

THE NATIONAL GAY MEN'S SEX SURVEY '99



This survey is ANONYMOUS - please do not write your name on this form. Please answer honestly. The questions are FRANK and EXPLICIT.

This is a National survey happening throughout the summer 1999 - PLEASE FILL THIS FORM IN ONLY ONCE.

1 How old are you?

 years

2 What term do you usually use to describe yourself sexually? (Tick one)

- Gay
- Bisexual
- Any other term - specify: _____
- I don't usually use a term

3 What is your ethnic group? (Tick one)

- Chinese
- Asian / Asian British
 - Indian
 - Pakistani
 - Other - specify: _____
- Black / Black British
 - Carribean
 - African
 - Other - specify: _____
- White
 - Irish
 - British
 - Other - specify: _____
- Mixed - specify: _____
- Other - specify: _____

4 Which of the following educational qualifications do you have? (Tick as many as apply)

- I have no educational qualifications
- O-Levels / CSEs / GCSEs
- A-Levels or equivalent
- Degree or higher
- Other - specify: _____

5 Which Local Authority do you live in? (who bills your household for Council Tax)?

If you don't know your postcode, write in your **home postcode** or the city / town you live in; if you live outside the UK, write in your country of residence

6 Who do you live with? (Tick as many as apply)

- I live by myself
- Male partner
- Female partner
- Children
- Other family members - specify: _____
- Friends
- Other - specify: _____

7 Do you agree or disagree with the following:

- "The sex I have is always as safe as I want it to be"
agree 1 2 3 4 5 **disagree**
- "HIV is still a very serious medical condition"
agree 1 2 3 4 5 **disagree**
- "I worry about HIV when I have sex"
agree 1 2 3 4 5 **disagree**
- "I'd expect a man with HIV to tell me he was positive before we had sex"
agree 1 2 3 4 5 **disagree**

8 All of the following statements are TRUE. Did you know this already?

- Condoms are **less** likely to break or tear if you use a water based lubricant.
 I knew this I wasn't sure I didn't know this
- You can go to any sexual health / GUM clinic, it doesn't have to be your local one.
 I knew this I wasn't sure I didn't know this
- Wearing two condoms for fucking (one on top of the other) increases the likelihood of condoms breaking or tearing.
 I knew this I wasn't sure I didn't know this
- Using oil based lubricants with condoms increases the likelihood of condoms breaking or tearing.
 I knew this I wasn't sure I didn't know this

9 Have you ever received an HIV test result?

- NO → Go to question 11
- YES

10 What was your most recent test result?

- NEGATIVE - Was your **MOST RECENT** negative result within the last year? NO YES

- POSITIVE - When were you first diagnosed with HIV?

_____ month _____ year

11 What do you believe your HIV status is currently? (Tick one)

- Couldn't say / don't know
- Definitely HIV negative
- Probably HIV negative
- Definitely HIV positive
- Probably HIV positive
- Other - specify: _____

12 In the LAST YEAR, have you had sex with: (Tick one)

- Neither men nor women
- Women only
- Both men and women
- Men only

13 In the LAST YEAR, how many different MEN have you had sex with? (if you don't know, please estimate)

_____ men

How many of these men were regular sexual partners?

_____ men

14 In the LAST YEAR, how many different WOMEN have you had sex with? (if you don't know, please estimate)

_____ women

How many of these women were regular sexual partners?

_____ women

15 In the last year, have you fucked a man (been the active partner in anal intercourse) OR been fucked by a man (been passive)?

- No → Go to question 24
- Yes

16 In the last year, have you fucked or been fucked WITHOUT a condom (with a man)?

- No → Go to question 21
- Yes

17 In the last year, how many different MEN have you fucked or been fucked WITHOUT a condom? (if you don't know, please estimate)

_____ men

18 In the last year, have you fucked without a condom (either way), with a man you knew at the time was HIV NEGATIVE?

- No
- Yes

19 In the last year, have you fucked without a condom (either way), with a man you knew at the time was HIV POSITIVE?

- No
- Yes

20 In the last year, have you fucked without a condom (either way), with a man whose HIV status you DID NOT KNOW?

- No
- Yes

21 Have you fucked a man (been the active partner) WITH a condom in the last year?

- NO → Go to question 24
- YES

22 Have any of the condoms you've worn in the last year TORN OR SPLIT while you were fucking?

- No
- Yes → How many times has this happened? _____ times

23 Have any of the condoms YOU have worn in the last year SLIPPED OFF while you were fucking?

- No
- Yes → How many times has this happened? _____ times

24 In the last year, which drugs have you used recreationally? (tick as many as apply)

- Alcohol speed ketamine
- poppers ecstasy crack cocaine
- cannabis acid heroin
- Viagra cocaine GHB / GBH
- steroids other - specify _____

I haven't used any recreational drugs

25 Do you disagree or agree with the following:

• "I sometimes feel lonely"
strongly agree 1 2 3 4 5 strongly disagree

• "I wish I wasn't attracted to men"
strongly agree 1 2 3 4 5 strongly disagree

• "I sometimes worry about how much I drink"
strongly agree 1 2 3 4 5 strongly disagree

• "I would like more control over my recreational drug use"
strongly agree 1 2 3 4 5 strongly disagree

26 When was the last time you: (Put one tick on each line)

	Last month	Last year	year +	never
Went to a cruising ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to a cottage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to a backroom / sex club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to a gym / fitness club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to your GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to a sexual health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to an AIDS organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looked at the HIV positive press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to a Gay Pride event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looked at the gay press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to a Gay pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to a Gay club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to a Gay social group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to a Gay community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to a Gay sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phoned an Gay helpline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phoned an HIV/AIDS helpline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteered for a Gay or HIV org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27 Which three gay pubs / clubs do you go to most often?

Name of pub/club	Town/city
_____	_____
_____	_____
_____	_____

28 Have you filled in one of these forms already this summer?

- No
- Yes

29 Who is the sexiest man on earth?

THANKS FOR YOUR TIME! PLEASE FOLD AND POST THIS FORM IN ONE OF THE SEALED ORANGE BOXES.