

Sex Now 2022

Survey Consent Form

Invitation to be part of the survey

This survey is being done by the Community-Based Research Centre, the University of Victoria, and the CIHR Centre for REACH Nexus. The survey is called Sex Now and is for gay, bisexual, trans, and queer men, and Two-Spirit and non-binary people (GBT2Q). You are invited to be in this survey.

The Principal Investigator for this study is Dr. Nathan Lachowsky (a gay, white, cisgender man) who is an Associate Professor at the University of Victoria and Research Director for the Community-Based Research Centre (nlachowsky@uvic.ca, 250-472-5739).

What is the survey about?

The purpose of the survey is to learn more about the health of gay, bisexual, trans, and queer men, and Two-Spirit and non-binary people (GBT2Q) including possible infections, such as HIV. What will I be asked to do? If you agree to participate, the study team will ask you to complete a questionnaire on a tablet or on your own device. The questionnaire includes some questions about your everyday life including your sex life, mental health, access to and use of healthcare and wellness services, substance use, and attitudes. It will take about 15 minutes to complete. At the end of the survey, you will be asked if you would like to participate in an optional HIV self-testing and peer navigation component of the study.

Are there any risks involved in the survey?

You may be visible to other people while completing the survey, which may make others aware that you are eligible for the study. If this is a concern for you, you may choose not to participate. Additionally, you may know some of the people involved in recruitment for this study. If this is the case, you are under no obligation to participate, and choosing not to participate will not impact future access to or use of services at these or other organizations.

We know that answering personal questions (such as those about substance use, discrimination, sexual abuse or barriers to accessing care or support) can be difficult and may upset or distress you. If you are upset by any question or feel uncomfortable at any time, please tell the study team. If you like, they can help you get support and refer you to an outreach worker or counsellor. If needed, we can also provide you with a list of GBT2Q+ support resources which you can access. This includes a number of 24/7 crisis lines that can be reached at any time and who have been notified about this study.

If you choose to participate, there is a risk of COVID-19 transmission for in-person research activities. To minimize this risk, all study staff will self-screen for COVID-19 symptoms before engaging in any in-person activities. Hand sanitizer and sanitizing wipes will also be available. If you wish to further reduce the risk of COVID-19 transmission, you may wish to wear a face mask and practice physical distancing during your participation. We will also notify participants

of any potential COVID-19 exposure incidents on CBRC's social media channels.

What are my rights?

This study is completely voluntary. Your responses will remain confidential and you may choose to participate in the survey without providing your name. You don't have to answer any questions you don't want to answer. You can also stop at any time and will not be penalized. If your responses are not linked to your name, we cannot remove any responses if you decide to stop doing the survey. If you do provide your name, you can request to have your data removed at any time up until 6 months after the study ends, at which time we will permanently delete all identifiers (names, contact information) from the dataset.

What are the benefits?

If you are interested, the study team will tell you where to go for HIV, hepatitis C and other sexually transmitted infections testing and counselling. The study team can also refer you to a variety of health, treatment, and social services. By participating, you are helping to generate data which will help to improve the health and well-being of GBT2Q people by providing researchers and community organizations with the information they need to make things better. You'll also get to access findings from the study online for free next year through the Community-Based Research Centre's website.

Is there any compensation for participating?

To thank you for participating, we will give you \$10.00 cash and an additional HIV self-test, which you can either use yourself at a later date or give to a partner or friend. You will receive the honoraria even if you decide to stop early.

How will my personal information be protected?

Since data for this study is being collected online, there is a risk of a privacy breach where online data could be unintentionally accessed by someone outside of our research team. We are taking precautions to minimize this risk. The information you provide in the survey will be treated according to privacy laws including the Federal Personal Information Protection and Electronic Documents Act (PIPEDA). All data will be stored on encrypted Qualtrics servers during data collection, then removed and only stored on University of Victoria servers in Canada that will only be accessed by people on our research team who have signed a confidentiality agreement and undergone privacy training. The Qualtrics license being used for this study is a personal license owned by Dr. Lachowsky. No data will be stored on servers in the United States. Upon study completion and prior to sharing data with anyone else, all data will be fully anonymized to further protect your personal information.

Who are you sharing data and findings with?

The information that you provide (which does not include your name or any contact information) will be shared with the research team at the Community-Based Research Centre and the University of Victoria. The data collected may be shared with other researchers who are interested in the health of GBT2Q people at a later date. This is a required component of the study and your consent to participate includes this future use of your data. However, you will not

be identifiable within this data. We will never share your name or contact information, if you provide it to us.

We will share our findings with academic, government, and community groups, but you will not be identified in these results. Researchers will at all times comply with the Tri-Council ethical guidelines for research with human participants. The information will be used to write reports, provide statistical information and to prepare presentations. You will not be identified in any way as these reports and other public documents will always refer to groups of people, never to one person. We will share anonymized (i.e., no personal identifiers) and aggregate data in reports to our funders, the CIHR Centre for REACH Nexus and the CIHR Canadian HIV Trials Network.

Voluntary Participation

This study is completely voluntary. If you decide not to do it, it won't affect how you are treated by any health, treatment or social agencies. If you take part in the study, you can stop at any time and you will not lose anything. You don't have to answer questions you don't want to answer. If you decide to stop doing the survey before completing it, you can let the study team know if you wish to withdraw your responses from the study.

Who can I contact if I have any questions about the study?

If you have any questions or need further information with respect to this study, you may contact Ben Klassen, Research Manager at the Community-Based Research Centre at 604-568-7478 or at ben.klassen@cbrc.net. You can also review a copy of this consent form at any time by going to the Sex Now page of the CBRC website (https://www.cbrc.net/sex_now).

Who can I contact if I have a concern about my rights as a participant? This research has been reviewed by the University of Victoria's Research Ethics Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

C1 Do you acknowledge and agree to the conditions outlined above?

☐ Yes

☐ No

C2 Have you completed a Sex Now Survey before? Select all that apply.

- ☐ Yes, online in 2014/15 (1)
- ☐ Yes, in-person in 2018 (in-person at Pride) (2)
- ☐ Yes, online in 2019/20 (3)
- ☐ Yes, online in 2020 (during COVID-19) (4)
- ☐ Yes, online in 2021 (5)
- ☐ Yes, in-person in 2022 (6)
- ☒ No, none of the above (7)

S1 Do you live in...?

- ☐ Alberta (1)
- ☐ British Columbia (2)
- ☐ Manitoba (3)
- ☐ New Brunswick (4)
- ☐ Newfoundland & Labrador (5)
- ☐ Northwest Territories (6)
- ☐ Nova Scotia (7)
- ☐ Nunavut (8)
- ☐ Ontario (9)
- ☐ Prince Edward Island (10)
- ☐ Quebec (11)
- ☐ Saskatchewan (12)
- ☐ Yukon (13)
- ☐ I don't live in Canada (14)

S2 How old are you?

1.1 Our racial and ethnic identities may shape how we are treated by different individuals and institutions. The next questions ask about your race and ethnicity. We acknowledge these questions may result in uncomfortable feelings. We ask these questions to respond to the call by our community leaders and the Canadian Public Health Association for culturally safe collection and use of sociodemographic and race-based data. **How do you identify your race and ethnicity?**

1.2 Which of these do you identify with? Select all that apply.

- ☐ Black (1)
- ☐ East/Southeast Asian (2)
- ☐ Indigenous (3)
- ☐ Latina, Latino, Latinx, Latine (4)
- ☐ Middle Eastern (5)
- ☐ South Asian (6)
- ☐ White (7)
- ☒ None of the above (8)

1.3 Are you Two-Spirit?

- ☐ I am Two-Spirit (1)
- ☐ I am not Two-Spirit (2)
- ☐ I prefer not to answer this question (3)

1.4 **Do you identify as...?** Select all that apply.

☐

First Nations (1)

☐

Métis (2)

☐

Inuk (3)

☐

Other, please specify (4)

1.5 **Do you currently live on a First Nations reserve?**

☐ Yes (1)

☐ No (2)

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

☐ Yes (1)

☐ No (2)

☐ I don't know (3)

1.7 Did you or any of your family members EVER attend a “residential school”? Select all that apply. We ask this because residential schools have harmed Indigenous people and families.

☐

Yes, I did (1)

☐

Yes, at least one of my family members did (2)

☐

☒ No, neither myself nor any family member attended residential schools. (3)

☐

I don't know (4)

S5 How do you identify sexually? Select all that apply. The options are listed in alphabetical order.

☐

Asexual (1)

☐

Bisexual (2)

☐

Gay (3)

☐

Heteroflexible (4)

☐

Homoflexible (5)

☐

Pansexual (6)

☐

Queer (7)

☐

Questioning (8)

☐

Straight (9)

☐

I prefer to use another term (please specify): (10)

1.8 On a scale from 1 to 5, how open or out are you about your sexual identity? Outness is complicated and we affirm everyone's right to navigate information they share (or don't) about their sexual orientation.

- ☐ 1 - Not at all open or out (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (4)
- ☐ 5 - Open or out to all or most people I know (5)

S.02 The next four questions are about gender and sex. We recognize that identities and labels are important parts of our lives and how we think about ourselves. We also recognize that people use different terms to define their sex and gender. We ask these questions to compare with other data collected nationally and globally. We apologize if these response options may not be a perfect fit for you.

1.9 Do you identify as trans?

☐ Yes (1)

☐ No (2)

S6 What is your gender identity? Select all that apply. If you have lived experience as trans, a history of gender transition, or are transgender, please select the gender you identify as. We recognize that gender identity questions are imperfect. Please select the options that fit best at this time. The options are listed in alphabetical order.

☐ Agender (1)

☐ Genderfluid (2)

☐ Genderqueer (3)

☐ Man (4)

☐ Non-binary (5)

☐ Trans man (6)

☐ Trans woman (7)

☐ Woman (8)

☐ I prefer to use another term: (9)

1.10 What was your sex assigned at birth? We acknowledge that questions about one's assigned sex, in particular, may result in uncomfortable feelings/memories. We are asking this

question so that we can use the information we get from this survey to better inform services for trans people.

- ☐ Male (1)
- ☐ Female (2)
- ☐ I prefer not to answer (3)

1.11 Are you an intersex person? Intersex is a term for people born with a variation of sex characteristics. There are many different intersex traits or variations.

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unsure (3)

1.12 Do you identify as a person with a disability?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unsure (3)

1.13.1 Would you share the first three characters of your postal code? We ask this question to locate your response to a region, not your specific address. Different regions of Canada have different health policies, services, and programs.

- ☐ Yes (1)
- ☐ I don't know my postal code (2)
- ☐ I do not have a postal code (3)
- ☐ I do not want to provide this information (4)

1.13.2 What are the first three characters of your postal code? Your response should be in this format: Letter-Number-Letter (e.g. V2N, M3N, L4M).

1.15 Were you born in Canada?

☐ Yes (1)

☐ No (2)

1.17 What is your current immigration status? Select all that apply. We acknowledge that questions around immigration status often result in barriers to access or denial of services, particularly for with precarious immigration statuses. Your responses to this survey will remain

confidential. At no time will this information be shared with CBSA, or any government agencies that enforce immigration policy.

- ☐ A Canadian citizen (1)
 - ☐ A landed immigrant/permanent resident (2)
 - ☐ A refugee/protected person (formally approved) (3)
 - ☐ A refugee or asylum claimant/Person in need of protection (applied but not yet approved) (4)
 - ☐ Admission on humanitarian and compassionate grounds (5)
 - ☐ Here with temporary work permit/papers (6)
 - ☐ Business immigrant (start up visa, investor, entrepreneur, self-employed) (7)
 - ☐ A student (obtained study permit or student work permit) (8)
 - ☐ Sponsored by family member (9)
 - ☐ Pending Status – Judicial review or pre-removal risk assessment (10)
 - ☐ A visitor (11)
 - ☐ Non-status (undocumented person, irregular migrant) (12)
 - ☐ Other, please specify: (13)
-
- ☐ ☒ None of the above (14)

1.18 How would you describe your money situation right now?

- ☐ Comfortable, with extra (1)
- ☐ Enough, but no extra (2)
- ☐ Have to cut back (3)
- ☐ Cannot make ends meet (4)

1.19 In the PAST 6 MONTHS, what types of places have you lived in? Select all that apply.

- ☐ In my apartment, condo, or house (1)
- ☐ In another person's apartment, condo, or house (2)
- ☐ Hotel or motel room (3)
- ☐ Rooming or boarding house (4)
- ☐ Shelter or hostel (5)
- ☐ Transition house or halfway house (6)
- ☐ Psychiatric institution (7)
- ☐ Drug treatment facility, like detox or rehab (8)
- ☐ Public place, like a street, park or stairwell (9)
- ☐ Correctional facility, like jail or prison (10)
- ☐ In a vehicle (11)
- ☒ None of the above (12)

1.20 **Have you EVER spent time in a correctional facility?** For example, a jail, corrections or prison.

- ☐ Yes, in the past year (1)
- ☐ Yes, more than a year ago (2)
- ☐ No, never (3)

1.21 **What has been your employment status during the PAST 6 MONTHS?** Select all that apply.

- ☐ Employed full-time (30+ hours/week) (1)
- ☐ Employed part-time (2)
- ☐ Self-employed: professional, contractor, business owner (3)
- ☐ On government assistance (4)
- ☐ Student (5)
- ☐ Retired (6)
- ☐ Unemployed (7)
- ☐ Unable to work (8)
- ☒ None of the above (9)

1.22 What is the highest level of education that you have completed?

- ☐ Did not finish high school (1)
- ☐ High school or equivalent (2)
- ☐ Post-secondary school (e.g. certificate, diploma) (3)
- ☐ Bachelor degree (4)
- ☐ Above a bachelor degree (e.g. masters, doctorate) (5)
- ☐ Other (6)

2.01 The questions in this section are about your knowledge. Please read the following statements. For each, select if you knew this before taking this survey or not.

2.1 Please read the following statements. For each, select if you knew this before taking this survey or not. The following statements are all true.

| | |
|--|---|
| Pre-Exposure Prophylaxis ("PrEP") is HIV medication that HIV-negative people can take before and continuing after sex to prevent getting HIV. (14) | ▼ Yes, I knew this already (3) ... No, I did not know (4) |
| Post-Exposure Prophylaxis ("PEP"): Within 3 days after a sexual risk event an HIV-negative person takes HIV medication for a month that may stop HIV from taking hold in the body. (15) | ▼ Yes, I knew this already (3) ... No, I did not know (4) |
| HIV medications, taken consistently by someone living with HIV, can make their HIV viral load undetectable. (16) | ▼ Yes, I knew this already (3) ... No, I did not know (4) |
| There is now scientific consensus that someone who remains HIV viral load undetectable cannot pass HIV to their sexual partners. This is known as "Undetectable = Untransmittable" (U=U). (17) | ▼ Yes, I knew this already (3) ... No, I did not know (4) |
| In Canada there is an HIV self-test that you can use yourself (without a healthcare provider). (21) | ▼ Yes, I knew this already (3) ... No, I did not know (4) |
| There is a new way to reduce the chance of getting STIs like syphilis and chlamydia by taking an antibiotic called doxycycline. This is called Doxy PrEP (taken before sex) or Doxy PEP (taken after sex). This does not protect against HIV. (20) | ▼ Yes, I knew this already (3) ... No, I did not know (4) |

2.2 Have you EVER taken Doxy PrEP/PEP to reduce the risk of getting syphilis and chlamydia?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

2.3 When did you last take Doxy PrEP/PEP?

- ☐ In the past 6 months (1)
- ☐ 7-12 months ago (2)
- ☐ Longer than 12 months ago (3)

2.4 Are you interested in taking STI Doxy PrEP/PEP ?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unsure (3)

5.01 The questions in this section are about your sex life and relationships. We define sex as any physical contact that you felt was sexual.

5.1 What sex acts do you enjoy the most?

- ☐ Bottoming (1)
 - ☐ Flip fucking (taking turns topping and bottoming) (2)
 - ☐ Topping (3)
 - ☐ Giving head (oral) (4)
 - ☐ Getting head (oral) (5)
 - ☐ Giving-getting head ("69ing") (6)
 - ☐ Rimming (7)
 - ☐ Getting rimmed (8)
 - ☐ BDSM (9)
 - ☐ Fisting (10)
 - ☐ Mutual masturbation (11)
 - ☐ Kissing (12)
 - ☒ Sex? No thank you (13)
 - ☐ Something else? Let us know: (14)
-

5.2 The next question is about your experience with "new sex partners". This means someone you had never had sex with before. **When did you last have a "new sex partner"?**

- ☐ This week (1)
- ☐ 2-4 weeks ago (2)
- ☐ 1-3 months ago (3)
- ☐ 4-6 months ago (4)
- ☐ 7-12 months ago (5)
- ☐ Longer than a year ago (6)
- ☐ I have never had sex (7)

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

- ☐ Yes (5)
- ☐ No (1)

5.4 **How many people are you in a relationship with?** Enter 0 if you do not have any partners of that gender.

- ☐ Men (1) _____
- ☐ Women (2) _____
- ☐ Non-binary people (3) _____
- ☐ Other (4) _____

5.5 **How many sex partners have you had in the PAST 6 MONTHS?**

5.6 In the PAST 6 MONTHS, who did you have sex with in terms of gender? Select all that apply.

☐

A cis man (1)

☐

A cis woman (2)

☐

A trans man (3)

☐

A trans woman (4)

☐

A non-binary person (5)

☐

None of the above (6)

5.7 In the PAST 6 MONTHS, what kinds of sex have you had? Select all that apply.

- ☐ Mutual masturbation (1)
- ☐ Oral sex (2)
- ☐ Fingering (3)
- ☐ Rimming (4)
- ☐ Fisting my partner (insertive partner) (5)
- ☐ Getting fisted (receptive partner) (6)
- ☐ Anal sex as bottom (receptive partner) with a condom (7)
- ☐ Anal sex as bottom (receptive partner) without a condom (8)
- ☐ Anal sex as top (insertive partner) with a condom (9)
- ☐ Anal sex as top (insertive partner) without a condom (10)
- ☐ Vaginal or front hole sex as receptive partner with a condom (11)
- ☐ Vaginal or front hole sex as receptive partner without a condom (12)
- ☐ Vaginal or front hole sex as insertive partner with a condom (13)
- ☐ Vaginal or front hole sex as insertive partner without a condom (14)
- ☐ Sex with prosthetics or sex toys (15)
- ☐ Online sex (camming, sexting) (16)

- ☐ Threesome (sex between 3 people) (17)
- ☐ Group sex (sex between 4+ people) (18)
- ☒ None of the above (19)

5.8 In the PAST 6 MONTHS, who did you have sex with? Select all that apply.

- ☐ A person who was on HIV PrEP (1)
- ☐ A person who was HIV undetectable (2)
- ☐ A person whose HIV status I did not know (3)
- ☐ A person whose HIV status was different than mine (4)
- ☐ A person who was a significantly different age than me (5)
- ☐ A person who wasn't the same race/ethnicity as me (6)
- ☐ A person who didn't speak the same language as me (7)
- ☐ A person who gave me money, goods or services for sex (8)
- ☐ A person who I gave money, goods or services for sex (9)
- ☒ None of the above (10)

5.9 Which HIV prevention practices did you use in the PAST 6 MONTHS? Select all that apply. These are different ways that you tried to reduce passing HIV through sex. All participants receive the same response options. Some response options may not apply to you.

- ☐ Always used condoms during sex (1)
- ☐ Was the bottom (receptive partner) during sex (if you are living with HIV) (2)
- ☐ Was the top (insertive partner) during sex (if you are HIV-negative) (3)
- ☐ Only had condomless sex if a partner had the same HIV status as me (4)
- ☐ Only had condomless sex if a partner was on PrEP (5)
- ☐ Only have condomless sex if a partner was “undetectable” (low HIV viral load) (6)
- ☐ Had sex that didn’t include anal or vaginal (front hole) sex (7)
- ☐ Took Post-Exposure Prophylaxis (PEP) after sex where I might have gotten HIV (8)
- ☐ Took Pre-Exposure Prophylaxis (PrEP) before and after sex where I might get HIV (9)
- ☐ Took HIV medications to be “undetectable” (low HIV viral load) (10)
- ☐ Asked my sex partners about their HIV status before sex (11)
- ☐ Only had sex in a closed relationship/monogamy (12)
- ☐ Reduced my number of sexual partners (13)
- ☒ I have not used any of the HIV prevention practices above in the past 6 months. (14)

4.01 The questions in this section are about HIV.

4.1 Have you EVER been diagnosed with HIV? This is an important question. It determines whether you get questions about living with HIV or questions about HIV testing and HIV Pre-Exposure Prophylaxis. We use that to improve services and access. We keep this information confidential and only use it for research purposes. This is a required question.

- ☐ Yes (I am Living with HIV) (1)
- ☐ No (I have never been diagnosed with HIV) (2)
- ☐ Prefer not to answer (3)

4.2 When were you LAST tested for HIV?

- ☐ In the past 3 months (1)
- ☐ 4-6 months ago (2)
- ☐ 7-12 months ago (3)
- ☐ Longer than a year ago (4)
- ☐ I have never been tested for HIV (5)
- ☐ I don't know (6)

4.4 What year did you first test positive for HIV?

4.4.1 Was your first positive test result from an HIV self-test?

- ☐ Yes (1)
- ☐ No (2)

4.5 Are you currently taking medications to treat HIV (i.e. antiretroviral drugs)?

- ☐ Yes (1)
- ☐ No (2)

4.6 How are you taking medications to treat HIV (i.e. antiretroviral drugs)?

- ☐ Daily oral pill antiretroviral drugs (1)
 - ☐ Long-acting injectable antiretroviral drugs (2)
 - ☐ Other, please specify: (3)
-

4.7 Have you ever taken medications to treat HIV (i.e. antiretroviral drugs)?

- ☐ Yes (1)
- ☐ No, I have never taken antiretroviral drugs (2)

4.9 Would you prefer an injectable long-acting HIV medication (taken once every two months) or daily oral pills?

- ☐ I would prefer injections every two months (1)
- ☐ I would prefer daily oral pills (2)
- ☐ I have no preference (3)
- ☐ I don't know (4)

4.8 What was the result of your most recent viral load test?

- ☐ Suppressed (“undetectable” or less than 200 copies) (1)
- ☐ Not suppressed (greater than 200 copies) (2)
- ☐ I do not know or I am not sure (3)
- ☐ I have never had an HIV viral load test (4)

4.10 Has the Undetectable = Untransmittable (U=U) campaign had an impact on your life in the following ways?

| | |
|---|-----------------------------------|
| Stigma (1) | ▼ Decreased (1) ... Increased (3) |
| Rejection by sexual partners (2) | ▼ Decreased (1) ... Increased (3) |
| Feelings of shame (3) | ▼ Decreased (1) ... Increased (3) |
| Pressure to get/maintain an undetectable viral load (4) | ▼ Decreased (1) ... Increased (3) |
| Pressure to take medication (5) | ▼ Decreased (1) ... Increased (3) |
| Mental well-being (6) | ▼ Decreased (1) ... Increased (3) |
| Social well-being (7) | ▼ Decreased (1) ... Increased (3) |
| Quality of sex life (8) | ▼ Decreased (1) ... Increased (3) |
| Access to sexual partners (9) | ▼ Decreased (1) ... Increased (3) |

6.01 The questions in this section are about STIs other than HIV.

6.1 When were you LAST tested for any STIs (other than HIV)?

- ☐ In the past 3 months (1)
- ☐ 4-6 months ago (2)
- ☐ 7-12 months ago (3)
- ☐ Longer than a year ago (4)
- ☐ I have never tested for STIs (5)
- ☐ I don't know (6)

6.2 We ask this next question so that we can ask about appropriate STI tests. We all have different ways we talk about our bodies, and different words to refer to our body parts. We apologize if these are not the terms you use.

Did you have sex using any of these body parts in the PAST 12 months? Select all that apply.

- ☐ My bum (1)
- ☐ My vagina or front hole (2)
- ☐ My mouth (3)
- ☐ My penis (4)
- ☐ ☒ None of the above (5)

6.3 What type of STI tests have you received in the PAST 12 MONTHS (other than HIV)?
Select all that apply.

- ☐ Urine test (1)
 - ☐ Blood sample (usually from arm) (2)
 - ☐ Throat swab (3)
 - ☐ Rectal swab (in your bum) (4)
 - ☐ Vaginal (front hole) or cervical swab (5)
 - ☐ Urethral swab (in your penis) (6)
 - ☐ A pelvic exam (7)
 - ☐ I don't know (8)
 - ☒ None of the above (9)
-

6.4 Have you had any of the following STIs in the PAST 12 MONTHS? Select all that apply.

- ☐ Bacterial vaginosis (1)
- ☐ Chlamydia (2)
- ☐ Crabs (pubic lice) (3)
- ☐ Gonorrhea (4)
- ☐ Hepatitis C virus (5)
- ☐ Herpes (genital or anal) (6)
- ☐ Lymphogranuloma venereum (LGV) (7)
- ☐ Non-specific urethritis (8)
- ☐ Syphilis (9)
- ☐ Trichomoniasis (10)
- ☐ Warts (genital or anal) (11)
- ☐ Other (whether you know the name or not) (12)
- ☒ No STIs in the past year (13)

6.5 Have you had chlamydia, LGV, or gonorrhea in your bum in the PAST 12 MONTHS?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

6.6 Have any of the following caused you to delay or skip STI testing in the PAST 12 MONTHS? Select all that apply.

- ☐ It was too high risk to visit a clinic due to the COVID-19 pandemic (1)
- ☐ Clinics were closed or not available due to the COVID-19 pandemic (no appointments available) (2)
- ☐ Reduced (or no) sexual partners (3)
- ☐ Too busy (4)
- ☐ Services too far away (5)
- ☐ Hours inconvenient (6)
- ☐ Lack of privacy (7)
- ☐ Lack of professional sensitivity to sexual and gender diversity (8)
- ☐ Negative reaction from/ judgement by health care worker (9)
- ☐ Stressed out, anxious, or depressed (10)
- ☐ The cost (e.g., no health insurance) (11)
- ☐ Wait time for appointment too long (12)

- ☐ Didn't know where to go (13)
- ☐ Services not in my preferred language (14)
- ☐ In a closed sexual relationship (15)
- ☐ Other (16)
- ☒ No delays or skipped STI testing in the past year (17)

6.02 The next two questions are hypothetical. They will help us plan future studies. We ARE NOT asking you to do this as part of today's study.

6.7 There are other sexually transmitted infections that impact our health but that can't be tested for using a blood sample. **If during the study today you were asked to provide the following (with instructions and behind a privacy screen), which would you have agreed to provide?** Select all that apply.

- ☐ Pee in a cup (1)
- ☐ Pee onto a strip of paper (2)
- ☐ Throat swab (3)
- ☐ Rectal (bum) swab (4)
- ☐ Vaginal (front hole) swab (5)
- ☒ None of the above (6)

6.8 Would you like the results of the tests you participated in?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unsure (3)

10.01 The questions in this section are about Pre-Exposure Prophylaxis (PrEP).

10.1 Have you EVER taken PrEP?

- ☐ Yes, I am currently taking PrEP (1)
- ☐ Yes, but I stopped BEFORE the COVID-19 pandemic and have not used it since (2)
- ☐ Yes, but I stopped DURING the COVID-19 pandemic and have not used it since (3)
- ☐ No (4)

10.2 How are you using PrEP?

- ☐ Daily oral pills (1)
 - ☐ On-demand oral pills (2)
 - ☐ Other, please specify: (3)
-

10.3 Have you EVER tried to get PrEP?

- ☐ Yes (1)
- ☐ No (2)

10.4 Are you interested in using PrEP?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unsure (3)

10.5 What stops you from taking PrEP? Select all that apply.

- ☐ I don't think I'll get HIV (1)
- ☐ It costs too much (e.g., need to pay out of pocket, insurance doesn't cover PrEP) (2)
- ☐ I can't get a prescription (e.g., don't know where, don't have a healthcare provider, not eligible) (3)
- ☐ I'm worried about side effects (long- or short-term) (4)
- ☐ I don't want to take a medication every day (5)
- ☐ Too much testing and clinic visits (6)
- ☐ I'm worried about judgement from people in my community (7)
- ☐ I'm worried about judgement by a healthcare provider (8)
- ☐ It doesn't provide protection from other STIs (9)
- ☐ I don't think PrEP will fully protect me from HIV (10)
- ☐ I would rather use condoms (11)
- ☐ I need more information (12)

- ☐ I'm worried that HIV medications would not work if I were infected (13)
- ☐ Reduced (or no) sexual partners (14)
- ☐ Now in a monogamous/closed relationship (15)
- ☐ Lost my drug coverage or health insurance due to COVID-19 pandemic (16)
- ☐ I wouldn't want others to know I am on PrEP (17)
- ☒ None of the above (18)

HIRI The following questions are from the **"HIV Incidence Risk Index for Men Who Have Sex With Men" (HIRI-MSM)** Which is used by clinicians to assess HIV risk.

The scale was designed to be answered by cis men who have sex with cis men. We acknowledge this ignores the bodies and experiences of trans people

Canadian guidelines recommend anyone with a total score of greater than 10 to consider taking PrEP. Talk to a doctor or nurse if you are interested in PrEP.

10.6 How old are you?

- ☐ < 18 years old (score of 0) (1)
- ☐ 18-28 years (score of 8) (2)
- ☐ 29-40 years (score of 5) (3)
- ☐ 41-48 years (score of 2) (4)
- ☐ 49 years or older (score of 0) (5)

10.7 How many men have you had sex with in the last 6 months?

- ☐ 0-5 (score of 0) (1)
- ☐ 6-10 (score of 4) (2)
- ☐ More than 10 (score of 7) (3)

10.8 In the last 6 months, did you have receptive anal sex with a man (you were the bottom) without a condom?

- ☐ Yes (score of 10) (1)
- ☐ No (score of 0) (2)

10.9 In the last 6 months, how many of your male sex partners were HIV positive?

- ☐ 0 (score of 0) (1)
- ☐ 1 (score of 4) (2)
- ☐ >1 (score of 8) (3)

10.10 In the last 6 months, how many times did you have insertive anal sex (you were the top) without a condom with a man who was HIV positive?

- ☐ 0-4 times (score of 0) (1)
- ☐ 5+ times (score of 6) (2)

10.11 In the last 6 months, have you used methamphetamines (crystal or speed)?

- ☐ Yes (score of 6) (1)
- ☐ No (score of 0) (2)

10.12 In the last 6 months, have you used poppers (amyl nitrate)?

☐ Yes (score of 3) (1)

☐ No (score of 0) (2)

12.01 The questions in this section are about your mental health.

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

| | |
|---|---|
| Little interest or pleasure in doing things (1) | ▼ Not at all (1) ... Nearly every day (4) |
| Feeling down, depressed, or hopeless (2) | ▼ Not at all (1) ... Nearly every day (4) |
| Feeling nervous, anxious, or on the edge (3) | ▼ Not at all (1) ... Nearly every day (4) |
| Not being able to stop or control worrying (4) | ▼ Not at all (1) ... Nearly every day (4) |

12.3 Do you want help for any of the following issues? Select all that apply.

- ☐ Anxiety (1)
- ☐ Body Image (2)
- ☐ Burnout (3)
- ☐ Depression (4)
- ☐ Eating disorder(s) (5)
- ☐ Gender dysphoria (6)
- ☐ Grief/loss (7)
- ☐ Loneliness (8)
- ☐ Navigating sexual orientation and identity (9)
- ☐ Psychosis, hallucinations, delusions, or paranoia (10)
- ☐ Relationship problems (11)
- ☐ Self-harm (12)
- ☐ Substance use (13)
- ☐ Suicidal thoughts (14)
- ☐ Trauma (15)
- ☒ None of the above (16)

12.4 In the PAST 12 MONTHS, which of the following resources have you gone to? Select all that apply.

- ☐ Elder (1)
- ☐ Knowledge keeper (2)
- ☐ Psychiatrist (3)
- ☐ Clinical Psychologist (4)
- ☐ Registered Counsellor (5)
- ☐ Peer counsellor/navigator (6)
- ☐ Social worker (7)
- ☐ Sex therapist / sexologist (8)
- ☐ ☒ None of the above (9)

13.01 The questions in this section are about your healthcare.

13.1 Do you have a regular family doctor or nurse practitioner?

- ☐ Yes (1)
- ☐ No (2)

13.2 Does your regular family doctor or nurse practitioner know about your sexual orientation?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

13.3 Does your regular family doctor or nurse practitioner know about your gender identity/expression?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

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

- ☐ Yes, I received a positive test (1)
- ☐ Yes, but I never received a positive test (2)
- ☐ No, I tested and it was always negative (3)
- ☐ No, I have not been tested (4)
- ☐ Unsure (5)

13.5 Have you or someone you know been diagnosed with Monkeypox in past year?

Select all that apply.

- ☐ I was diagnosed with Monkeypox (1)
- ☐ Someone I know was diagnosed with Monkeypox (2)
- ☐ ☒ I have never heard of Monkeypox (3)
- ☐ ☒ None of the above (4)

Q191 Have you been vaccinated against Monkeypox/Smallpox?

- ☐ Yes, in the past 4 months (1)
- ☐ Yes, but longer than 4 months ago (2)
- ☐ No, never (3)

Q192 What needs to be done to address Monkeypox in our community? Please share your recommendations and priorities.

13.6 Have you EVER been vaccinated against the following?

| | |
|----------------------------------|--------------------------|
| COVID-19: (1) | ▼ Yes (1) ... Unsure (3) |
| Hepatitis A Virus: (2) | ▼ Yes (1) ... Unsure (3) |
| Hepatitis B Virus: (3) | ▼ Yes (1) ... Unsure (3) |
| Human Papilloma Virus (HPV): (4) | ▼ Yes (1) ... Unsure (3) |

14.1 These questions are about potentially traumatic experiences and may be uncomfortable or triggering. They will ask you about discrimination and violence, including sexual abuse. You can choose to skip any question. **Would you prefer to skip this section of questions?**

☐ Yes (1)

☐ No (2)

14.2 In the **PAST 12 MONTHS**, have you experienced discrimination based on any of the following? Select all that apply.

- ☐ Age (1)
- ☐ Body type/size (2)
- ☐ Disabilities (3)
- ☐ Gender expression (4)
- ☐ History of incarceration (5)
- ☐ HIV status (6)
- ☐ Housing status (7)
- ☐ Migrant/residency status (8)
- ☐ PrEP status (9)
- ☐ Race/ethnicity (10)
- ☐ Sex work (11)
- ☐ Sexual orientation (12)

- ☐ Substance use (13)
- ☐ Trans experience (14)
- ☐ ☒ None of the above (15)

14.3 Has a partner EVER done the following to you? Select all that apply.

- ☐ Insulted or verbally abused you (1)
- ☐ Hit, kicked, slapped, or physically abused you (2)
- ☐ Forced unwanted sex, raped, or sexually abused you (3)
- ☐ Controlled or restricted your access to money (4)
- ☐ Controlled or restricted your movements outside of the house (5)
- ☐ ☒ No, never (6)

14.4 Has anyone EVER forced sex on you?

- ☐ Yes, when I was younger than 18 (1)
- ☐ Yes, when I was 18 or older (2)
- ☐ Yes, when I was both younger and older than 18 (3)
- ☐ No, never (4)

4.3 **Have you EVER been coerced to complete an HIV self-test?** Select all that apply.

- ☐ Yes, by a sexual partner(s) (1)
- ☐ Yes, by a drug/substance sharing partner(s) (2)
- ☐ Yes, by someone in a position of authority over me (3)
- ☐ Yes, by someone else (4)
- ☐ ☒ None of the above (5)

15.01 The questions in this section are about your recent substance use.

15.1 **Have you used any substances (including cigarettes, alcohol and cannabis) in the PAST 6 MONTHS?** This does NOT include prescription medications.

- ☐ Yes (1)
- ☐ No (2)
- ☐ Prefer not to answer (3)

15.2 Why do you use substances? Select all that apply.

- ☐ To feel good/have a good time (1)
- ☐ Because I like how they make me feel (2)
- ☐ To feel better about bad things that happen to me (3)
- ☐ To forget about bad things that happen to me (4)
- ☐ To connect with others (5)
- ☐ To improve my sex life (6)
- ☐ To help with stress or anxiety (7)
- ☐ To help with sadness or depression (8)
- ☐ To help with pain (9)
- ☐ To help me sleep (10)
- ☐ Because my friends use them (11)
- ☐ Because I am dependent (for example, to avoid withdrawal) (12)
- ☐ Another reason not described above (13)
- ☒ None of the above (14)

15.3 Have you used the following substances in the PAST 6 MONTHS? Select all that apply.

- ☐ Alcohol (less than 5 drinks in one occasion) (1)
- ☐ Alcohol (5+ drinks in one occasion) (2)
- ☐ Tobacco (e.g., cigarettes or cigars) (3)
- ☐ Nicotine (e.g., vaping or e-cigarettes) (20)
- ☐ Cannabis, marijuana (4)
- ☐ Poppers/amyl (5)
- ☐ Cocaine (6)
- ☐ Ecstasy/MDMA (7)
- ☐ Erection drugs (e.g., Viagra, Cialis) (8)
- ☐ GHB/"G" (9)
- ☐ Crystal meth/Tina (10)
- ☐ Ketamine/Special K (11)
- ☐ Crack, Freebase (12)
- ☐ Tranquilizers or benzos (e.g., Valium, Xanax) (13)
- ☐ Amphetamine/Speed (14)
- ☐ Psychedelics (e.g., LSD, mescaline, acid, mushrooms) (15)

☐ Opioids, including those not used as prescribed (e.g., Heroin, Fentanyl, Percocet, Dilaudid) (16)

☐ Non-medical steroids (17)

☐ Other, please specify: (18)

☐ ☒ None of the above (19)

15.5 Do you trust the safety of the poppers you use?

- ☐ Mostly trust (1)
- ☐ Somewhat trust (5)
- ☐ Somewhat do not trust (6)
- ☐ Mostly do not trust (7)
- ☐ I haven't considered the safety of the poppers I use (8)

15.7 Have you EVER injected any substance or had someone else inject into you to get high? We mean any substance, but NOT anabolic steroids, gender-affirming hormones or medicines used as prescribed for you.

- ☐ Yes, in the past 6 months (1)
- ☐ Yes, more than 6 months ago (2)
- ☐ No, never (3)

15.9 Have you EVER used substances to make sex more intense, less inhibited, or last longer? Select all that apply.

- ☐ Yes, in the past 6 months (1)
- ☐ Yes, more than 6 months ago (2)
- ☒ No, never (3)

15.10 In the PAST 6 MONTHS, have you used any of the following? Select all that apply.

- ☐ Needle exchange (1)
 - ☐ Harm reduction supplies (e.g. free pipes, straws) (2)
 - ☐ Supervised injection/consumption site (3)
 - ☐ Naloxone/NARCAN was used on me (4)
 - ☐ I used Naloxone/NARCAN on someone else (5)
 - ☐ Detox or drug treatment facility (6)
 - ☐ Sweat Lodge or other cultural traditions (7)
 - ☐ Peer support services (8)
 - ☐ Other, please specify: (9)
-
- ☒ None of the above (10)

8.01 The questions in this section are about community and your social connections.

8.1 **What are you CURRENTLY involved in?** Select all that apply.

- ☐ Personal voluntary action, neighbourhood support, elder care (1)
- ☐ 2SLGBTQQIA+ activism, organization, or cultural activities (2)
- ☐ 2SLGBTQQIA+ sport leagues or recreational activities (3)
- ☐ HIV advocacy, AIDS service organization (4)
- ☐ Civic (non-2SLGBTQQIA+) activism, charity, or cultural activities (5)
- ☐ Political organizing, advocacy, party membership (6)
- ☐ Pop-ups (2SLGBTQQIA+ dance party, art show, etc.) (7)
- ☐ Ethnoracial community groups, activities (8)
- ☐ Something else, not described above (9)
- ☒ I am not involved in any of the above (10)

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

- ☐ 1 person (2)
- ☐ 2-3 people (3)
- ☐ 4-6 people (4)
- ☐ 7-9 people (5)
- ☐ 10+ people (6)
- ☐ No one (1)

8.3 Are you satisfied with your connection to 2SLGBTQQIA+ communities?

- ☐ Yes (3)
- ☐ No (1)
- ☐ Unsure (2)
- ☐ Not applicable (4)

8.4 Are you satisfied with physical spaces to meet 2SLGBTQQIA+ people (e.g. bars, clubs)?

- ☐ Yes (3)
- ☐ No (1)
- ☐ Unsure (2)
- ☐ Not applicable (4)

8.5 Are you satisfied with online spaces to meet 2SLGBTQIA+ people (e.g. apps/websites)?

- ☐ Yes (3)
- ☐ No (1)
- ☐ Unsure (2)
- ☐ Not applicable (4)

16.01 You're almost at the end of the Sex Now survey! Before we ask about your interest in HIV self-testing...

16.1 Would you like to sign up for the Community-Based Research Centre mailing list?

By clicking "Yes," you consent to receiving periodic updates from the Community-Based Research Centre, including notification of findings from this survey. Don't worry, you can unsubscribe at any time. You can also check out CBRC's privacy policy for more information on how your contact data is used.

- ☐ Yes, please sign me up for the CBRC mailing list! (1)
- ☐ No thanks (2)

16.2 If you would like, you can also choose to have your contact information used to recontact you about future studies at CBRC. This is completely optional. **Would you like to be recontacted about future studies?**

- ☐ Yes (1)
- ☐ No (2)

16.3 If you selected "yes" to one or both of the above, please provide your name, email address, and the language you would like to receive emails in. We will solely use this contact information for the purposes outlined above.

- ☐ Full Name (1) _____
- ☐ Email (2) _____

16.4 Language preference

☐ English (1)

☐ French (2)

TAH.01 You've reached the end of the Sex Now 2022 questionnaire! Thank you for your responses.

If you are 18 or older and would like to participate in the HIV self-testing portion of the study, please review the consent form and select "yes." Otherwise, scroll to the bottom and select "no" to proceed to the end of the survey.

As a reminder, for people living with HIV, you are eligible to participate as community distributors.

TAH.02

This is the consent form for the HIV self-test part of the study

Invitation to be part of the study

This study is being conducted by the Community-Based Research Centre, the University of Victoria, and the CIHR Centre for REACH Nexus. The study is called "Acceptability of Point-of-care HIV Testing Among Sexual & Gender Minoritized Men" and is about uptake and acceptability of HIV self-testing among gay, bisexual, trans, and queer men, and Two-Spirit and non-binary people (GBT2Q). Additional funding for the study was provided by the CIHR Canadian HIV Trials Network. You are invited to participate in this study.

What is the study about?

The purpose of the study is to learn more about the preferences of GBT2Q people related to HIV self-testing. We also want to learn how effective Peer Navigators are at linking GBT2Q people to follow-up testing, prevention, and treatment services. Our findings will help improve future testing and Peer Navigation interventions for GBT2Q people.

What will I be asked to do?

If you agree to participate, the study team will ask you to complete an HIV self-test (a screening test for HIV). You can either choose to complete the test at the community venue you are recruited at (e.g., Pride event, bar) or can take your kit home and use it there. You will receive the result from your test. You will also be asked to complete a brief questionnaire on a tablet or your own device, which includes some questions about your preferences for HIV self-testing, your experience using the test kit, and preferences for other types of testing and linkage to care. Altogether, the survey and completion of the HIV self-test will take about 10 minutes to complete. If you would like, you will also be given a second HIV self-test, which you can either use yourself or give to a partner or friend. If you decide to give a self-test to someone else,

please provide them with the recruitment card included with the HIV self-test and ensure that their decision to use the test is entirely voluntary.

A Peer Navigator (a member of the 2SLGBTQ+ community) will be available for additional support and will contact you at least once throughout the study. This support may include peer counselling or assistance in locating services for HIV testing, treatment, or prevention. A follow-up online survey will be emailed to you 3 months after you complete the first survey so that we can find out what services you have accessed after using the HIV self-test. The follow-up survey will take approximately 20 minutes.

Are there any risks involved?

Some of the questions we ask are personal. If you are upset by any question or feel uncomfortable at any time, please tell the study team. You may also skip any questions you do not want to answer. If you like, a peer navigator can help you get support and refer you to an outreach worker or counsellor.

Completing an HIV self-test is optional. Pricking your finger for a blood sample can be uncomfortable. Many people do something similar to measure their blood sugar levels. You will receive instructions on how to safely provide a blood sample inside your test kit. Please read the instructions before you start. If you do not receive the instructions or if you have any questions, please ask a member of the research team. In rare cases, some people faint after pricking their finger or at the sight of their own blood. If you have had issues with needles or giving blood in the past, consider having another person support you while you collect your sample (e.g., by phone, over videocall). Or, do not do this portion of the study if fainting is a concern.

You may receive a reactive (preliminary positive) HIV result by completing the HIV self-test. This could be distressing to you. A reactive test means that you are presumed to have HIV, and we strongly recommend for your own health that you go for confirmatory testing. You will receive appropriate post-test counselling and referrals if this occurs. If you complete an HIV self-test at a community venue, there will be counsellors onsite who can help support you and refer you to relevant services. If you complete an HIV self-test at home, you can contact a trained Peer Navigator to discuss your results and get referrals to other testing, prevention, and/or treatment resources. The Peer Navigator will provide further information on how to reduce the risk of transmission and will be available for follow-up support by email, phone, and text.

If you choose to complete an HIV self-test in-person, you will receive a result at the venue. We will ensure that there is a private space available for you to test and receive your result without others seeing this. There is also a risk of COVID-19 transmission if you decide to use the test in-person. To minimize this risk, all study staff will self-screen for COVID-19 symptoms before engaging in any in-person activities. Hand sanitizer and sanitizing wipes will also be available. If you wish to further reduce the risk of COVID-19 transmission, you may wish to wear a face

mask and practice physical distancing during your participation.

What are the benefits?

By participating, you are receiving a screening test for HIV. If you are interested, the study team will tell you where to go for HIV, hepatitis C, and other sexually transmitted infections testing and counselling. The study team can also refer you to a variety of health, treatment, and social services. By participating, you are also helping to generate data which will help to improve the health and well-being of GBT2Q people by providing researchers and community organizations with the information they need to improve access to HIV testing and linkage to care. You'll also get to access findings from the study online for free through the Community-Based Research Centre's website.

Is there compensation for participating?

You will receive a \$20 honorarium for completing the follow-up survey we will send you 3 months after you complete the initial Sex Now survey. Once you complete the follow-up survey, honoraria will be processed within 30 business days (approximately 6 weeks). E-transfers by email will be sent from Community-Based Research Centre through the accounting software Plauto and cheques will be sent from the University of Victoria.

How will my personal information be protected?

The HIV self-test will be discarded after use and the discarded test kit will not be able to be linked to you. Neither your name nor any contact information will be put on the HIV self-testing kit. During the initial questionnaire, we will ask you to provide your name and contact information. This information will solely be used to facilitate participant follow-up for our Peer Navigators and to send you the follow-up questionnaires for this study. Although a name is required, you may choose to provide us with your everyday name, legal name, chosen name, or a fake name to further protect your privacy. We will be linking your data from Sex Now 2022 to limit repeating the same questions.

The information you provide in the survey and the results of the HIV self-testing will be treated according to privacy laws including the federal *Privacy Act* and the Federal Personal Information Protection and Electronic Documents Act (PIPEDA). The contact information that you provide to us (name, address, email and phone number) will only be used to contact you for follow-up and provide you with honoraria, and will not be included in the final dataset for the study. Only essential research team members will have access to your personal information. Peer Navigators will not see the answers to your questionnaire. If you provide personal health information to them, they will abide by the confidentiality requirements for health information of the province you reside in. All contact information will be destroyed six months following the end of the study. All data will be stored on an encrypted, password-protected Canadian server at the University of Victoria.

Who are you sharing data and findings with?

The information that you provide (which does not include your name or any contact information) will be shared with the research team at the Community-Based Research Centre, the University

of Victoria, and the CIHR Centre for REACH Nexus. The data collected may be shared with other researchers who are interested in the health of GBT2Q people at a later date. This is a required component of the study and your consent to participate includes this future use of your data. The information will be used to write reports, provide statistical information and to prepare presentations. You will not be identified in any way as these reports and other public documents will always refer to groups of people, never to one person to minimize the risk of an individual being identified based on a combination of responses (e.g., age, gender, geography). Researchers will at all times comply with the Tri-Council ethical guidelines for research with human participants.

Voluntary participation

This study is completely voluntary. If you decide not to do it, it won't affect how you are treated by any health, treatment or social agencies. If you take part in the study, you can stop at any time and you will not lose anything. You don't have to answer questions you don't want to answer. If you decide to stop doing the survey while completing it, you can let the study team know if you wish to withdraw your responses from the study. If you provide your name, you can request to have your data removed at any time up until 6 months after the study ends, at which time we will permanently delete all identifiers (names, contact information) from the dataset.

Who can I contact if I have any questions about the study?

If you have any questions or need further information with respect to this study, you may contact Chris Draenos, National STBBI Testing and Linkage Implementation Manager at the Community-Based Research Centre at 416-803-4304 or at chris.draenos@cbrc.net. You can also review a copy of this consent form at any time by going to the Sex Now page of the CBRC website (https://www.cbrc.net/sex_now).

Who can I contact if I have a concern about my rights as a participant?

This research has been reviewed by the University of Victoria's Research Ethics Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

TAH.1 Do you acknowledge and agree to the conditions outlined above?

☐ Yes (1)

☐ No (2)

TAH.2 Please provide your preferred name and a method to contact you (phone or email). As part of the study, a peer navigator will contact you at least once to offer support with peer counselling or assistance in locating services for HIV testing, treatment, or prevention. At least one method of contact is required. **An email address is required to allow our team to send**

you the follow-up survey. Although a name is required, you may choose to provide us with your everyday name, legal name, chosen name, or a fake name to further protect your privacy.

☐ Name: (1) _____

☐ Email: (2) _____

☐ Phone number to call (optional): (3)

☐ Phone number to text (optional): (4)

TAH.3 If we cannot reach you by phone, can we leave a voicemail indicating we are calling from “CBRC”?

☐ Yes (1)

☐ No (2)

17.01 Thank you for participating in this study. Your opinion is very valuable. You can skip any question you prefer not to answer.

17.1 How many HIV self-test kits would you like?

☐ 1 (1)

☐ 2 (2)

17.2 Are you going to use your HIV self-test now?

☐ Yes (1)

☐ No (2)

17.3

Stop!

Please show this screen to a volunteer before continuing.

17.4 Have you ever used a HIV self-test before today?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unsure (3)

17.6 Compared with how you have been tested for HIV in the past, how was your overall experience using the HIV self-test?

- ☐ Much better (1)
- ☐ Somewhat better (2)
- ☐ About the same (3)
- ☐ Somewhat worse (4)
- ☐ Much worse (5)
- ☐ I have never tested for HIV before (6)

17.7 How easy or difficult was it to use the HIV self-test?

- ☐ Very easy (1)
- ☐ Somewhat easy (2)
- ☐ Somewhat difficult (3)
- ☐ Very difficult (4)

17.8 How likely or unlikely is it that you would use an HIV self-test again?

- ☐ Very likely to use again (1)
- ☐ Somewhat likely to use again (2)

- ☐ Somewhat unlikely to use again (3)
- ☐ Very unlikely to use again (4)
- ☐ I would not test this way in the future (5)
- ☐ Not applicable (6)

17.9 How accurate do you think the HIV self-test is?

- ☐ Very accurate (1)
- ☐ Somewhat accurate (2)
- ☐ Not very accurate (3)
- ☐ Not accurate at all (4)

Q189 Where would you want to get an HIV self-test in the future? Select all that apply.

- ☐ At an event, like Pride (1)
- ☐ Order online from a website (4)
- ☐ Order online from an app (5)
- ☐ At a community organization (6)
- ☐ From a friend, peer, community leader or elder (7)
- ☐ From a sexual partner (8)
- ☐ In a bathhouse, club or other social venue (9)
- ☐ At a pharmacy (10)

- ☐ At a sexual health clinic (11)
 - ☐ At your healthcare provider's office (12)
 - ☐ From a vending machine (13)
 - ☐ Other, please specify: (14)
-
- ☐ ☒ None of the above (15)

17.12 How would you prefer to use HIV self-tests in the future? Select all that apply.

- ☐ By myself (1)
- ☐ With in-person support from a healthcare provider (2)
- ☐ With in-person support from a peer (3)
- ☐ With online support from a healthcare provider (4)
- ☐ With online support from a peer (5)
- ☐ ☒ I wouldn't do a HIV self-test again (6)

17.13 **What are the BENEFITS of HIV self-testing for you?** Select all that apply.

- ☐ Being able to complete an HIV test with someone else at the same time (1)
- ☐ Being able to provide an HIV self-test to someone else (8)
- ☐ Being able to get tested when clinic is full (9)
- ☐ More convenient than going to a clinic or doctor's office (10)
- ☐ More private than going to a clinic or doctor's office (11)
- ☐ Another benefit not listed (12)
- ☒ I see no benefits for me (7)

17.14 **What are the DRAWBACKS of HIV self-testing for you?** Select all that apply.

- ☐ Concern about the reliability of the test (1)
- ☐ It is too expensive (9)
- ☐ Not sure where to get an HIV self-test (10)
- ☐ Prefer to get tested by doctor or nurse (11)
- ☐ Prefer to get tested at my usual place (e.g., doctor's office, clinic) (12)
- ☐ Worried about the privacy of my information (13)
- ☐ Another drawback not listed (14)
- ☒ I see no drawbacks for me (15)

17.15 **What was the result of your HIV self-test?** The on-site study staff will not be able to see your answer.

- ☐ Positive (1)
- ☐ Negative (2)
- ☐ Invalid (3)
- ☐ I'm not sure (4)
- ☐ I prefer not to say (5)

17.16 How do you plan to use the HIV self-test kit(s)? Select all that apply .

- ☐ Use it myself (1)
- ☐ Give to a sexual partner (2)
- ☐ Give to a friend (3)
- ☐ I am not sure yet (4)
- ☐ Other, please specify: (5)

17.17 What topics would you be interested to speak with a Test Now Buddy about? Select all that apply.

- ☐ HIV self-testing (1)
 - ☐ Standard HIV or other STBBI testing (9)
 - ☐ PrEP for HIV (10)
 - ☐ STI PrEP or “Doxy PrEP” (11)
 - ☐ PEP (post-exposure prophylaxis) (12)
 - ☐ Substance uUse (13)
 - ☐ Condoms and lube (14)
 - ☐ Harm reduction supplies (15)
 - ☐ Other, please specify: (7)
-

☐

None of the above (8)

17.03 Thank you for participating! A Test Now Buddy will be in contact before the next survey.

Click next to receive your honorarium for participating in this survey. As a reminder, there is an additional \$20 honorarium for completing the follow-up survey that will be emailed to you later.

Stop!

Please show this screen to a volunteer before continuing.

Q167 As a small thank you, we are providing a \$10 cash honorarium for completion of the study. Please fill out the information below, click next and show the final screen to the Sex Now study team.

☐ First name (an alias is okay!) (1)

Q169 Signature

Q190 For the volunteer: Please enter completion code
