

Supplementary materials – Sialon II items

1. Which year were you born? 19 |__|__|

12. In the last 12 months, have you been tested for sexually transmitted infections other than HIV?

Yes ₁

No ₂ Go to question 14

I prefer not to answer ₉ Go to question 14

13. In the last 12 months, have you been diagnosed with the following (please answer each item):

	Yes	No	I do not know	I prefer not to answer
a. Syphilis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
b. Gonorrhoea	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
c. Chlamydia	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
d. Anogenital warts	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
e. Genital herpes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
f. Lymphogranuloma venereum (LGV)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
g. Urethral outflow/itching	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
h. Hepatitis B	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
i. Hepatitis C	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

From this point onwards we would like you to focus on the last 6 months and your male non-steady partners.

“Non-steady partners” refer to men you have had sex with once only, and men you have sex with more than once but who you don’t think of as a steady partner (including one night stands, anonymous and casual partners, sex buddies).

By **“sex”** we mean any kind of sex involving physical contact with another person, including oral sex and mutual masturbation.

16. In the last 6 months, how many male *non-steady* partners have you had sex with? (If you are not sure, please give an estimation.)

Number of male non-steady partners (0 if none) |__|__|__|

I prefer not to answer 999

17. In the last 6 months, how many male *non-steady* partners have you had anal intercourse with? (If you are not sure, please give an estimation.)

Number of male non-steady partners (0 if none) |__|__|__|

I prefer not to answer 999

18. In the last 6 months, how many male *non-steady* partners have you had unprotected (without condom) anal intercourse with? (If you are not sure, please give an estimation.)

Number of male non-steady partners (0 if none) |__|__|__|

I prefer not to answer 999

19. How many of those you had unprotected (without condom) anal intercourse with were:

HIV positive (0 if none) |__|__|__|

With unknown HIV status (0 if none) |__|__|__|

HIV negative (0 if none) |__|__|__|

I prefer not to answer 999

From this point onwards we would like you to focus on the last 6 months and your male steady partners.

“Steady partners” refer to boyfriends or husbands that mean you are not “single”, but not to partners who are simply sex buddies.

By **“sex”** we mean any kind of sex involving physical contact with another person, including oral sex and mutual masturbation.

20. In the last 6 months, how many male *steady* partners have you had sex with? (if you are not sure, please give an estimation)

Number of male steady partners (0 if none) |__|__|__|

I prefer not to answer 999

21. In the last 6 months, how many male *steady* partners have you had anal intercourse with? (if you are not sure, please give an estimation)

Number of male steady partners (0 if none) |__|__|__|

I prefer not to answer 999

22. In the last 6 months, how many male *steady* partners have you had unprotected (without condom) anal intercourse with? (if you are not sure, please give an estimation)

Number of male steady partners (0 if none) |__|__|__|

I prefer not to answer 999

23. In the last 6 months, how many of those you had unprotected (without condom) anal intercourse with were? (if you are not sure, please give an estimation)

HIV positive (0 if none) |__|__|__|

With unknown HIV status (0 if none) |__|__|__|

HIV negative (0 if none) |__|__|__|

I prefer not to answer 999

27. Last time you had anal intercourse, were you ...

	Yes	No	I prefer not to answer
a. penetrated (fucked) with a condom?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b. penetrating (fucking) with a condom?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c. penetrated (fucked) without a condom?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
d. penetrating (fucking) without a condom?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

28. Last time you had anal intercourse, what did you think about your partner/s HIV status before having sex? (Tick as many as apply)

I thought he was HIV negative 1

I knew he was HIV negative 2

I thought he was HIV positive 3

I knew he was HIV positive 4

I knew he was unsure about his HIV status 5

I didn't have any thoughts about his HIV status 6

I do not remember 7

I prefer not to answer 9

30. Before or during your last anal sexual intercourse, did you use the following? (please answer each item)

		Yes	No	I prefer not to answer
a.	Alcohol	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
b.	Poppers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
c.	Ecstasy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
d.	Viagra/Kamagra/Cialis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
e.	Hashish/marijuana	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
f.	Cocaine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
g.	Amphetamine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
h.	GHB	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
i.	Other (specify): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉

35. Have you ever injected drugs? (Drugs injected for medical purposes or treatment of an illness do not count.)

- Yes ₁
 No ₂
 I prefer not to answer ₉