one of the following answers ("Yes"))

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

Logic: Show/hide trigger exists. Hidden unless: #80 Question "In the past 12 months, did you have anal sex <u>without using a condom</u>?" is one of the following answers ("Yes")

In the past 12 months, did you have anal sex <u>without using a condom</u> with a cisgender man who was HIV positive?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Logic: Hidden unless: (#89 Question "In the past 12 months, the [question('value'), id='155'][question('value'), id='156'][question('value'), id='157'] cisgender male partners you told us about were:" is one of the following answers ("Both main and casual partners") AND #92 Question "In the past 12 months, did you have anal sex <u>without using a condom</u> with a cisgender man who was HIV positive?" is one of the following answers ("Yes"))

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

Logic: Hidden unless: #92 Question "In the past 12 months, did you have anal sex <u>without using a condom</u> with a cisgender man who was HIV positive?" is one of the following answers ("Yes")

As far as you know, were these partners taking HIV medications (antiretrovirals) to treat their HIV-infection? Some men will say that they are "undetectable" when taking HIV medications.

( ) No

( ) Yes

( ) Some yes, some no

( ) I prefer not to answer

( ) Don't know

In the past 12 months, did you have anal sex <u>without using a condom</u> with a cisgender 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

As far as you know, were these partners taking pre-exposure prophylaxis (PrEP or Truvada) to prevent HIV infection?

( ) No

( ) Yes

( ) Some yes, some no

( ) I prefer not to answer

( ) Don't know

Sexual Behavior: Social Habits

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

Was your most recent sexual partner born in the U.S.?

( ) Yes

( ) No (specify country of birth): _____*

( ) I prefer not to answer

( ) Don't know

In what language did you communicate with your most recent sexual partner? (select all that apply)

[ ] English

[ ] Spanish

[ ] Other (specify): _____*

HIV Testing

Have you <u>ever</u> 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 (since [system('date'),format='F'] 2021), how many times have you been tested for HIV?

Logic: Hidden by default

Please insert a date that is not in the future.

Logic: Hidden unless: #100 Question "Have you <u>ever</u> been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS." is one of the following answers ("Yes")

When did you have your most recent HIV test?
If you don't know the exact month, please enter your best guess.

Logic: Hidden unless: #100 Question "Have you <u>ever</u> been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS." is one of the following answers ("Yes")

Month:

( ) January

( ) February

( ) March

( ) April

( ) May

( ) June

( ) July

( ) August

( ) September

( ) October

( ) November

( ) December

Year:: _____

HIV Testing

Have you had an HIV test in the past 12 months (since [question('value'), id='9'])?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

When you most recently got tested[question('value'), id='191'], 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[question('value'), id='191']?

( ) Negative

( ) Positive

( ) Never obtained results

( ) Indeterminate

( ) I prefer not to answer

( ) Don't know

Before your most recent test[question('value'), id='191'], did you <u>ever</u> test positive for HIV?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Was your most recent test[question('value'), id='191'] your first positive test?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Please insert a date that is not in the future.

When did you first test positive?

Month:

( ) January

( ) February

( ) March

( ) April

( ) May

( ) June

( ) July

( ) August

( ) September

( ) October

( ) November

( ) December

Year:: _____

Page entry logic: This page will show when: (#105 Question "What was the result of your **most recent** HIV test[question('value'), id='191']?" is one of the following answers ("Positive") OR #106 Question "Before your most recent test[question('value'), id='191'], did you **ever** test positive for HIV?" is one of the following answers ("Yes"))

HIV Positive

In the past 12 months, have you seen a doctor, nurse, or other health care provider for HIV medical care?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

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

HIV Positive non-US

You told us earlier that you were born outside of the United States.

Did you receive your first positive HIV test before or after you arrived in the United States to live?

( ) Before coming to the US

( ) After coming to the US

( ) I prefer not to answer

( ) Don't know

Were you taking HIV medicines before arriving in the United States to live?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Have you experienced any of the following barriers to HIV care or taking HIV medicines in the U.S.? Check all that apply.

[ ] Health care provider doesn't speak my language

[ ] Pharmacist doesn't speak my language

[ ] I didn't have access to an interpreter

[ ] I was worried that an interpreter might disclose my HIV status or sexual orientation to others in my community

[ ] I was worried that a health care provider would share my information with law or immigration enforcement

[ ] I was worried that a health care provider would discriminate against me because of my sexual orientation or gender identity

[ ] I was worried that a health care provider would discriminate against me because of my race/ethnicity

[ ] I was worried that a healthcare provider would discriminate against me because of my country of origin

[ ] Health care provider doesn't understand my culture

[ ] I don't have insurance

[ ] None of the above

[ ] I prefer not to answer

[ ] Don't know

Page entry logic: This page will show when: ((#100 Question "Have you **ever** been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS." is one of the following answers ("No","I prefer not to answer","Don't know") OR (#105 Question "What was the result of your **most recent** HIV test[question('value'), id='191']?" is one of the following answers ("Negative","Never obtained results","Indeterminate","I prefer not to answer","Don't know") AND #106 Question "Before your most recent test[question('value'), id='191'], did you **ever** test positive for HIV?" is one of the following answers ("No","I prefer not to answer","Don't know"))) OR (#105 Question "What was the result of your **most recent** HIV test[question('value'), id='191']?" is one of the following answers ("Negative","Never obtained results","Indeterminate","I prefer not to answer","Don't know") AND #106 Question "Before your most recent test[question('value'), id='191'], did you **ever** test positive for HIV?"))

PrEP Module

Pre-exposure prophylaxis (PrEP) is taking an antiretroviral medicine, either as a pill (pill, also called Truvada or Descovy) or as an injection (also known as Apretude), to reduce a person's chance of getting HIV.

Logic: Show/hide trigger exists.

Have you <u>ever</u> taken PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Are you currently taking PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Which PrEP prescription medication are you currently taking?

( ) Truvada (name brand or generic)

( ) Descovy

( ) Apretude

( ) I prefer not to answer

( ) Don't know

Where do you go to get your Apretude injections?

( ) Private doctor's office

( ) STD Clinic

( ) Health Center

( ) Pharmacy

( ) At home

( ) Other, please specify:: _____ *

( ) I prefer not to answer

( ) Don't know

Current PrEP Use

In the last 30 days, about how many doses of PrEP did you take?

( ) Less than 15

( ) 16-29

( ) 30

How frequently do you intend to take PrEP?

( ) Daily

( ) Only when I have sex

( ) Some other schedule, please specify:
_____ *

How many months in a row have you been taking [question("value"), id="346"]?

( ) Less than 2 months

( ) 2 to 6 months

( ) 7 to 12 months

( ) More than 12 months

( ) I prefer not to answer

( ) Don't know

In the past 12 months, how many Apretude injections have you received?

( ) 1

( ) 2

( ) 3

( ) 4

( ) 5

( ) 6 or more

( ) I prefer not to answer

( ) Don't know

other prep meds

In the past 12 months, have you taken any other PrEP medication?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

In the past 12 months, which other PrEP prescription medications did you take? Choose all that apply

[ ] Truvada (name brand or generic)

[ ] Descovy

[ ] Apretude

[ ] I prefer not to answer

[ ] Don't know

Where do you go to get your Apretude injections?

( ) Private doctor's office

( ) STD Clinic

( ) Health Center

( ) Pharmacy

( ) At home

( ) Other, please specify:: _____ *

( ) I prefer not to answer

( ) Don't know

Which of the following describes the reason(s) why you changed the PrEP medication you were using? Choose all that apply.

[ ] I couldn't afford it

[ ] I just wanted to try something different

[ ] I experienced or was concerned about side effects

[ ] I found the injection to be painful or uncomfortable

[ ] I could not remember to take the pills

[ ] I found it difficult to keep my injection appointments

[ ] I was worried that people will think that I have HIV when they see me taking the pill or going to clinic for the injection

[ ] I was worried people will think I am very sexually active because I am on PrEP

[ ] I was worried about my privacy with someone that I live with

[ ] I was worried about my privacy on my parent's or partner's health insurance plan

[ ] Another reason, please specify: _____*

PrEP used

In the past 12 months, (since [question('value'), id='9']), have you taken PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

In the past 12 months, which PrEP prescription medications did you take? (Check all that apply)

[ ] Truvada (name brand or generic)

[ ] Descovy

[ ] Apretude

[ ] I prefer not to answer

[ ] Don't know

Where do you go to get your Apretude injections?

( ) Private doctor's office

( ) STD Clinic

( ) Health Center

( ) Pharmacy

( ) At home

( ) Other, please specify:: _____ *

( ) I prefer not to answer

( ) Don't know

PrEP Use Discontinued

Which of the following describes the reason(s) why you stopped using PrEP the last time you were on it? Choose all that apply.

[ ] The cost was too high

[ ] I lost my job and/or insurance

[ ] I experienced and/or was concerned about side-effects

[ ] I could not remember to take the pill every day

[ ] I started a monogamous relationship with an HIV-negative partner

[ ] I stopped being sexually active

[ ] I prefer to use other methods to protect myself from HIV

[ ] I was worried that people will think that I have HIV when they see me taking the pill

[ ] I was worried that people will know that I have sex with men or transgender people

[ ] I was worried people will think I am very sexually active because I am on PrEP

[ ] I was worried about my privacy with someone that I live with

[ ] I was worried about my privacy on my parent's health insurance plan

[ ] I was unable or did not want to participate in the recommended sexually transmitted infection (gonorrhea, chlamydia, and syphilis) testing during clinic visits for PrEP care

[ ] Another reason, please specify: _____

PrEP Interest for those currently using on-demand oral PrEP

There is a way that some people take PrEP pills called on-demand oral PrEP. On-demand oral PrEP is also known as "intermittent" or "event-driven" PrEP. With on-demand oral PrEP you take a series of pills around the time when you have sex. This means taking two pills 2 to 24 hours before sex, one pill 24 hours after the first dose, and one pill 24 hours after the second dose. Some studies found that on-demand PrEP is effective at preventing HIV infection. This approach isn't currently approved by the FDA (Food and Drug Administration).

Are you currently taking on-demand oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) I don't know

Page entry logic: This page will show when: ((#100 Question "Have you **ever** been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS." is one of the following answers ("No","I prefer not to answer","Don't know") OR (#105 Question "What was the result of your **most recent** HIV test[question('value'), id='191']?" is one of the following answers ("Negative","Never obtained results","Indeterminate","I prefer not to answer","Don't know") AND #106 Question "Before your most recent test[question('value'), id='191'], did you **ever** test positive for HIV?" is not one of the following answers ("Yes"))) AND (#25 Question "What is your primary language?" is one of the following answers ("Spanish","Another language") OR #35 Question "What country were you born in?" is not one of the following answers ("United States and territories (including Puerto Rico)")))

Barriers to HIV prevention services

In the United States, have you experienced any of the following barriers to getting HIV prevention services, such as HIV testing, PrEP, or PEP? Check all that apply.

[ ] Health care provider doesn't speak my language

[ ] Pharmacist doesn't speak my language

[ ] I didn't have access to an interpreter

[ ] I was worried that an interpreter might disclose my HIV status or sexual orientation to others in my community

[ ] I was worried that a health care provider would share my information with law or immigration enforcement

[ ] I was worried that a health care provider would discriminate against me because of my sexual orientation or gender identity

[ ] I was worried that a health care provider would discriminate against me because of my race/ethnicity

[ ] I was worried that a healthcare provider would discriminate against me because of my country of origin

[ ] Health care provider doesn't understand my culture

[ ] I don't have insurance

[ ] None of the above

[ ] I prefer not to answer

[ ] Don't know

Page entry logic: This page will show when: (((((#127 Question "**In the past 12 months,** (since [question('value'), id='9']), have you taken PrEP? " is one of the following answers ("No") OR #115 Question "Have you **ever** taken PrEP?" is one of the following answers ("No")) OR #117 Question "Which PrEP prescription medication are you currently taking?" is one of the following answers ("I prefer not to answer","Don't know")) OR #131 Question "Are you currently taking on-demand oral PrEP?
" is one of the following answers ("No","I prefer not to answer","I don't know")) OR (#115 Question "Have you **ever** taken PrEP?" is one of the following answers ("Yes") AND #116 Question "Are you currently taking PrEP?" is one of the following answers ("No")))

PrEP Interest and Preferences

PrEP stands for pre-exposure prophylaxis. Daily oral PrEP is a pill that a person who is HIV-negative takes every day in order to prevent getting HIV. PrEP is safe, but some people experience side effects like diarrhea, nausea, headache, fatigue, and stomach pain. These side effects usually go away over time. You

have to see a doctor or other healthcare provider to start daily oral PrEP and go back for check-ups once every 3 months to stay on it. Studies have shown that daily oral PrEP provides about 99% protection against HIV infection from sex when it is taken every day.

Before today, have you ever heard of daily oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) I don't know

If daily oral PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start daily oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

There is another way that some people take PrEP pills called on-demand oral PrEP. On-demand oral PrEP is also known as "intermittent" or "event-driven" PrEP. With on-demand oral PrEP you take a series of pills around the time when you have sex. This means taking two pills 2 to 24 hours before sex, one pill 24 hours after the first dose, and one pill 24 hours after the second dose. Some studies found that on-demand PrEP is effective at preventing HIV infection. This approach isn't currently approved by the FDA (Food and Drug Administration).

Before today, have you ever heard of on-demand oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) I don't know

If on-demand oral PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start on-demand oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

PrEP Interest and Preferences 2

A long-acting form of PrEP that is given as an injection in your buttocks once every 2 months has been found to be effective in preventing HIV infection. You would have to see a doctor or healthcare provider to start injectable PrEP and go back for check-ups once every 2 months to stay on it. The possible side effects of injectable PrEP are mild-to-moderate pain at the injection site that lasts 2 to 7 days, mild rash at the injection site that clears up on its own, or a headache that lasts a couple of days after injection. Studies have found that injectable PrEP is effective at preventing HIV infection.

Before today, have you ever heard of injectable PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

If injectable PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start injectable PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

You said you'd be willing to take injectable PrEP. Once a doctor prescribes injectable PrEP for you, it may be possible to get your injection at another place. Where would you prefer to get the injection?

( ) Private doctor's office

( ) STD Clinic

( ) Health Center

( ) Pharmacy

( ) At home

( ) Other, please specify:: _____ *

( ) I prefer not to answer

( ) Don't know

You said you'd be willing to start all 3 ways of taking PrEP. If the same doctor offered all 3 PrEP options to you, rank them in order of which you would be most likely to choose to start. 1 is the one you would be most likely to choose, and 3 is the least likely to choose.

_____Daily oral PrEP

_____On-Demand oral PrEP

_____Injectable PrEP

You said you'd be willing to take oral PrEP daily or on-demand. If the same doctor offered both options to you, which would you choose to start?

( ) Daily oral PrEP

( ) On-Demand oral PrEP

You said you'd be willing to take daily oral PrEP or injectable PrEP. If the same doctor offered both options to you, which would you choose to start?

( ) Daily oral PrEP

( ) Injectable PrEP

You said you'd be willing to take on-demand oral PrEP or injectable PrEP. If the same doctor offered both options to you, which would you choose to start?

( ) On-demand oral PrEP

( ) Injectable PrEP

PrEP Interest for those currently using oral PrEP

There is another way that some people take PrEP pills called on-demand oral PrEP. On-demand oral PrEP is also known as "intermittent" or "event-driven" PrEP. With on-demand oral PrEP you take a series of pills around the time when

you have sex. This means taking two pills 2 to 24 hours before sex, one pill 24 hours after the first dose, and one pill 24 hours after the second dose. Some studies found that on-demand PrEP is effective at preventing HIV infection. This approach isn't currently approved by the FDA (Food and Drug Administration).

Before today, have you ever heard of on-demand oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) I don't know

Have you ever used on-demand oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) I don't know

If on-demand oral PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start on-demand oral PrEP?

( ) No, I would keep using daily oral PrEP

( ) Yes, I would ask my doctor about switching to on-demand oral PrEP

( ) I prefer not to answer

( ) Don't know

A long-acting form of PrEP that is given as an injection in your buttocks once every 2 months has been found to be effective in preventing HIV infection. You would have to see a doctor or healthcare provider to start injectable PrEP and go back for check-ups once every 2 months to stay on it. The possible side effects of injectable PrEP are mild-to-moderate pain at the injection site that lasts 2 to 7 days, mild rash at the injection site that clears up on its own, or a headache that lasts a couple of days after injection. Studies have found that injectable PrEP is effective at preventing HIV infection.

Before today, have you ever heard of injectable PrEP?

( ) No
( ) Yes
( ) I prefer not to answer
( ) Don't know

If injectable PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start injectable PrEP?

( ) No, I would keep using oral PrEP
( ) Yes, I would ask my doctor about switching to injectable PrEP
( ) I prefer not to answer
( ) Don't know

Logic: Hidden unless: (#146 Question "If on-demand oral PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start on-demand oral PrEP?" is one of the following answers ("Yes, I would ask my doctor about switching to on-demand oral PrEP") AND #148 Question "If injectable PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start injectable PrEP?

You said you'd be willing to switch to on-demand oral PrEP or injectable PrEP. If the same doctor offered both options to you, which would you choose?

( ) On-Demand oral PrEP

( ) Injectable PrEP

Once a doctor prescribes injectable PrEP for you, it may be possible to get your injection at another place. Where would you prefer to get the injection?

( ) Private doctor's office

( ) STD Clinic

( ) Health Center

( ) Pharmacy

( ) At home

( ) Other, please specify:: _____ *

( ) I prefer not to answer

( ) Don't know

prep interest for those currently taking on-demand oral prep (confirmed)

There is another way that people take PrEP called daily oral PrEP. Daily oral PrEP is a pill that a person who is HIV-negative takes every day in order to prevent getting HIV. Daily PrEP is safe, but some people experience side effects like diarrhea, nausea, headache, fatigue, and stomach pain. These side effects usually go away over time. You have to see a doctor or other healthcare provider to start daily oral PrEP and go back for check-ups once every 3 months to stay on it. Studies have shown that daily oral PrEP provides about 99% protection against HIV infection from sex when it is taken every day.

Before today, have you ever heard of daily oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) I don't know

Have you ever used daily oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) I don't know

If daily oral PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start on-demand oral PrEP?

( ) No, I would keep using on-demand oral PrEP

( ) Yes, I would ask my doctor about switching to daily oral PrEP

( ) I prefer not to answer

( ) Don't know

A long-acting form of PrEP that is given as an injection in your buttocks once every 2 months has been found to be effective in preventing HIV infection. You would have to see a doctor or healthcare provider to start injectable PrEP and go back for check-ups once every 2 months to stay on it. The possible side effects of injectable PrEP are mild-to-moderate pain at the injection site that lasts 2 to 7 days, mild rash at the injection site that clears up on its own, or a headache that lasts a couple of days after injection. Studies have found that injectable PrEP is effective at preventing HIV infection.

Before today, have you ever heard of injectable PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

If injectable PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start injectable PrEP?

( ) No, I would keep using on-demand oral PrEP

( ) Yes, I would ask my doctor about switching to injectable PrEP

( ) I prefer not to answer

( ) Don't know

You said you'd be willing to switch to daily oral PrEP or injectable PrEP. If the same doctor offered both options to you, which would you choose?

( ) Daily oral PrEP

( ) Injectable PrEP

Once a doctor prescribes injectable PrEP for you, it may be possible to get your injection at another place. Where would you prefer to get the injection?

( ) Private doctor's office

( ) STD Clinic

( ) Health Center

( ) Pharmacy

( ) At home

( ) Other, please specify:: _____*

( ) I prefer not to answer

( ) Don't know

PrEP Interest for those currently using Injectable PrEP

There is another way that people take PrEP called daily oral PrEP. Daily oral PrEP is a pill that a person who is HIV-negative takes every day in order to prevent getting HIV. Daily PrEP is safe, but some people experience side effects like diarrhea, nausea, headache, fatigue, and stomach pain. These side effects usually go away over time. You have to see a doctor or other healthcare provider to start daily oral PrEP and go back for check-ups once every 3 months to stay on it. Studies have shown that daily oral PrEP provides about 99% protection against HIV infection from sex when it is taken every day.

Before today, have you ever heard of daily oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) I don't know

Have you ever used daily oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) I don't know

If daily oral PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start daily oral PrEP?

( ) No, I would keep using injectable PrEP

( ) Yes, I would ask my doctor about switching to daily oral PrEP

( ) I prefer not to answer

( ) Don't know

Another way that some people take PrEP pills called on-demand oral PrEP. On-demand oral PrEP is also known as "intermittent" or "event-driven" PrEP. With on-demand oral PrEP you take a series of pills around the time when you have sex. This means taking two pills 2 to 24 hours before sex, one pill 24 hours after the first dose, and one pill 24 hours after the second dose. Some studies found that on-demand PrEP is effective at preventing HIV infection. This approach isn't currently approved by the FDA (Food and Drug Administration).

Before today, have you ever heard of on-demand oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Have you ever used on-demand oral PrEP?

( ) No

( ) Yes

( ) I prefer not to answer

( ) I don't know

If on-demand oral PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start on-demand oral PrEP?

( ) No, I would keep using injectable PrEP

( ) Yes, I would ask my doctor about switching to on-demand oral PrEP

( ) I prefer not to answer

( ) Don't know

Logic: Hidden unless: (#146 Question "If on-demand oral PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start on-demand oral PrEP?" is one of the following answers ("Yes, I would ask my doctor about switching to on-demand oral PrEP") AND #148 Question "If injectable PrEP were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start injectable PrEP?
" is one of the following answers ("Yes, I would ask my doctor about switching to injectable PrEP"))

You said you'd be willing to switch to daily oral PrEP or on-demand ora PrEP. If the same doctor offered both options to you, which would you choose?

( ) Daily oral PrEP

( ) On-Demand oral PrEP

Creating never tested/HIV negative indicator variable

Social Capital Scale

Now we will ask you some questions about your social life and your relationships with gay, bisexual, and other men who have sex with men. For each statement below, please tell us if you strongly agree, mostly agree, neither agree nor disagree, mostly disagree, or strongly disagree.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	I prefer not to answer	Don't know
You can count on other gay/bisexual men if you need to borrow money.	( )	( )	( )	( )	( )	( )	( )
You can count on other gay/bisexual men to accompany you to the doctor or hospital.	( )	( )	( )	( )	( )	( )	( )
You can count on	( )	( )	( )	( )	( )	( )	( )

other gay/bisexual men if you need to talk about your problems.						
You can count on other gay/bisexual men if you need somewhere to stay.	( )	( )	( )	( )	( )	( )	( )

Social Capital Scale, cont'd

In which of the following group activities do you currently participate in your personal life? For each one please tell us if you participate, and if so, if you would consider yourself a member, active member, or group leader.

	Don't participate	Member	Active member	Group leader	I prefer not to answer	Don't know
Church, mosque, synagogue, or other religious groups	( )	( )	( )	( )	( )	( )
Clubs (sports,	( )	( )	( )	( )	( )	( )

student groups, etc.)						
Cultural activities	( )	( )	( )	( )	( )	( )
Activities in your community	( )	( )	( )	( )	( )	( )

Social Capital Scale, cont'd

Approximately how many friends do you have who are gay/bisexual men?

_____

Approximately how many times in the past 12 months have you had gay/bisexual male friends over to your home?

( ) Never

( ) Less than once a month

( ) Once a month on average

( ) Twice a month on average

( ) Three times a month on average

( ) Once per week on average

( ) More than once per week on average

( ) I prefer not to answer

( ) Don't know

Mental Health Service use

In the past 12 months, have you talked to a medical doctor or other healthcare professional about any problem you were having with your emotions, nerves, alcohol and drug use, or mental health?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

During the past 12 months, did you receive any treatment, therapy or counseling for any problem you were having with your emotions, nerves, alcohol and drug use, or mental health?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Stigma

[via GIPHY](#)

Now we're going to ask you some questions about experiences of stigma, discrimination and violence that you may have experienced ever in your life and if so, whether they happened in the past 12 months (since [question('value'), id='9']). We know that experiences of mistreatment can be hard to discuss. Remember, you do not have to answer any question if you don't want to, and your responses will remain private and entirely confidential.

The next set of questions is about whether experiences happened ever in your life, and if so, whether they happened in the past 12 months, (since [question('value'), id='9']).

Have you ever felt excluded from family activities because you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever felt that family members have made discriminatory remarks or gossiped about you because you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever felt rejected by your friends because you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Stigma Health Care

Have you ever felt afraid to go to health care services because you worry someone may treat you poorly because you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever avoided going to health care services because you worry someone may treat you poorly because you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever heard health care providers gossiping about you (talking about you) because you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever felt that you were not treated well in a health center because someone knew that you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever worried that a healthcare provider would judge you for having sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever worried that a healthcare provider would treat you differently if you told them you have had sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever been concerned you would make a healthcare provider uncomfortable talking about having sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

STIGMA2

Have you ever felt that the police refused to protect you because you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever felt scared to be in public places because you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever been verbally harassed and felt it was because you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Stigma3

Has someone ever physically hurt you (pushed, shoved, slapped, hit, kicked, choked or otherwise physically hurt you)?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Do you believe any of these experiences of physical violence was/were related to the fact that you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Have you ever been forced to have sex when you did not want to?
By forced, we mean physically forced, coerced to have sex, or penetrated with an object, when you did not want to.

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Do you believe any of these experiences of sexual violence were related to the fact that you have sex with men?

( ) No

( ) Yes, in the last 12 months

( ) Yes, but not in the last 12 months

( ) I prefer not to answer

( ) Don't know

Intersectional Anticipated Discrimination Scale (InDI-A) 1

Now we're going to ask you some questions about experiences of stigma, discrimination and violence that you may have experienced. We know that experiences of mistreatment can be hard to discuss. Remember, you do not have to answer any question if you don't want to, and your responses will remain private and entirely confidential.

These questions are about experiences related to who you are. This includes both how you describe yourself and how others might describe you. For example, your skin color, ancestry, nationality, religion, gender, sexuality, age, weight, disability or mental health issue, and income.

Logic: Show/hide trigger exists.

Because of who I am, a doctor or nurse, or other health care provider might treat me poorly.

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

Logic: Hidden unless: #188 Question "Because of who I am, a doctor or nurse, or other health care provider might treat me poorly." is one of the following answers ("Agree","Strongly agree")

While there may be many aspects of who you are that could be related to this, we want to ask you about a few specifically.

Do you think this might occur because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____ *

<u>Because of who I am</u>, I might have trouble finding or keeping a job.

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

Do you think this might occur because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____ *

<u>Because of who I am</u>, I might have trouble getting an apartment or house.

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

Do you think this might occur because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____ *

I worry about being treated unfairly by a teacher, supervisor, or employer.

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

Do you think this might occur because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____ *

I may be denied a bank account, loan, or mortgage <u>because of who I am.</u>

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

Do you think this might occur because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____ *

Intersectional Anticipated Discrimination Scale (InDI-A) 2

I worry about being harassed or stopped by police or security.

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

Do you think this might occur because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):

_____ *

<u>Because of who I am</u>, people might try to attack me physically.

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

Do you think this might occur because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):

_____ *

I expect to be pointed at, called names, or harassed when in public.

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

Do you think this might occur because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):

_____ *

I fear that I will have a hard time finding friendship or romance <u>because of who I am.</u>

( ) Strongly disagree

( ) Disagree

( ) Neither agree nor disagree

( ) Agree

( ) Strongly agree

Do you think this might occur because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____ *

Intersectional Day-to-day Discrimination Index (InDI-D) 1

These questions are about experiences related to who you are. This includes both <u>how you describe yourself and how others might describe you.</u> For example, your skin color, ancestry, nationality, religion, gender, sexuality, age, weight, disability or mental health issue, and income.

Because of who you are, have you heard, saw, or read others joking or laughing about you (or people like you)

( ) Never

( ) Yes, but not in the past year

( ) Yes, once or twice in the past year

( ) Yes, many times in the past year

Do you think this occurred because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____*

Because of who you are, have you been treated as if you are unfriendly, unhelpful, or rude

( ) Never

( ) Yes, but not in the past year

( ) Yes, once or twice in the past year

( ) Yes, many times in the past year

Do you think this occurred because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):

_____ *

<u>Because of who you are</u>, have you been called names or heard/saw your identity used as an insult

( ) Never

( ) Yes, but not in the past year

( ) Yes, once or twice in the past year

( ) Yes, many times in the past year

Do you think this occurred because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):

_____ *

Because of who you are, have you been treated as if others are afraid of you

( ) Never

( ) Yes, but not in the past year

( ) Yes, once or twice in the past year

( ) Yes, many times in the past year

Do you think this occurred because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____ *

Because of who you are, have you been stared at or pointed at in public

( ) Never

( ) Yes, but not in the past year

( ) Yes, once or twice in the past year

( ) Yes, many times in the past year

Do you think this occurred because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____*

Intersectional Day-to-day Discrimination Index (InDI-D) 2

<u>**Because of who you are**</u>**, have you been told that you should think, act, or look more like others**

( ) Never

( ) Yes, but not in the past year

( ) Yes, once or twice in the past year

( ) Yes, many times in the past year

Do you think this occurred because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____ *

Because of who you are, have you heard that you or people like you don't belong

( ) Never

( ) Yes, but not in the past year

( ) Yes, once or twice in the past year

( ) Yes, many times in the past year

Do you think this occurred because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____ *

Because of who you are, have you been asked inappropriate, offensive, or overly personal questions

( ) Never

( ) Yes, but not in the past year

( ) Yes, once or twice in the past year

( ) Yes, many times in the past year

Do you think this occurred because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____*

Because of who you are, have you been treated as if you are less smart or capable than others

( ) Never

( ) Yes, but not in the past year

( ) Yes, once or twice in the past year

( ) Yes, many times in the past year

Do you think this occurred because of any of the following: (select all that apply)

[ ] Your gender identity

[ ] Who you have sex with

[ ] Your race or ethnicity

[ ] Your class or income

[ ] Other aspect(s) of who you are (please specify):
_____ *

Intersectional Major Discrimination Index (InDI-M) 1

As a reminder, we are interested in experiences related to who you are. This includes both how you describe yourself and how others might describe you. For example, your skin color, ancestry, nationality, religion, gender, sexuality, age, weight, disability or mental health issue, and income.

Because of who you are, has a health care provider ever refused you care?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

<u>Because of who you are</u>, have you ever been fired or dismissed from a job, or been turned down for a job that you interviewed for?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

<u>Because of who you are,</u> have you ever been evicted or denied housing?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

<u>Because of who you are,</u> have you ever been unreasonably stopped and questioned, searched, or arrested by police or security?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

Intersectional Major Discrimination Index (InDI-M) 2

<u>Because of who you are,</u> have you ever been unreasonably expelled or suspended from school?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

<u>Because of who you are,</u> have you ever been unable to open a bank account, cash a cheque, or get a loan?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

<u>Because of who you are,</u> have you ever had to move to another neighborhood, town, city, state, province, or country?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

Because of who you are, have you ever lost a close relationship (e.g., with a family member, friend, or partner)?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

Because of who you are, have you ever been repeatedly harassed at work or school, where you live, or when accessing services?

( ) No

( ) Yes-in one place

( ) Yes-in more than one place

Has this happened to you in the past 12 months?

( ) Yes
( ) No

Intersectional Major Discrimination Index (InDI-M) 3

<u>Because of who you are</u>, have you ever been threatened with a physical or sexual attack?

( ) Never
( ) Once
( ) More than once

Has this happened to you in the past 12 months?

( ) Yes
( ) No

<u>Because of who you are</u>, have you ever been physically attacked (e.g., spit on, had objects thrown at you, hit, punched, pushed or grabbed, beaten)?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

<u>Because of who you are,</u> have you ever been made to engage in sexual activity, or been touched in a sexual way, that you didn't want?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

Because of who you are, have you ever had someone take, damage, or vandalize your property?

( ) Never

( ) Once

( ) More than once

Has this happened to you in the past 12 months?

( ) Yes

( ) No

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following

	Not at all	**Several days**	**More than half the days**	**Nearly every day**

Little interest or pleasure in doing things	( )	( )	( )	( )
Feeling down, depressed, or hopeless	( )	( )	( )	( )
Trouble falling or staying asleep, or sleeping too much	( )	( )	( )	( )
Feeling tired or having little energy	( )	( )	( )	( )
Poor appetite, or overeating	( )	( )	( )	( )
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	( )	( )	( )	( )
Trouble concentrating on things, such as reading the newspaper or watching television	( )	( )	( )	( )

Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	( )	( )	( )	( )
Thoughts that you would be better off dead, or of hurting yourself	( )	( )	( )	( )

Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

( ) Not at all

( ) Several days

( ) More than half the days

( ) Nearly every day

Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

( ) Not at all

( ) Several days

( ) More than half the days

( ) Nearly every day

Over the last 2 weeks, how often have you been bothered by trouble falling or staying asleep, or sleeping too much?

( ) Not at all

( ) Several days

( ) More than half the days

( ) Nearly every day

Over the last 2 weeks, how often have you been bothered by feeling tired or having little energy?

( ) Not at all

( ) Several days

( ) More than half the days

( ) Nearly every day

Over the last 2 weeks, how often have you been bothered by poor appetite or overeating?

( ) Not at all

( ) Several days

( ) More than half the days

( ) Nearly every day

Over the last 2 weeks, how often have you been bothered by feeling bad about yourself – or that you are a failure or have let yourself or your family down?

( ) Not at all

( ) Several days

( ) More than half the days

( ) Nearly every day

Over the last 2 weeks, how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?

( ) Not at all

( ) Several days

( ) More than half the days

( ) Nearly every day

Over the last 2 weeks, how often have you been bothered by moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

( ) Not at all

( ) Several days

( ) More than half the days

( ) Nearly every day

Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself?

( ) Not at all

( ) Several days

( ) More than half the days

( ) Nearly every day

PTSD

Sometimes things happen to people that are very upsetting and stressful, like being in a life-threatening situation, such as a flood, earthquake, or other major disaster or extreme weather event; being involved in a serious accident or fire; being physically abused, assaulted, or mugged; being sexually abused, assaulted, or harassed; being incarcerated in jail or prison; being harassed by police; seeing another person killed or dead; someone making a threat to harm you; having a serious medical emergency or being diagnosed with a chronic illness, like HIV; seeing another person injured or badly hurt; having someone close to you suddenly die; or hearing about something horrible that has happened to someone you are close to.

Logic: Show/hide trigger exists.

Have you <u>ever</u> experienced something like the situations described above?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

In the past month, how much were you bothered by the following:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing, and unwanted memories of the stressful experience?	( )	( )	( )	( )	( )
Feeling very upset when something reminded you of the stressful experience?	( )	( )	( )	( )	( )
Avoiding memories, thoughts, or feelings related to the stressful experience?	( )	( )	( )	( )	( )
Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities,	( )	( )	( )	( )	( )

objects, or situations)?					
Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	( )	( )	( )	( )	( )
Loss of interest in activities that you used to enjoy?	( )	( )	( )	( )	( )
Trouble experiencing positive feelings (for example, being unable to feel happiness or having loving feelings for people close to you)?	( )	( )	( )	( )	( )
Feeling jumpy or easily startled?	( )	( )	( )	( )	( )

Having difficulty concentrating?	( )	( )	( )	( )	( )

Suicidality

At any time in the past 12 months, up to and including today, did you seriously think about trying to kill yourself?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

During the past 12 months, did you make any plans to kill yourself?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

During the past 12 months, did you try to kill yourself?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

STI Testing

Now we're going to ask you about testing for sexually transmitted infections.

Have you <u>ever</u> been tested for the sexually transmitted infections gonorrhea, chlamydia, or syphilis?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Have you <u>ever</u> been tested for the sexually transmitted infections gonorrhea, chlamydia, or syphilis?

'' is one of the following answers ("Yes")

In the past 12 months, that is, since [question('value'), id='9'], were you tested for a sexually transmitted infection like gonorrhea, chlamydia, or syphilis?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

In the past 12 months, that is, since [question('value'), id='9'], were you tested for a sexually transmitted infection like gonorrhea, chlamydia, or syphilis?

'' is one of the following answers ("Yes")

In the past 12 months, how many times have you been tested for the sexually transmitted infections gonorrhea, chlamydia, or syphilis?

_____

In the past 12 months, that is, since [question('value'), id='9'], were you tested for a sexually transmitted infection like gonorrhea, chlamydia, or syphilis?

'' is one of the following answers ("Yes")

In the past 12 months, when you were tested for a sexually transmitted infection like gonorrhea, chlamydia, or syphilis, what samples did you provide for testing? Check all that apply.

[ ] I had my blood drawn

[ ] I gave a urine sample

[ ] I had my rectum (butt) swabbed

[ ] I had my throat swabbed

[ ] I prefer not to answer

[ ] Don't know

In the past 12 months, that is, since [question('value'), id='9'], were you tested for a sexually transmitted infection like gonorrhea, chlamydia, or syphilis?

'' is one of the following answers ("Yes")

When you were tested for a sexually transmitted infection in the past 12 months, how were you tested? Check all that apply.

[ ] I went to an STD clinic, healthcare center, or doctor's office where the provider collected the samples

[ ] I picked up the testing kit at an STD clinic, healthcare center, or doctor's office and I swabbed myself while at home or at another location

[ ] An STD clinic, healthcare center, or doctor's office arranged to have a testing kit mailed to me and I swabbed myself while at home or at another location

[ ] I ordered a testing kit online (such as from Amazon) and I swabbed myself at while at home or at another location

[ ] I prefer not to answer

[ ] Don't know

Many STD clinics and healthcare centers provide in-person STI testing. Looking ahead, what is your preferred approach to getting tested for sexually transmitted infections? (Choose one option to select your preferred location)

( ) Going to an STD clinic, healthcare center, or doctor's office where the provider collects the sample

( ) Picking up the testing kit at an STD clinic, healthcare center, or doctor's office and swabbing myself while at home or at another location

( ) Having an STD clinic, healthcare center, or doctor's office mail me a testing kit and swabbing myself while at home or at another location

( ) Ordering a testing kit online (such as from Amazon) and swabbing myself while at home or at another location

( ) Something else

( ) I prefer not to answer

( ) Don't know

Bacterial STI Diagnoses

In the past 12 months (since [question('value'), id='9']), 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

When you saw a doctor, nurse, or other healthcare provider for STI testing or treatment in the past 12 months, was your appointment (or appointments) with that provider in person, by video, or phone? (Check all that apply)

[ ] In person

[ ] By video

[ ] By phone

[ ] Something else

[ ] I prefer not to answer

[ ] Don't know

Hepatitis testing

The following questions ask about Hepatitis C, a virus that causes inflammation of the liver and sometimes leads to liver damage. Hepatitis C is a bloodborne illness that can be transmitted sexually.

In the past 12 months, that is, since [question("value"), id="9"], were you tested by a doctor, nurse, or other health care provider for hepatitis C?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Has a doctor, nurse, or other health care provider ever told you that you had hepatitis C?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Patient Portal

Patient portals allow patients to securely view their personal health records online. Which statement best describes your experience with patient portals?

( ) I have used a patient portal

( ) I have access to a patient portal but I have never used it

( ) I do not have access to a patient portal

( ) I prefer not to answer

( ) Don't know

In the past 12 months, which of the following have you done with your patient portal? (Check all that apply)

[ ] Sent a message to my doctor or another healthcare provider

[ ] Viewed a message from my doctor or another healthcare provider

[ ] Requested a refill for my medications

[ ] Scheduled an appointment with my doctor or another healthcare provider

[ ] Viewed my laboratory test results

[ ] Showed a sex partner my test results for gonorrhea, syphilis, or any other STI

[ ] Viewed my HIV viral load or CD4+ count

[ ] Showed a sex partner my HIV viral load

[ ] I have not used my patient portal in the past 12 months

[ ] I have used my patient portal for other things, such as::
_____ *

[ ] I prefer not to answer

[ ] Don't know

Please indicate what features would be helpful to include in patient portals. Features that… (Check all that apply)

[ ] Make it easier to understand my laboratory test results

[ ] Educate people about what to do or not do if they have certain STIs

[ ] Are based upon my personal lifestyle and sexual health preferences

[ ] Help to educate my sex partners about HIV

[ ] Explain what an undetectable HIV viral load means for risk of transmitting through sex

[ ] Show whether an HIV viral load is detectable or undetectable

[ ] Help connect people with the mental health resources they need

[ ] Help people safely talk with partners about living with HIV or other STIs

[ ] Connect people with information about newly approved STI/HIV medications

[ ] Help me to order home test kits for HIV and other STIs

[ ] Other features. Please explain:: _____ *

[ ] I prefer not to answer

[ ] Don't know

Page entry logic: This page will show when: (#100 Question "Have you **ever** been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS." is one of the following answers ("No","I prefer not to answer","Don't know") OR (#105 Question "What was the result of your **most recent** HIV test[question('value'), id='191']?" is one of the following answers ("Negative","Never obtained results","Indeterminate","I prefer not to answer","Don't know") AND #106 Question "Before your most recent test[question('value'), id='191'], did you **ever** test positive for HIV?" is not one of the following answers ("Yes")))

Future HIV Infection

How likely do you think it is that you will become infected with HIV in the next 5 years?

( ) Very unlikely

( ) Somewhat unlikely

( ) Somewhat likely

( ) Very likely

Section F. 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 answer

( ) Don't know

UIC Messaging Questions

In the past 12 months, how often have you encountered messages about HIV on social media (e.g. Facebook, Twitter, YouTube, Instagram)? By "messages about HIV", we mean any messages you encounter on social media, not just those put out by health departments.

( ) Very frequently

( ) Frequently

( ) Infrequently

( ) Very infrequently

( ) Never

( ) I prefer not to answer

( ) Don't know

UIC 2

Which of the following topics were in those messages about HIV? Check all that apply.

[ ] HIV testing

[ ] HIV pre-exposure prophylaxis (PrEP)

[ ] HIV post-exposure prophylaxis (PEP)

[ ] Condom use for HIV prevention

[ ] HIV care, including treatment for HIV

[ ] I prefer not to answer

[ ] Don't know

How often do the messages about HIV you encounter on social media give you a clear indication of what to do about HIV prevention or testing?

( ) Very frequently

( ) Frequently

( ) Infrequently

( ) Very infrequently

( ) Never

( ) I prefer not to answer

( ) Don't know

How often are the messages you encounter about HIV on social media relevant to you personally?

( ) Very frequently

( ) Frequently

( ) Infrequently

( ) Very infrequently

( ) Never

( ) I prefer not to answer

( ) Don't know

UIC share and like

When you use social media, you have the ability to share and like other users' posts. The following questions will ask you about sharing and liking posts.

How often do you "share" the messages about HIV you encounter on social media?

( ) Very frequently

( ) Frequently

( ) Infrequently

( ) Very infrequently

( ) Never

( ) I prefer not to answer

( ) Don't know

How often do you "like" the messages about HIV you encounter on social media?

( ) Very frequently

( ) Frequently

( ) Infrequently

( ) Very infrequently

( ) Never

( ) I prefer not to answer

( ) Don't know

In the past 3 months, how often have you browsed posts on Facebook?

( ) 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 3 months, how often have you browsed posts on Instagram?

( ) 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 3 months, how often have you browsed posts on Twitter?

( ) 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 the following kinds of internet sites to meet or socialize with gay men? Check all that apply.

[ ] 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

Page entry logic: This page will show when: #291 Question "**In the past 12 months**, have you used any of the following kinds of internet sites to meet or socialize with gay men? Check all that apply." is one of the following answers ("Dating websites directed towards gay men","Mobile phone apps (such as gay chat, dating and hookup apps)")

BHOC

In the past 12 months, which dating/hookup smartphone apps have you used? Check all that apply.

[ ] Grindr

[ ] Scruff

[ ] Tinder

[ ] Jack'd

[ ] Adam 4 Adam/RADAR

[ ] GROWLr

[ ] Daddyhunt

[ ] Hornet

[ ] Squirt

[ ] Sniffies

[ ] Recon

[ ] Other (please specify):: _____

[ ] None of these

Dating site features

Do you know that on many apps you can include your preferred sexual health strategy in your personal profile, like condoms, PrEP, or being on treatment for HIV?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Did you choose to use the preferred sexual health strategy feature?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Which options did you select? Check all that apply.

[ ] Condoms

[ ] PrEP

[ ] Treatment as Prevention / Taking HIV meds / Undetectable

Is the preferred sexual health strategy feature one you would like to use in the future?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Dating site features 2

Do you know that on many apps you can share your HIV status?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Did you choose to share your HIV status?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Dating site features 3

There may be different options for how you can share your HIV status depending on which apps you use. Next, we'll ask you about which options you'd prefer to use if you were to choose to share your HIV status on the app.

Would you use a feature that allows you to choose whether another user can see your HIV status?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

How would you react to others being able to filter you out based on your HIV status, race/ethnicity, or gender identity?

( ) Very negatively

( ) Somewhat negatively

( ) Neither negatively or positively

( ) Somewhat positively

( ) Very positively

( ) I prefer not to answer

( ) Don't know

Page entry logic: This page will show when: #291 Question "**In the past 12 months**, have you used any of the following kinds of internet sites to meet or socialize with gay men? Check all that apply." is one of the following answers ("Dating websites directed towards gay men","Mobile phone apps (such as gay chat, dating and hookup apps)")

Dating site features 4

FDA-approved rapid self-tests allow people to complete an HIV test anonymously at home and receive their results in as little as 20 minutes. Some organizations and companies have been running ads and messages on their apps to promote at-home HIV testing.

Logic: Show/hide trigger exists.

Have you seen a message on a dating app offering at-home HIV testing?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Have you ordered an at-home HIV test as a result of seeing these messages?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Did you order the at-home HIV test for free or did you pay for it?

( ) It was free

( ) I paid for the test

( ) I prefer not to answer

( ) Don't know

Dating site features 5

In response to the recent outbreak of monkeypox, some organizations and companies have been running ads and messages on their apps to provide information about monkeypox.

Have you seen a message on a dating app with information about monkeypox?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

HIV Molecular Epi (ME) Vignette 1- Disclosure

Imagine you recently got tested for HIV and learned the test was positive. Now you are visiting a doctor at a local health clinic to begin treatment.

The doctor suggests you start a once-a-day combination pill to treat HIV. The doctor tells you that this medicine works well for most people. However, for a small number of people, there are genetic changes in the HIV virus that make the medicine not work as well. To find out whether you are one of the people for whom the medicine might not work, the doctor orders an "HIV resistance test." This blood test looks at the genetic makeup of the virus that you have. This test is done routinely as part of HIV treatment.

Before your blood is drawn, the doctor explains that the results of this HIV resistance test are automatically sent to public health agencies by the laboratory that does the test. Patients are not asked to give consent for automatic reporting of HIV resistance test results because it is required by law, just like the reporting of all positive HIV test results. All of this information is used in a practice called "molecular surveillance" that allows public health agencies to understand how HIV is spreading in the community.

We know that having a new diagnosis of HIV and thinking about treatment can be hard. For this question, we are specifically interested in your reaction to having the HIV resistance test done. How willing would you be to have the HIV resistance test done?

( ) Very willing to have the resistance test done

( ) Somewhat willing to have the resistance test done

( ) Neither willing nor unwilling to have the resistance test done

( ) Somewhat unwilling to have the resistance test done

( ) Very unwilling to have the resistance test done

How likely would you be to return to this doctor for continued care for HIV infection?

( ) Very likely

( ) Somewhat likely

( ) Neither likely nor unlikely

( ) Somewhat unlikely

( ) Very unlikely

In your opinion, how important is it for patients *to know* that their HIV resistance test results are reported automatically to public health agencies *before* they have the test done?

( ) Extremely important

( ) Very important

( ) Moderately important

( ) Slightly important

( ) Not at all important

Logic: Show/hide trigger exists.

In the US, laws that criminalize HIV exposure vary by state. To the best of your knowledge, in the state where you live, please indicate which of the following statements is true. (pick one)

( ) In my state, there IS A LAW that makes it a crime to knowingly expose another person to HIV.

( ) In my state, there is NO LAW that makes it a crime to knowingly expose another person to HIV.

( ) I'm not sure.

In the US, laws that criminalize HIV exposure vary by state. To the best of your knowledge, in the state where you live, please indicate which of the following statements is true. (pick one)

" is one of the following answers ("In my state, there IS A LAW that makes it a crime to knowingly expose another person to HIV.")

In the state where you live, please indicate which of the following statements you believe are true. (check all that apply)

[ ] In my state, there is an HIV-specific law that criminalizes knowingly exposing another person to HIV.

[ ] In my state, people who knowingly expose another person to HIV can be charged with a crime under a law that is not specific to HIV (for example, causing bodily harm).

[ ] In my state, people who knowingly expose another person to HIV cannot be charged with a crime as long as they disclose their HIV status before doing so.

[ ] I'm not sure.

HIV Molecular Epi (ME) Vignette 2 - Non Disclosure

Imagine you recently got tested for HIV and learned the test was positive. Now you are visiting a doctor at a local clinic to begin treatment.

The doctor suggests you start a once-a-day combination pill to treat HIV. The doctor tells you that this medicine works well for most people. However, for a small number of people, there are genetic changes in the HIV virus that make the medicine not work as well. To find out whether you are one of the people for whom the medicine might not work, the

doctor orders an "HIV resistance test." This blood test looks at the genetic makeup of the virus that you have. This test is done routinely as part of HIV treatment.

We know that having a new diagnosis of HIV and thinking about treatment can be hard. For this question, we are specifically interested in your reaction to having the HIV resistance test done. How willing would you be to have the HIV resistance test done?

( ) Very willing to have the resistance test done

( ) Somewhat willing to have the resistance test done

( ) Neither willing nor unwilling to have the resistance test done

( ) Somewhat unwilling to have the resistance test done

( ) Very unwilling to have the resistance test done

How likely would you be to return to this doctor for continued care for HIV infection?

( ) Very likely

( ) Somewhat likely

( ) Neither likely nor unlikely

( ) Somewhat unlikely

( ) Very unlikely

Now imagine that a while after your initial clinic visit with the doctor when you had the HIV resistance test done, you learned from a trusted media source that the results of HIV resistance tests are reported and sent automatically to public health agencies by the laboratory that did the test.

Patients are not asked to give consent for automatic reporting of HIV resistance test results because it is required by law, just like the reporting of all positive HIV test results. All of this information is used in a practice called "molecular surveillance" that allows public health agencies to understand how HIV is spreading in the community.

Logic: Show/hide trigger exists.

What is your reaction to finding out that your HIV resistance test results would be sent to public health agencies?

( ) I have no reaction.

( ) I am okay with this.

( ) I have a problem with this.

What is the reason(s) that you have a problem?

[ ] I don't want my results to be reported to a public health agency.

[ ] My doctor should have told me about this reporting before the HIV resistance test was done.

[ ] Other: (specify): _____*

If the doctor had told you during your initial clinic visit that your HIV resistance test results would be sent automatically to public health agencies, how willing would you have been to take the test?

( ) Very willing to have the resistance test done

( ) Somewhat willing to have the resistance test done

( ) Neither willing nor unwilling to have the resistance test done

( ) Somewhat unwilling to have the resistance test done

( ) Very unwilling to have the resistance test done

You have just learned from a trusted media source—not the doctor—that HIV resistance test results are automatically reported to public health agencies. How likely are you to return to this doctor for continued care for HIV infection?

( ) Very likely

( ) Somewhat likely

( ) Neither likely nor unlikely

( ) Somewhat unlikely

( ) Very unlikely

In your opinion, how important is it for patients *to know* that their HIV resistance test results are reported automatically to public health agencies <u>before</u> they have the test done?

( ) Extremely important

( ) Very important

( ) Moderately important

( ) Slightly important

( ) Not at all important

In the US, laws that criminalize HIV exposure vary by state. To the best of your knowledge, in the state where you live, please indicate which of the following statements is true. (pick one)

( ) In my state, there IS A LAW that makes it a crime to knowingly expose another person to HIV.

( ) In my state, there is NO LAW that makes it a crime to knowingly expose another person to HIV.

( ) I'm not sure.

In the US, laws that criminalize HIV exposure vary by state. To the best of your knowledge, in the state where you live, please indicate which of the following statements is true. (pick one)

" is one of the following answers ("In my state, there IS A LAW that makes it a crime to knowingly expose another person to HIV.")

In the state where you live, please indicate which of the following statements you believe are true. (check all that apply)

[ ] In my state, there is an HIV-specific law that criminalizes knowingly exposing another person to HIV.

[ ] In my state, people who knowingly expose another person to HIV can be charged with a crime under a law that is not specific to HIV (for example, causing bodily harm).

[ ] In my state, people who knowingly expose another person to HIV cannot be charged with a crime as long as they disclose their HIV status before doing so.

[ ] I'm not sure.

MPox symptoms

Since May 2022, have you had a fever and didn't know the cause of it?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Since May 2022, have you had a new rash or sores on the skin and didn't know the cause of them?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Where were the rash or sores located? Please check all that apply.

[ ] Face, head or neck

[ ] Lips, mouth or throat

[ ] Genitals

[ ] Butt or anus

[ ] Arms or hands

[ ] Legs or feet

[ ] Chest, stomach or back

[ ] Some other location (specify_____):
_____ *

[ ] I prefer not to answer

[ ] Don't know

Logic: Hidden unless: #320 Question "Since May 2022, have you had a new rash or sores on the skin and didn't know the cause of them? " is one of the following answers ("Yes")

On a scale of 0 to 10, 0 being 'no pain at all' and 10 being 'the worst pain possible', how much pain or discomfort did you have from the rash when it was at its most painful?

0 _____[__]_____ 10

Logic: Hidden unless: #320 Question "Since May 2022, have you had a new rash or sores on the skin and didn't know the cause of them? " is one of the following answers ("Yes")

After you first noticed the rash or sores, did it change in any of the following ways? Please check all that apply.

[ ] Worsening appearance of rash or sores

[ ] Increased number of sores, but still in same location on my body

[ ] New locations of rash or sores on my body

[ ] None of these changes

[ ] I prefer not to answer

[ ] Don't know

Monkeypox heard, concern

The next set of questions are about monkeypox, a disease caused by a virus that can make people sick with a fever, headache, muscle aches, swollen lymph nodes, exhaustion and a rash or blisters on the body that typically lasts 2 to 4 weeks. Monkeypox is spread from person-to-person, including during intimate contact and sex.

Up until now, how much have you seen, read or heard about monkeypox?

( ) A lot

( ) Some

( ) A little

( ) None

( ) I prefer not to answer

( ) Don't know

How concerned are you about getting monkeypox?

( ) Very concerned

( ) Somewhat concerned

( ) A little concerned

( ) Not at all concerned

( ) I prefer not to answer

( ) Don't know

Page entry logic: This page will show when: #324 Question "**Up until now**, how much have you seen, read or heard about monkeypox? " is not one of the following answers ("None")

MPox Testing and Diagnosis

Have you ever had a test for monkeypox?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

When did you have your most recent test for monkeypox?

If the date is in the future, you will get an error.

_____

Have you ever been diagnosed with monkeypox?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't kow

When did you have your monkeypox diagnosis?

_____

What medical treatment for monkeypox have you received? Please check all that apply.

[ ] Tecovirimat (TPOXX)

[ ] Steroids

[ ] Other anti-inflammatory medictions

[ ] Something else, please specify: _____*

[ ] I haven't received any treatment for monkeypox

[ ] I prefer not to answer

[ ] Don't know

MPox vaccine

Have you ever received a monkeypox vaccine?

( ) No

( ) Yes, one dose

( ) Yes, two doses

( ) Yes, more than two doses

( ) I prefer not to answer

( ) Don't know

Which vaccine did you receive?

( ) Jynneos (also known as Imvamune or Imvanex)

( ) ACAM2000

( ) Other (please specify):: _____ *

( ) Don't know

Have you ever tried to get a monkeypox vaccine but were unable to get it?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

MPox related stigma (with diagnosis)

Have you <u>ever</u> felt scared to be in public places because you had monkeypox?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Have you <u>ever</u> felt excluded from your family activities because they were afraid you had monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> felt that family members have made discriminatory remarks or gossiped about you because you had monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> felt rejected by your friends because they were afraid you had monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> felt afraid to go to health care services because you worried about being diagnosed with monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

MPox stigma 2 (with diagnosis)

Have you <u>ever</u> avoided going to health care services because you worried others may think you have monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> heard health care providers gossiping about you because you had monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> felt that you were not treated well in a health center because you had monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> been verbally harassed and felt it was because someone thought that you had monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> been blackmailed and felt it was because you had had monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> avoided treatment for monkeypox because you were afraid to go out in public because of your diagnosis?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Page entry logic: This page will show when: (#324 Question "**Up until now**, how much have you seen, read or heard about monkeypox? " is not one of the following answers ("None") AND #328 Question "Have you ever been diagnosed with monkeypox?" is not one of the following answers ("Yes"))

MPox related stigma (no diagnosis)

Have you <u>ever</u> felt scared to be in public places because of fear of contracting monkeypox?

( ) No

( ) Yes

( ) I prefer not to answer

( ) Don't know

Have you <u>ever</u> felt excluded from your family activities because of fear that you may have monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> felt that family members have made discriminatory remarks or gossiped about you because of fear that you may have monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> felt rejected by your friends because they were afraid you may have monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> felt afraid to go to health care services because you worry about being diagnosed with monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

MPox stigma 2 (not diagnosed)

Have you <u>ever</u> avoided going to health care services because you are worried others may think you have monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> heard health care providers gossiping about you because they thought you may have monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> felt that you were not treated well in a health center because someone thought that you may have monkeypox?

( ) No

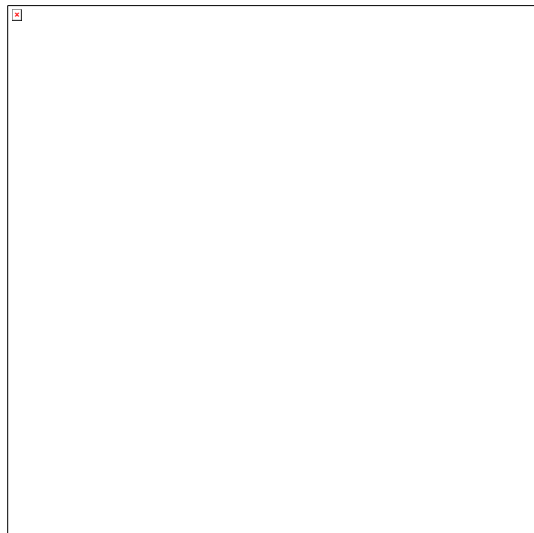( ) Yes

( ) Unsure

( ) Not applicable

Have you <u>ever</u> been verbally harassed and felt it was because someone thought that you have monkeypox?

( ) No

( ) Yes

( ) Unsure

( ) Not applicable

Future Contact

You are most of the way through the survey! Please stay with us! We have just a few more things to ask you about!

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.

_____

To thank you for your participation in this survey, we will donate $5 to one of the below charity organizations (maximum donation of $5,000 split among all charities).

Please select the organization that you would like your donations to go to:

( ) The Trevor Project: Provides national crisis support to LGBTQ+ young people

( ) SAGE: Advocacy and Services for LGBT Elders: Provides advocacy, programming and support to address the needs of LGBTQ+ elders nationally

( ) AIDSUnited: Provides funding, programming and advocacy to address the impacts of HIV in the United States

Biospecimen testing

As part of this study, you may be eligible to receive a free at-home test kit that will include screening for HIV, gonorrhea, chlamydia, syphilis and hepatitis C. After collecting the samples, you will mail the kit back to the lab in a pre-paid envelope. After your kit is received by the lab, your results will be available online through a patient portal and you will get a $50 electronic gift card for your time. To order a kit, you will have to provide us with a contact name and mailing address.

Eligible participants will be emailed an invitation to receive a free at-home test kit once study recruitment is complete. Would you like to provide your email address so we can contact you about a kit?

( ) Yes

( ) No

Please provide the email address you would like for us to use to contact you about the free at-home test kits. This email will not be linked to the answers you provided.

_____

Thank You!

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 amis@emory.edu.

To get more information about HIV, please visit: www.cdc.gov/hiv

Otherwise, you can close your browser.