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SAN GALLICANO
ISTITUTO DI RICOVERO E CURA A CARATTERE SCIENTIFICO

PROJECT:

"Sexual behaviour and preventive attitudes in males at risk of Sexually Transmitted Infections (STIs)"

Date___/_____/_____

Section 1

1.1 Age |__|__| years

1.2 Nationality: □ Italian □ not Italian

1.3 Marital status: □ Single □ Married □ Separated □ Divorced □ Widowed □ Civil union

1.4 Habitation: (during the last year)

□ I live alone □ I live with partner □ I live with my parents □ I live with friends

□ I live in a community □ Other (please specify) _____

1.5 Education: □ Elementary □ Primary school □ Secondary school □ University

Section 2

2.1 During the past year, how often have you consumed alcohol?

□ never □ about once a month □ about once a week □ more than once a week

2.2 During the past year, did you drink too much?

□ never □ 1 to 6 times □ about 1 time a month □ about 1 time a week

□ more than 1 time a week

2.3 How many cigarettes do you smoke per day? |__| ("zero" if you have never smoked)

2.3a How many years have you smoked? |__| □ I am a FORMER smoker

2.4 Which of the following Sexually Transmitted Infections (STIs) have you contracted during your life?

□ None □ Syphilis □ Anal Gonorrhoea □ Urethral Gonorrhoea □ Pharyngeal Gonorrhoea □ Hepatitis A □ Hepatitis B □ Hepatitis C □ Molluscum contagiosum

□ Chlamydia □ Anal/genital condylomas □ Monkeypox (monkey pox)

□ Other (please specify _____)

2.4a When did you contract your last STI? |_|_|_|_| (year)

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2.5 Have you ever been tested for HIV infection (HIV test)?

□ NO □ YES

2.5a If yes, what was the result?

□ NEG (Date of the last HIV test _____/_____MM/YYYY)

□ POS (Date of HIV diagnosis_____/_____MM/YYYYY)

2.5b If negative, how often do you repeat the test?

□ every 3 months □ every 6 months □ once a year □ more than once a year □ never

Section 3

3.1 At what age did you have your first sexual intercourse? At _____ years old

3.2 Have you had a stable partner in the last 6 months? □ NO □ YES

<u>If YES:</u>

3.2a Has your partner ever been tested for HIV?

□ NO □ YES □ I don't know

If YES, what was the result? □ negative □ positive

3.2b Does your partner use intravenous drugs? □ NO □ YES

3.3 During your lifetime, how many sexual partners have you had?

3.3a Number of men: □<10 □ 10-20 □ 20-50 □ 50-100 □ >100

3.3b Number of women |__|

3.3c Number of transex |__|

3.4 During the past year, how many sexual partners have you had?

3.4a Number of men |__|

3.4b Number of women |__|

3.4c Number of transex |__|

3.5 Have you ever engaged in group sex? (more than one partner)

□ YES, during the last year □ YES, in the past □ NEVER

3.6 Where do you meet your sexual partners? (more than one option is allowed)

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□ Bar/Pub □ Disco □ Sauna □ Home/Private places □ Cruising (parks, beach, car parks...)

□ Gym □ Dating app (which app do you use? _____)

□ other (please specify) _____

3.7 Which type of sexual intercourse have you had during the past year? (more than one option is allowed)

□ anal, insertive □ anal, receptive □ oral, insertive □ oral, receptive □ vaginal

3.8 How often do you use a condom during insertive anal sex?

□ never □ sometimes □ always □ I don't have this kind of sexual intercourse

3.9 How often do you use a condom during receptive anal sex?

□ never □ sometimes □ always □ I don't have this kind of sexual intercourse

3.10 How often do you use a condom during oral sex?

□ never □ sometimes □ always □ I don't have this kind of sexual intercourse

3.11 How often do you use a condom during vaginal sex?

□ never □ sometimes □ always □ I don't have this kind of sexual intercourse

Section 4

4.1 Do you know pre-exposure prophylaxis (PrEP) for HIV prevention? □ NO □ YES

<u>If YES:</u>

4.2 Where did you learn about PrEP?

□ from a partner □ from a friend □ from internet □ from dating sites □ from a doctor

□ other (please specify) _____

4.3 If you learned about PrEP from a doctor, which one?

□ infectivologist □ dermatologist □ family doctor □ other (*please specify*) _____

4.4 Have you ever taken PrEP? □ NO □ YES, during the last year □ YES, in the past

4.5 If you take PrEP, how do you do it?

□ continuously over time □ at the time of the risky sexual intercourse

4.6 If you have never taken PrEP, what was the reason?

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□ I think I'm not at risk of becoming infected with HIV □ PrEP is a too expensive treatment for me □ I am afraid of the possible side effects □ my doctor did not suggest it to me □ I don't know how/where to get it □ because of possible stigma □ other (please specify)

_____

4.7 Do you have sex with partners using PrEP? □ NO □ YES □ I don't know

Section 5

5.1 Have you ever taken antibiotics immediately before or after risky sexual intercourse to avoid contracting an STI (without STI diagnosis)?

□ NO □ YES, before the sexual intercourse □ YES, after the sexual intercourse

If YES:

5.2 From whom did you learn this type of prevention?

□ a partner □ a friend □ internet □ dating sites □ doctor

□ other (*please specify)* _____

5.3 If you have learned this prevention modality from a doctor, which doctor?

□ infectivologist □ dermatologist □ family doctor □ other (please specify) _____

5.4 Which antibiotic(s) did you take?

□ Doxycycline (Bassado) □ Amoxicillin (Augmentin, Zimox) □ Doxycycline + Amoxicillin

□ I don't remember

5.5 Where did you get the antibiotic?

□ online □ in a pharmacy □ in a pharmacy with the prescription □ from a partner

□ other (please specify) _____

Section 6

6.1 Are you vaccinated against Monkeypox?

□ NO □ YES □ I only had one dose of the vaccine □ I was already vaccinated for smallpox

6.2 Following the Monkeypox epidemic, have you modified your sexual habits?

□ NO □ YES

If YES:

6.3 how?

□ I have reduced the number of partners □ I have reduced/avoided the use of apps to find partners □ I have reduced/avoided group sex □ Other (*please specify)* _____

Section 7

Thinking about the last two weeks, please indicate how often you experienced the following moods using the scale:

0-Never 1- Some days 2- Over half of the days 3-Every day

7.1 During the last two weeks, have you felt less interest/pleasure in doing everyday things? 0 | 1 | 2| 3

7.1a During the last two weeks, did you feel downed, depressed or hopeless? 0 | 1 | 2| 3

7.2 During the last two weeks, did you feel nervous, anxious or tense? 0 | 1 | 2| 3

7.2a During the last two weeks, could you not stop worrying or keep your worries under control? 0 | 1 | 2| 3

7.3 Have you ever taken psychotropic drugs? □ NO □ YES, currently □ YES, in the past

7.3a IF YES: Which ones? *Please specify*_____

7.4 Have you ever been in psychotherapy? □ NO □ YES, currently □ YES, in the past

Section 8

8.1 Have you ever used drugs to improve your sexual performance?

☐ NO ☐ YES, in the past year ☐ YES, more than a year ago

8.1a If YES: **Which drugs have you used?**

☐ Viagra ☐ Kamagra ☐ Cialis ☐ Levitra ☐ Stendra ☐ Caverjet

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8.2 Have you ever used substances for/during sexual intercourse? ☐ NO ☐ YES

<u>If YES:</u>

8.3 Which substances did you used? (*more than one option is allowed*)

☐ Crystal (Crystal Ice, Chrystal Meth, TINA, T, Shaboo, Speed, Yaba)

If YES, when: ☐ past year ☐ more than a year ago

☐ Mephedrone (M-Cat, Meow-Meow, Meph, Top-Cat)

If YES, when: ☐ past year ☐ more than a year ago

☐ GBL/GHB (GINA, Drug G, Liquid Ecstasy, Scoop)

If YES, when: ☐ past year ☐ more than a year ago

☐ Ketamine (Vitamine K, Keta, Kit-Kat)

If YES, when: ☐ past year ☐ more than a year ago

☐ MDMA (Ecstasy, Meth, Methamphetamine)

If YES, when: ☐ past year ☐ more than a year ago

☐ PHP (super coke, MDPV)

If YES, when: ☐ past year ☐ more than a year ago

☐ Cocaine

If YES, when: ☐ past year ☐ more than a year ago

Opioids: ☐ Morphine ☐ Heroin ☐ Codeine

Synthetic opioids: ☐ Fentanyl ☐ Oxycodone ☐ Tramadol ☐ Methadone

☐ Buprenorphine

☐ Cannabis (Hashish, Marijuana, Joint, Weed) ☐ Crack (Based Coke) ☐ Spice

☐ Poppers (Pop, Amyl Nitrite, Nitrite, Red, Run, Liquid Gold)

☐ Acid (LSD, Peyote) ☐ Steroids ☐ Alcohol ☐ Other (*specify*) _____

8.4 Have you ever used substances regardless of sexual intercourse?

☐ NO ☐ YES

<u>8.4a If YES:</u> Which substances did you used? _____

8.5 Have you ever practised CHEMSEX?

☐ Never

☐ YES, to have sex under drugs' effect

☐ YES, to have sex but not while using substances

☐ YES, but I'm more interested in using substances than having sex

<u>If you answered YES, please complete Section 9</u>

Section 9

9.1 At what age did you have Chemsex for the first time? |__|__| years old

9.2 How did you start practising Chemsex?

☐ A partner invited me ☐ through an app ☐ other_____

9.3 When was the last time you practiced Chemsex? _____/_____ (MM/YYYY)

9.4 If you stopped doing it, why did you do it? (*more than one option is allowed*)

☐ I did not stop ☐ The opportunity didn't occur again ☐ I didn't enjoy it anymore ☐ I did not feel safe and comfortable ☐ I knew/I saw that it might be dangerous ☐ Other (*please specify)*_____

9.5 How often do you/did you practice Chemsex?

☐ less than once a month ☐ at least once a month at least ☐ once a week ☐ several times per week

9.6 Which sexual practices do you practise or have practised during Chemsex? (*more than one option is allowed*)

□ Insertive anal intercourse □ Receptive anal intercourse □ Insertive oral intercourse

□ receptive oral intercourse □ Insertive fisting □ Receptive fisting □ Bondage

9.7 Do you use SEX TOYS during Chemsex? ☐ NO ☐ YES

<u>9.7a If YES:</u> Have you ever shared your sex toys with other people? ☐ NO ☐ YES

9.8 Where do you/did you practice Chemsex? (more than one option is allowed)

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☐ Home/Private places ☐ Nightclubs or clubs ☐ Hotel rooms ☐ Saunas ☐ Other (*please specify*) _____

9.9 Do you/did you pay for Chemsex sessions? (*more than one option are allowed*)

☐ Never ☐ YES, for drugs ☐ YES, for the location ☐ other_____

9.10 Have you ever searched for psychological support because of Chemsex?

☐ NO ☐ YES

9.11 Have you ever used substances by injection during Chemsex?

☐ Never ☐ YES, in the past ☐ YES, in the last year

9.11a <u>If YES,</u> please indicate the substance_____

9.12 Which substances did you use during Chemsex?

☐ Crystal (Crystal Ice, Chrystal Meth, TINA, T, Shaboo, Speed, Yaba)

☐ Mephedrone (M-Cat, Meow-Meow, Meph, Top-Cat) ☐ GBL/GHB (GINA, Drug G, Liquid Ecstasy, Scoop) ☐ Other (*please specify)* _____

Please indicate your degree of agreement/disagreement with each of the following statements related to Chemsex by making an X on a number from 1 to 5 according to the following scale: ***(1) Strongly disagree; (2) Slightly disagree; (3) Agree; (4) Quite Agree; (5) Strongly Agree***

9.13 I'm spending/I spent a lot of time practising Chemsex until I was neglecting other interests 1 | 2 | 3 | 4 | 5

9.14 Chemsex allows/allowed me to socialize and feel more connected and in intimacy with others 1 | 2 | 3 | 4 | 5

9.15 Chemsex helps/helped me not to experience unpleasant emotions, such as anxiety, sadness, shame, or to relieve stress 1 | 2 | 3 | 4 | 5

9.16 I experienced physical and psychological discomfort so much that I had to stop the Chemsex session 1 | 2 | 3 | 4 | 5

9.17 I witnessed episodes of physical and psychological discomfort in other people during Chemsex 1| 2| 3 | 4 | 5

9.18 I haven't had sober sex since practicing Chemsex 1 | 2 | 3 | 4 | 5

9.19 It happened to me that, during Chemsex session, I was not sure to consent to sexual intercourse 1 | 2 | 3| 4 | 5

9.20 It happened to me that, during Chemsex session, I was not sure about the partner(s)'s consent to have sexual intercourse 1 | 2 | 3 | 4| 5

In the space below, you can write some memories/considerations about your personal experience with Chemsex:

_____

_____

_____

_____

_____

_____

_____

_____

THANK YOU FOR YOUR COOPERATION