## **ECHOES Consolidated**

(ECHOES Consolidated)

## **ECHOES: European Community Health Worker Internet Survey**

Welcome to the largest ever survey of Community Health Workers which is taking place all over Europe.

#### Please take part if you...

- Are aged 18 or over AND;
- Work with gay, bisexual and other Men who have Sex with Men (MSM) now or in the last 12 months AND;
- Deliver sexual health support for gay, bisexual and other MSM in community settings (not in a hospital or clinic).

#### What's it about?

The ECHOES survey asks about the knowledge, attitudes and practices of Community Health Workers (CHWs) who provide sexual health support to gay, bisexual and other MSM. One of the goals is to find out what support, training, and new skills CHWs need and want.

Community Health Workers (CHWs) go by a variety of titles including outreach worker, health promoter, peer educator, community health advisor etc., so wherever you see the term 'Community Health Worker' (or 'CHW') in the survey, we mean:

Someone who provides sexual health support around HIV/AIDS, viral hepatitis and other Sexually Transmitted Infections (STIs), to gay, bisexual and other MSM. A CHW delivers health promotion or public health activities in community settings (not in a hospital or clinic).

Your answers are strictly anonymous and confidential. No one looking at the study findings will be able to identify you in any way.

Your participation is voluntary. Please take time to decide whether you wish to take part.

#### How long does it take to complete?

It will take about 15-20 minutes to complete this survey. You can do this on any device with internet access but it may be quicker to complete on a larger screen. There are 10 sections in the survey.

#### What about data protection?

We guarantee your anonymity. We will NOT collect the IP address of your computer or install any cookies on it. We will not collect any information that would allow anybody to identify you. This means that once you begin the survey, you need to complete all questions in one session. For the research to be most effective please answer ALL questions.

#### Who are we?

We are an international group of researchers and health workers in public health institutes, universities and non-governmental organisations working in sexual health and human rights. The project is funded by the European Commission Health Programme 2014-2020 (http://ec.europa.eu/chafea/health/tender-38-2015\_en.html). It focuses on EU Member States as well as Bosnia Herzegovina, Iceland, Moldova, Norway, Russia, Serbia, and Switzerland.

### When will the results of the survey be available?

The ECHOES survey results will be available in early 2018. It will be available from the project website www.esticom.eu.

### Consent

Please tick all three statements. This will let us know whether you want to take part in the survey and that you understand what is involved. (ECHOES2017)

## **COMPULSORY QUESTION**

🦱 I confirm that I have read and understand the information above. I understand that I will remain anonymous and any information I provide will not be traceable to me. [tick to agree]

## **COMPULSORY QUESTION**

© I understand that my participation is voluntary and that I am free to withdraw at any time. [tick to agree]

### COMPULSORY QUESTION

© By clicking this box, I indicate my agreement to take part in the survey. [tick to agree]

Please complete this survey ONCE ONLY.

## [ECHOES]

Please read the following statements carefully.

Have you provided sexual health support for gay, bisexual and other MSM in a community setting (not in a hospital or clinic) during the last 12 months?

### COMPULSORY QUESTION

○ No ○ Yes

During the **last 12 months**, in which country have you **most often worked** providing sexual health support for gay, bisexual and other MSM in a community setting? (country\_worked\_in)

QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU PROVIDED SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING (NOT IN A HOSPITAL OR CLINIC) DURING THE LAST 12 MONTHS? IS ANY OF YES

**COMPULSORY QUESTION** 

[Please select an answer] Austria Belaium Bosnia Herzegovina Bulgaria Croatia Cyprus Czech Republic Denmark Estonia Finland France Germany Greece Hungary Iceland Ireland Italy Latvia Lithuania Luxembourg Malta Moldova Netherlands Norway Poland Portugal Romania Russia Serbia Slovakia Slovenia Spain

Sweden Switzerland Ukraine United Kingdom Any other country

## [Optional exit page - non CHW]

PAGE SHOWN WHEN ANSWER TO QUESTION HAVE YOU PROVIDED SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING (NOT IN A HOSPITAL OR CLINIC) DURING THE LAST 12 MONTHS? IS ANY OF NO

It looks like you are not eligible to take this survey. This research is about Community Health Workers who have provided sexual health support for gay men, bisexual men and other MSM during the last 12 months. The results will be available across Europe in 2018. You can get more information at www.esticom.eu.

### [Optional exit page - non-eligible country]

PAGE SHOWN WHEN ANSWER TO QUESTION DURING THE LAST 12 MONTHS, IN WHICH COUNTRY HAVE YOU MOST OFTEN WORKED PROVIDING SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING? IS ANY OF ANY OTHER COUNTRY

It looks like you are not eligible to take this survey. This research is about CHWs that work in EU Member States as well as Bosnia Herzegovina, Iceland, Moldova, Norway, Russia, Serbia and Switzerland. The results will be available across Europe in 2018. You can get more information at www.esticom.eu.

### **SECTION 1: About you**

PAGE SHOWN WHEN ANSWER TO QUESTION DURING THE LAST 12 MONTHS, IN WHICH COUNTRY HAVE YOU MOST OFTEN WORKED PROVIDING SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING? IS ANY OF AUSTRIA, BELGIUM, BOSNIA HERZEGOVINA, BULGARIA, CROATIA, CYPRUS, CZECH REPUBLIC, DENMARK, ESTONIA, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, ICELAND, ITALY, LATVIA, LITHUANIA, LUXEMBOURG, MALTA, MOLDOVA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, ROMANIA, RUSSIA, SERBIA, SLOVAKIA, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, UKRAINE, UNITED KINGDOM

This section will ask some basic questions about you. This will help us to describe who completed the survey.

How old are you?

	31	
	32 33	
	34	
	35 36	
	37	
	38	
	40	
	41 42	
	43	
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	46 47	
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	52 53	
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	61 62	
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	66	
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	69	
	70   71	
	72 73	
	74	
	75 or older	
	Which of the following best describe	es how you think of yourself?  ON HOW OLD ARE YOU? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48,
4	49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 6	62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER
С	COMPULSORY QUESTION  Man	
	© Woman	
	Non-binary	
	Other	
	© I prefer not to say	
		previous question, is this what you were assigned at birth?
Q	QUESTION SHOWN WHEN ANSWER TO QUESTION NO	ON WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU THINK OF YOURSELF? IS ANY OF MAN, WOMAN
	C Yes	
	O Don't know/Unsure	
	Which of the following best describe	as how you think about yourself?
Q	QUESTION SHOWN WHEN ANSWER TO QUESTION	ON HOW OLD ARE YOU? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48,
4	49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 6 COMPULSORY QUESTION	52, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER
ľ	© Gay	
	C Homosexual	
	C Lesbian	
	© Bisexual © Queer	
	Straight/heterosexual	
	Any other term	
	I don't usually use a term	
Q	QUESTION SHOWN WHEN ANSWER TO QUESTION	now you (including family, friends and work or study colleagues), what proportion know this ?  ON HOW OLD ARE YOU? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 38, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 48, 48, 48, 48, 48, 48, 48, 48, 48
4	49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 6	52, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER
	More than half	
	C Less than half	
	© Few © None	
		of an ethnic or racial minority in the country you live in?  ON HOW OLD ARE YOU? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48,
		UN HOW OLD ARE YOU? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 52, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

	○ No
	C Yes
١.,	What was a suite, and the suite and a suite as a fine and a suite as a fine a suite as a fine a suite as a fine a
	Vhat minority are you a member of?  NUESTION SHOWN WHEN ANSWER TO QUESTION DO YOU CONSIDER YOURSELF A MEMBER OF AN ETHNIC OR RACIAL MINORITY IN THE COUNTRY YOU LIVE IN? IS ANY OF YES
A	s a CHW, do you work in
Q	IUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48,
49	9, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER  A village/rural area - up to 5,000 people
	A small town - up to 20,000 people
	A large town/small city - up to 100,000 people
	A medium-sized city - up to 500,000 people
	A big city - more than 500,000 people
Н	low many years have you spent in full-time education since the age of 16?
Q	NUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48,
49	9, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER  [Please select an answer]
	None
	5  6
	7
	More than 10
	Vhich of these phrases would you say comes closest to your feelings about your household's income?
	NUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 9, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER
	C Living very comfortably on present income
	C Living comfortably on present income
	Neither comfortable nor struggling on present income
	<ul> <li>Struggling on present income</li> <li>Really struggling on present income</li> </ul>
	Really Strugging on present income
	Vhich language is your native/mother tongue?
	IUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 9, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER
"	[Please select an answer]
	Bulgarian
	Croatian Czech
	Danish
	Dutch
	Estonian
	Finnish French
	German
	Greek
	Hungarian Italian
	Latvian
	Lithuanian Norwegian
	Polish
	Portuguese Romanian
	Russian
	Serbian
	Slovenian Spanish
	Swedish
	Ukrainian Other language not listed here
D.	Please write in your native/mother tongue.
	DESTION SHOWN WHEN ANSWER TO QUESTION WHICH LANGUAGE IS YOUR NATIVE/MOTHER TONGUE? IS ANY OF UKRAINIAN
_	Other than your native/mother tongue, which of these languages do you also speak fluently? (tick all that apply)
Q	NUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48,
	9, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER
	□ English □ Freezh
	☐ French ☐ German
	☐ Italian
1	

☐ Polish ☐ Russian ☐ Spanish ⓒ None of the above	
[Screening for Eligibility]  It looks like you are not eligible to take this survey. This research is about CHWs aged 18 or over. The results will be available across Europe in	
2018. You can get more information at www.esticom.eu.	_

## [Exit page 1 - those who are not eligible]

THIS IS AN EXIT PAGE PAGE SHOWN WHEN ANSWER TO QUESTION HAVE YOU PROVIDED SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING (NOT IN A HOSPITAL OR CLINIC) DURING THE LAST 12 MONTHS? IS ANY OF NO OR ANSWER TO QUESTION DURING THE LAST 12 MONTHS, IN WHICH COUNTRY HAVE YOU MOST OFTEN WORKED PROVIDING SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING? IS ANY OF ANY OTHER COUNTRY OR ANSWER TO QUESTION HOW OLD ARE YOU? IS ANY OF 17 OR UNDER

We are sorry you have not been able to complete the ECHOES survey. The survey closes on the 31st December 2017. You can still help by sharing this link with anyone you think might be interested:

echoessurvev.eu

#### How can I ask a question about the survey?

The ECHOES team is based at the University of Brighton in the UK. You can email the ECHOES team at echoessurvey@brighton.ac.uk. We will be happy to discuss the survey with you.

Where can I find more information when the results of the survey are available?

A report of the survey results will be produced in early 2018. It will be available from the project's website www.esticom.eu.

## SECTION 2: Your job, employment status, and organisation

This section of the survey asks about your job role (paid or unpaid) as a CHW providing sexual health support to gay, bisexual and other MSM. This sexual health support may involve HIV/AIDS, viral hepatitis or other STIs. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Remember: By CHW we mean Community Health Worker (or other related term).

We know that many people do not use the term 'Community Health Worker'. How would you describe your job title? - e.g. outreach worker, sexual health worker, health promoter, etc.

COMPULSORY QUESTION

Which of the following best describes your current status as a CHW?

Full time = 30 hours per week or more.

Part time = less than 30 hours per week.

- C Employed (paid) full-time
- Employed (paid) part-time
- Self-employed (paid) full-time C Self-employed (paid) – part-time
- Volunteer (unpaid)- full time
- O Volunteer (unpaid)- part time

Is your position...

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) - FULL-TIME, EMPLOYED (PAID) - PART-TIME

For your work as a CHW, are you on a...

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) - FULL-TIME, EMPLOYED (PAID) - PART-TIME

Which of the following best describes your status when **not** working as a CHW?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) - PART-TIME, SELF-EMPLOYED (PAID) - FULL-TIME, SELF-EMPLOYED (PAID) - PART-TIME, VOLUNTEER (UNPAID)-FULL TIME, **VOLUNTEER (UNPAID)- PART TIME** 

- Not applicable (being a CHW is my only job)
- C Employed full-time or part-time
- Self-employed full-time or part-time
- Unemployed
- Volunteering (aside from CHW)
- Retired
- Student

Which term best describes your job role when **not** working as a CHW? (choose one)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR STATUS WHEN NOT WORKING AS A CHW? IS ANY OF EMPLOYED - FULL-TIME OR PART-

TIME, SELF-EMPLOYED - FULL-TIME OR PART-TIME, VOLUNTEERING (ASIDE FROM CHW)	
© Doctor (clinician or other specialist)	
© Doctor (general practitioner)	
© Doctor (HIV or sexual health specialist)	
© Employment worker	
© Family support worker	
C Housing or homelessness worker	
© Mental health worker	
© Nurse (qualified/registered)	
© Prison/probation	
© Social worker	
© Substance use worker	
C Teacher or other education worker	
C Youth worker	
C Another term not listed here	
© None of the above	
Please write in your job role when <b>not</b> working as a CHW.	
QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH TERM BEST DESCRIBES YOUR JOB ROLE WHEN NOT WORKING AS A CHW? (CHOOSE ONE) IS ANY OF NONE OF THE ABOVE	
	=
SECTION 2 (continued):	
PAGE SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE, PART TIME = LES	iS
THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) - FULL-TIME, EMPLOYED (PAID) - PART-TIME, VOLUNTEER (UNPAID)- FULL TIME, VOLUNTEER (UNPAID)- PART TIME	
About your organisation	
When working as a CHW, which of the following best describes the type of organisation you work for/with? If you work for more than one	
organisation as a CHW, please answer regarding your main organisation.	
QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE, PART TIME :	=
LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) – FULL-TIME, EMPLOYED (PAID) – PART-TIME, VOLUNTEER (UNPAID)- FULL TIME, VOLUNTEER (UNPAID)- PART TIME	
© Private not-for-profit - e.g. non-governmental organisation, charity, community, civil society, grassroots organisation	
© Private for-profit/commercial organisation	
Government/local authority/public organisation	
© Other	
What is the main number of this evaniention?	
What is the main purpose of this organisation?	
© Sexual health	
General health - e.g. hospital, clinic, community health, GP	
C LGBT specific needs	
Mental health and/or wellbeing	
© Substance use support	
© Religion	
Education - e.g. school, college or university	
C Housing and/or homelessness	
C Advocacy	
C Transport	
© Prison/probation	
© Other	
Approximately, what is the size of the organisation in terms of the numbers of people who work there (both paid and unpaid)?	
© Up to 5 people	
6 to 9 people	
© 10 to 49 people	
© 50 to 249 people	
© 250 people or more	
C Don't know	
As for an analysis of a death's accordant and a little and a	
As far as you know, who funds this organisation? (tick all that apply)	
Grants from national government and/or local authority	
Charitable/private donation	
Fundraising activities	
European funding	
Fees from services provided - e.g. training	

# SECTION 3: In your role as a CHW, what do you do?

One of the aims of this survey is to find out what CHWs actually do. We therefore ask about **your personal involvement** in CHW activities over the **last 12 months**. These activities refer to the sexual health support you provide gay, bisexual and other MSM around HIV/AIDS, viral hepatitis or other STIs. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Note: You can always go back and modify your responses if you need to. You can untick options if you realise they aren't right for you.

I am involved in... (tick all which apply, even if your involvement is minor)  ${\color{red} \textbf{COMPULSORY QUESTION}}$ 

☐ Other ☐ Don't know

☐ Prevention of HIV, viral hepatitis and/or other ST substance use, mental health, etc.) ☐ Screening and/or testing of HIV, viral hepatitis and post-test discussion, performing testing/screen☐ Treatment and/or support for HIV, viral hepatiti other STI treatments, adherence support, referring None of the above	and/or other STIs ing procedures, e s and/or other ST	(this might include tc.) Is (this might inclu	e, but is not limited	d to, the importance	of screening/testing, pre-
What CHW activities are you involved in? QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED I	N (TICK ALL WHICH	I APPLY, EVEN IF YOU	R INVOLVEMENT IS MI	NOR) IS ANY OF NONE OF	THE ABOVE
Prevention of HIV, viral hepatitis	and other	STIs			
PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN ( OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, CONI					
The following questions refer to <b>PREVENTION</b> active and other MSM regarding HIV, viral hepatitis and other MSM regarding HIV, viral hepatitis and other the purposes of prevention, I am involved in the Information provision  Intervention - e.g. outreach activities  Referral and linkage to care  Strategic and administrative activities - e.g. repo	ther STIs during ne following activ	the last 12 mont ities (tick all tha	ths.	part of sexual healt	h support for gay, bisexual
© I am not involved in prevention  For the purposes of prevention, I am involved in pr  QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPO  PROVISION				ITIES (TICK ALL THAT A	APPLY) IS ANY OF INFORMATION
	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Transmission of HIV, viral hepatitis and/or other STIs	О	0	О	0	С
Safer sex practices	0	0	0	0	C
Testing and knowing your status	0	0	0	0	C
Vaccinations and preventative medication (such as hepatitis vaccination, PrEP, or PEP)	0	0	0	0	С
Treatment/medication for HIV/AIDS, viral hepatitis and/or other STIs	С	О	С	О	С
Adherence to treatment/medication for HIV/ AIDS, viral hepatitis and/or other STIs	0	0	0	0	С
Injecting drug use	0	0	0	0	C
Other substance use - e.g. alcohol, marijuana, cocaine, ketamine, etc.	0	C	C	0	0
Chemsex	0	0	0	0	C
General physical health and healthy living	C	0	0	C	C
Mental health including counselling	C	0	0	0	C
Signposting to e.g. testing, gay-friendly support	0	0	0	0	0
Other activity or issue not listed here	0	0	0	0	С
Which other activity or issue not listed here are you guestion shown when answer to question for the purpo activity or issue not listed here=daily or almost daily, every two weeks or more, other activity or issue not lis	SES OF PREVENTION OTHER ACTIVITY OR I	I, I AM INVOLVED IN PR SSUE NOT LISTED HER	OVIDING INFORMATIO		
For the purposes of prevention, I am involved in <b>pr</b> QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPO E.G. OUTREACH ACTIVITIES				ITIES (TICK ALL THAT A	APPLY) IS ANY OF INTERVENTION -
	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Sexual health support - e.g. condoms and	0	0	0	0	0

lubricant provision  Substance use support - e.g. clean needles  Support using or accessing Pre-Exposure Prophylaxis (PrEP)  Support using or accessing Post-Exposure Prophylaxis (PEP)  Food, water and other essentials  First aid  Support around work, home, and finances	0 0	0	0	0	0
Support using or accessing Pre-Exposure Prophylaxis (PrEP)  Support using or accessing Post-Exposure Prophylaxis (PEP)  Food, water and other essentials  First aid	0	С			
Prophylaxis (PrEP) Support using or accessing Post-Exposure Prophylaxis (PEP) Food, water and other essentials First aid	c		0	0	0
Prophylaxis (PEP) Food, water and other essentials First aid		0			
First aid	С		О	0	С
		C	C	0	0
Support around work, home, and finances	0	C	C	0	0
	0	0	0	0	0
Support around physical health and healthy living	0	C	C	0	0
Behaviour change support	0	C	C	0	0
Mental health support including counselling	0	C	C	0	0
Fargeted peer support	0	0	0	0	0
Online and social media support	0	C	C	0	0
Other activity not listed here	0	0	0	0	0
ESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURP TED HERE=DAILY OR ALMOST DAILY, OTHER ACTIVITY NOT L	OSES OF PREVENTION,	I AM INVOLVED IN PR	OVIDING THESE INTER' R ACTIVITY NOT LISTED	VENTION ACTIVITIES IS HERE=ONCE EVERY TWO	ANY OF OTHER ACTIVITY O WEEKS OR MORE, OTHE
ESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURP ITED HERE=DAILY OR ALMOST DAILY, OTHER ACTIVITY NOT LI TIVITY NOT LISTED HERE=ONCE A MONTH OR LESS  r the purposes of prevention, I am involved in r ESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURP	OSES OF PREVENTION, ISTED HERE=ONCE A WI	I AM INVOLVED IN PREEK OR MORE, OTHER	RACTIVITY NOT LISTED	hat apply)	O WEEKS OR MORE, OTHE
ESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURP TED HERE=DAILY OR ALMOST DAILY, OTHER ACTIVITY NOT LITIVITY NOT LISTED HERE=ONCE A MONTH OR LESS  The purposes of prevention, I am involved in restion shown when answer to question for the purps.	OSES OF PREVENTION, ISTED HERE=ONCE A WI	I AM INVOLVED IN PREEK OR MORE, OTHER  XUAL AND OTHER  XUAL AND OTHER	RACTIVITY NOT LISTED	hat apply)	O WEEKS OR MORE, OTHE
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ESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPITED HERE=DAILY OR ALMOST DAILY, OTHER ACTIVITY NOT LITIVITY NOT LISTED HERE=ONCE A MONTH OR LESS  In the purposes of prevention, I am involved in restroy shown when answer to QUESTION FOR THE PURPIKAGE TO CARE  Hospital, clinic, or GP or other health professional dental health support services including counselling  Voluntary- or community-based health and social care organisation  Police - e.g. hate crime reporting  Social services  Religious/spiritual services  Social clubs or activities	referring gay, bise roses of prevention, bisted Here=ONCE A William of the referring gay, bise roses of prevention, baily or almost daily	I AM INVOLVED IN PREEK OR MORE, OTHER  EXUAL AND	ISM to (tick all the Following Activity Once every two weeks or more	hat apply) TIES (TICK ALL THAT A  Once a month or less	O WEEKS OR MORE, OTHE  APPLY) IS ANY OF REFERRA  Never  C  C  C  C
hich other intervention activities not listed here testion shown when answer to question for the purpose the purposes of prevention, I am involved in restriction shown when answer to question for the purposes of prevention, I am involved in restriction shown when answer to question for the purpose for the purposes of prevention, I am involved in restriction shown when answer to question for the purpose for the	referring gay, bise POSES OF PREVENTION, ISTED HERE=ONCE A WITCH HERE-ONCE A WITCH H	I AM INVOLVED IN PREEK OR MORE, OTHER  EXUAL AND	ISM to (tick all the FOLLOWING ACTIVITY  Once every two weeks or more	hat apply) TIES (TICK ALL THAT A  Once a month or less	O WEEKS OR MORE, OTHE  APPLY) IS ANY OF REFERRA  Never  C  C  C  C  C  C

Developing interventions, outreach and support activities	0	C	C	0	0	
Engage with research and/or community needs assessments	0	0	0	O	0	
Marketing, advertising and media activities	0	О	0	0	0	
Monitoring, evaluation and reporting of organisation's activities	0	С	C	0	С	
Fundraising	0	C	0	0	C	
Management	0	0	0	0	0	
Staff development	0	C	0	0	0	
Other activities not listed here	0	C	C	0	c	_
Which other strategic and administrative activities re QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSE APPLY) IS ANY OF OTHER ACTIVITIES NOT LISTED HERE=DAILY OR A HERE=ONCE EVERY TWO WEEKS OR MORE, OTHER ACTIVITIES NOT I	S OF PREVENTI ALMOST DAILY,	ION, I AM INVOLVED IN T OTHER ACTIVITIES NOT	HE FOLLOWING STRA			
[Prevention settings]  PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN (TIGOTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, CONDOQUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN OUTREACH ACTIVITIES, STRATEGIC AND ADMINISTRATIVE ACTIVIT.  Thinking now about all your responses to the previou QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSE PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, REFERRAL Where do you deliver PREVENTION activities around QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSE PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, REFERRAL	MS, SAFE SEX P THE FOLLOWIN IES - E.G. REPOR IS SECTION ON IS OF PREVENTI L AND LINKAGE HIV/AIDS, V IS OF PREVENTI L AND LINKAGE	PRACTICES, VACCINATION OF ACTIVITIES (TICK A RTS, MANAGEMENT  PREVENTION PRODUCTION OF A MINOCLYED IN TO CARE, STRATEGIC A VITAL HEPATITIS AND SOUND, LAM INVOLVED IN TO LAM INVOLVED IN TO LAM INVOLVED IN TO CARE, STRATEGIC AND SOUND, LAM INVOLVED IN TO CARE, STRATEGIC AND SOUND IN THE ST	ONS, PREP, PEP, SUBS LL THAT APPLY) IS AN CTICES THE FOLLOWING ACTIV ND ADMINISTRATIVE A STIS TO GRAY, DISEX THE FOLLOWING ACTIV	TANCE USE, MENTAL I Y OF INFORMATION PR VITIES (TICK ALL THA ACTIVITIES - E.G. REPC Ual and other MS VITIES (TICK ALL THA	HEALTH, ETC.) AND ANSWIROVISION, INTERVENTION -  AT APPLY) IS ANY OF INFO PORTS, MANAGEMENT  M? (tick all that apply AT APPLY) IS ANY OF INFO	ER TO - E.G.  RMATION  (y)
Gay/gay friendly entertainment venue - e.g. bar, cli Community setting - e.g. drop-in, shelter Outdoor setting - e.g. cruising ground State/public sector setting - e.g. education, prison Private setting - e.g. private home, hotel Online or via mail - e.g. website, mobile phone app Other None of these settings		rice				
Which gay/gay friendly entertainment settings? (tick QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DE ALL THAT APPLY) IS ANY OF GAY/GAY FRIENDLY ENTERTAINMENT  Café/restaurant Bar/pub/club/party Porn cinema Shops - e.g. fetish, books, video Sauna Male brothel Other None of these	LIVER PREVENT	TION ACTIVITIES AROUN	D HIV/AIDS, VIRAL HEF	PATITIS AND STIS TO G	AY, BISEXUAL AND OTHER	R MSM? (TICK
Which other gay/gay-friendly entertainment setting? QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH GAY/GAY FR	RIENDLY ENTER	RTAINMENT SETTINGS? (	TICK ALL THAT APPLY	) IS ANY OF OTHER		
Which community settings? (tick all that apply) QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DE ALL THAT APPLY) IS ANY OF COMMUNITY SETTING - E.G. DROP-IN,  Drop-in, community centre or community organisati Migrant camp Shelter/refuge Foodbank Social club Pride events and marches Other None of these  Which other community setting? QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH COMMUNIT	SHELTER on			PATITIS AND STIS TO G	AY, BISEXUAL AND OTHER	R MSM? (TICK

Which outdoor settings? (tick all that apply)
QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK
ALL THAT APPLY) IS ANY OF OUTDOOR SETTING - E.G. CRUISING GROUND
☐ Mobile outreach - e.g. bus, van
Streets or public space
·
Cruising ground
Sporting event
□ Other
None of these
Which other outdoor setting?
QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OUTDOOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Which state/public sector settings? (tick all that apply)
QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK
ALL THAT APPLY) IS ANY OF STATE/PUBLIC SECTOR SETTING - E.G. EDUCATION, PRISON
☐ Education
☐ Prison
State social services
Other
○ None of these
Which albert the contains a state of the contains and the
Which other state/public sector setting? QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH STATE/PUBLIC SECTOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH STATE/PUBLIC SECTOR SETTINGS? (HICK ALL THAT APPLT) IS ANY OF OTHER
Which private settings? (tick all that apply)
QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF PRIVATE SETTING - E.G. PRIVATE HOME, HOTEL
Private home/dwelling
Residential care home
☐ Hotel
Other
O None of these
Which other private setting?
QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH PRIVATE SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Which online or mail settings? (tick all that apply)
QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK
ALL THAT APPLY) IS ANY OF ONLINE OR VIA MAIL - E.G. WEBSITE. MOBILE PHONE APPS, POSTAL SERVICE
□ Website or online chat
Mobile phone apps
Telephone helpline
☐ Social media
Postal/mail service - e.g. posting condoms, test kits
Other
O None of these
None of these
Which other coline or mail cetting?
Which other online or mail setting? QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH ONLINE OR MAIL SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH ONLINE OR MAIL SETTINGS? (TICK ALL THAT APPLT) IS ANT OF OTHER
Which other setting, not listed here, do you deliver prevention activities in?
QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OTHER
net in a composition of the comp
Screening and/or testing of HIV, viral hepatitis and other STIs
screening and/or testing or fire, viral nepatitis and other 5115

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.)

The following questions refer to SCREENING AND/OR TESTING activities that you may personally be involved in as part of sexual health support

for gay, bisexual and other MSM regarding HIV/AIDS, viral hepatitis and other STIs during the **last 12 months**.

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.)

For the purposes of screening and/or testing, I am involved in the following activities... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.)

Consultation and counselling Screening and/or testing procedures Referral and linkage to care Strategic and administrative activities - e.g. repo	orts, management					
For the purposes of screening and/or testing, I am						
CONSULTATION AND COUNSELLING	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never	
Providing consultation, information or advice relating to screening and/or testing for HIV/Hepatitis/STIs - e.g. importance of regular testing, knowing your status	0	c	0	0	C	
Providing consultation, information or advice, regarding adherence to medication/treatment	C	C	0	C	C	
Conducting pre/post-test discussions and counselling regarding HIV/Hepatitis/STIs	C	C	0	С	0	
perform the following <b>screening and/or testing</b> QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPO  SCREENING AND/OR TESTING PROCEDURES	Daily or almost daily	AND/OR TESTING, I AN Once a week or more	Once every two weeks or more	Once a month or less	Never	) IS ANY OF
I screen and/or test for HIV	0	0	0	0	0	
I screen and/or test for viral hepatitis (B and/or C)	0	0	0	0	0	
I screen and/or test for other STIs	0	0	0	0	0	
QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPO	I take the samp	AND/OR TESTING, I AN ole I take the s	Sample I prov	ide a self- I	don't do this	) IS ANY OF
QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPO	I take the samp and test it immediately (rap test)	AND/OR TESTING, I AN ole I take the s and send to a	INVOLVED IN THE FO sample I prov a lab for sampling g to take	ide a self- I		) IS ANY OF
QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPO	I take the samp and test it immediately (rap	AND/OR TESTING, I AN ole I take the s and send to a	sample I prov a lab for sampling g to take sa	ide a self- I g kit for men scr	don't do this eening and/or	') IS ANY OF
QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPO CCREENING AND/OR TESTING PROCEDURES	I take the samp and test it immediately (rap test)	AND/OR TESTING, I AM ole I take the s and send to a oid- testin	MINVOLVED IN THE FO sample I prov a lab for sampling g to take sa	ide a self- I g kit for men scre their own mples	don't do this eening and/or testing	) IS ANY OF
	I take the samp and test it immediately (rap test)	AND/OR TESTING, I AM ole I take the s and send to a oid- testin	Sample I prov a lab for sampling g to take sa	ide a self- I g kit for men screether own mples	don't do this eening and/or testing	) IS ANY OF
Blood sample  Swab sample (urethral, rectal, mouth, throat)  Urine sample  am involved in referring or linking gay, bisexua suestion shown when answer to question for the purposes of screening and/or testing. I am outh the purposes of screening and/or testing, I am outh the purposes of screening and/or testing, I am output the purposes of screening and/or testing, I am output the purposes of screening and/or testing, I am output the purposes of screening and/or testing, I am output the purposes of screening and/or testing, I am output the purposes of screening and/or testing, I am output the purposes of screening and/or testing, I am output the purposes of screening and/or testing, I am output the purposes of screening and/or testing.	I take the samp and test it immediately (rap test)  I and other MSI oses of screening and other msi oses of screening and care organisation involved in the formal section of the section	AND/OR TESTING, I AM  DIE I take the s and send to a  Did- testin  What to care for the AND/OR TESTING, I AM  TO COMMON T	sample I provaled in the FO sample I provaled in the sampling to take sampling to take sampling in the FO sa	ide a self- I g kit for men screetheir own mples	don't do this reening and/or testing  Ing at (tick all that apply (tick all that apply)	at apply) O IS ANY OF
Blood sample  Swab sample (urethral, rectal, mouth, throat)  Urine sample  am involved in referring or linking gay, bisexua suestion shown when answer to question for the purpose A hospital, clinic, or GP or other health profession A voluntary- or community-based health and socion other services or support  I don't refer people to screening and/or testing. I am	I take the samp and test it immediately (rap test)  I and other MSI oses of screening and other msi oses of screening and care organisation involved in the formal screening of screening of the	AND/OR TESTING, I AM  DIE I take the s and send to a DIG- testin  What to care for the AND/OR TESTING, I AM  Ollowing strategian  AND/OR TESTING, I AM	sample I provaled in the FO sample I provaled in the sampling to take sampling to take sampling in the FO sa	ide a self- I g kit for men screether own mples  ening and/or testitlowing ACTIVITIES	don't do this reening and/or testing  Ing at (tick all that apply (tick all that apply)	at apply) O IS ANY OF
Blood sample  Swab sample (urethral, rectal, mouth, throat)  Urine sample  am involved in referring or linking gay, bisexua suestion shown when answer to question for the purposes of screening and/or testing. I am out the purposes of screening and/or testing, I am question shown when answer to question for the purposes of screening and/or testing.	I take the samp and test it immediately (rap test)  I take the samp an	AND/OR TESTING, I AM  DIE I take the s and send to a  DIG- testin  What to care for the AND/OR TESTING, I AM  Once a week or	sample I provaled in the FO sample I provaled in the FO sampling to take s	ide a self- I g kit for men screen the their own mples  ening and/or testillowing ACTIVITIES  ative activities  Once a month or	don't do this reening and/or testing  Ing at (tick all that apply (tick all that apply).	at apply) O IS ANY OF
Blood sample  Swab sample (urethral, rectal, mouth, throat)  Urine sample  am involved in referring or linking gay, bisexual puestion shown when answer to question for the purposes of a voluntary- or community-based health and socious of the purposes of screening and/or testing. I am purposes of screening and/or testing, I am puestion shown when answer to question for the purposes of screening and/or testing. The purposes of screening and/or testing and purposes of screening and/or testing. I am puestion shown when answer to question for the purposes of screening and/or testing. I am puestion shown when answer to question for the purposes of screening and/or testing. I am puestion shown when answer to question for the purpose of screening and/or testing. I am puestion shown when answer to question for the purpose of screening and/or testing.	I take the samp and test it immediately (rap test)  I and other MSP SES OF SCREENING and care organisati involved in the final ses of screening analyses of screening and test it immediately for screening and test it is scre	AND/OR TESTING, I AM  DIE I take the s and send to a bid- testin  What to care for the AND/OR TESTING, I AM  Once a week or more	sample I provaled in the FO sample I provaled in the FO sampling to take s	ide a self- I g kit for men screen mples scr	don't do this reening and/or testing  In the string   In the s	at apply) O IS ANY OF
Blood sample  Swab sample (urethral, rectal, mouth, throat)  Urine sample  am involved in referring or linking gay, bisexual procession shown when answer to question for the purposes of a voluntary- or community-based health and socious of the purposes of screening and/or testing. To the purposes of screening and/or testing for the purposes of screening and/or testing. I am augustion shown when answer to question for the purposes of screening and/or testing. I am augustion shown when answer to question for the purposes of screening and/or testing. I am augustion shown when answer to question for the purpose of screening and/or testing. I am augustion shown when answer to question for the purpose of screening and/or testing. I am augustion shown when answer to question for the purpose of screening and/or testing. I am augustion shown when answer to question for the purpose of screening and/or testing. I am augustion shown when answer to question for the purpose of screening and/or testing. I am augustion shown when answer to question for the purpose of screening and/or testing.  Advocacy and networking  Developing interventions, outreach and support	I take the samp and test it immediately (rap test)  I and other MSP SES OF SCREENING and care organisation involved in the formal state of the session of th	AND/OR TESTING, I AM  DIE I take the s and send to a bid- testin  What to care for the AND/OR TESTING, I AM  Once a week or more	purposes of scree MINVOLVED IN THE FO  sample I prov sampling to take sa  purposes of scree MINVOLVED IN THE FO  Once every two weeks or more	ide a self- I g kit for men screether own mples  ening and/or testi LLOWING ACTIVITIES  ative activities  Once a month or less	don't do this reening and/or testing  In t	at apply) O IS ANY OF
Blood sample  Swab sample (urethral, rectal, mouth, throat)  Urine sample  am involved in referring or linking gay, bisexual uses too show when answer to question for the purposes of a voluntary- or community-based health and socious of the purposes of screening and/or testing. I am suestion shows when answer to question for the purposes of screening and/or testing or the purposes of screening and/or testing. I am suestion shows when answer to question for the purposes of screening and/or testing. I am suestion shows when answer to question for the purpose of screening and/or testing. I am suestion shows when answer to question for the purpose of screening and/or testing. I am suestion shows when answer to question for the purpose of screening and/or testing. I am suestion shows when answer to question for the purpose of screening and/or testing. I am suestion shows when answer to question for the purpose of screening and/or testing. I am suestion shows when answer to question for the purpose of screening and/or testing in the purpose of screening and/or testing is the purpose of screening and/or testing. I am suestion shows when answer to question for the purpose of screening and/or testing is the purpose of screening and/or testing. I am suestion shows when answer to question for the purpose of screening and/or testing is the purpose	I take the samp and test it immediately (rap test)  I and other MSI oses of screening and other MSI oses of screening and care organisation of the screening of	AND/OR TESTING, I AM  DIE I take the s and send to a  DIG- testin  What to care for the AND/OR TESTING, I AM  Once a week or more	purposes of scree Involved in the Fo  sample I provate in the Fo  purposes of scree I INVOLVED IN THE FO  Once every two weeks or more	ide a self- I g kit for men screether own mples  enting and/or testillowing activities  ative activities  Once a month or less	don't do this reening and/or testing  In the string   In the s	at apply) O IS ANY OF
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Management	0	0	0	0	0			
Staff development	0	0	0	0	0			
Other	0	0	0	C	0			
Which other strategic and administrative activities relating to screening and/or testing are you involved in?  QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING STRATEGIC AND ADMINISTRATIVE ACTIVITIES  (TICK ALL THAT APPLY) IS ANY OF OTHER=DAILY OR ALMOST DAILY, OTHER=ONCE A WEEK OR MORE, OTHER=ONCE EVERY TWO WEEKS OR MORE, OTHER=ONCE A MONTH OR LESS								
[Screening and/or testing sett	ings]							
PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED I HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS TESTING/SCREENING PROCEDURES, ETC.) AND ANSWER TO C APPLY) IS ANY OF CONSULTATION AND COUNSELLING, SCR	S NOT LIMITED TO, THE IMP QUESTION FOR THE PURPO	PORTANCE OF SCRE	ENING/TESTING, PRE- A AND/OR TESTING, I AM	AND POST-TEST DISCUS I INVOLVED IN THE FOL	SSION, PERFORMING LOWING ACTIVITIES (TICK ALL THAT			
Thinking now about all your responses to the p QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PU CONSULTATION AND COUNSELLING, SCREENING AND/OR TE MANAGEMENT	JRPOSES OF SCREENING	AND/OR TESTING, I A	M INVOLVED IN THE FO	LLOWING ACTIVITIES.				
CONSULTATION AND COUNSELLING, SCREENING AND/OR TESTING PROCEDURES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES -E.G. REPORTS, MANAGEMENT  Where do you do these SCREENING AND/OR TESTING activities around HIV/AIDS, viral hepatitis and STIs to gay, bisexual and other MSM? (tick all that apply) QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING, SCREENING AND/OR TESTING PROCEDURES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES -E.G. REPORTS, MANAGEMENT  Gay/gay friendly entertainment venue - e.g. bar, club  Community setting - e.g. drop-in, shelter  Outdoor setting - e.g. cruising ground  State/public sector setting - e.g. education, prison  Private setting - e.g. private home, hotel  Online or via mail - e.g. website, mobile phone apps, postal service  Other  None of these settings  Which gay/gay friendly entertainment settings? (tick all that apply) QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF GAY/GAY FRIENDLY ENTERTAINMENT VENUE - E.G. BAR, CLUB  Café/restaurant  Bar/pub/club/party  Porn cinema								
☐ Sauna ☐ Male brothel ☐ Other ⓒ None of these  Which other gay/gay-friendly entertainment se  QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH GAY		INMENT SETTINGS?	(TICK ALL THAT APPLY	') IS ANY OF OTHER				
Which community settings? (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF COMMUNITY SETTING - E.G. DROP-IN, SHELTER  Drop-in, community centre or community organisation  Migrant camp  Shelter/refuge Foodbank Social club Pride events and marches Other None of these								
Which other community setting?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH COM	MMUNITY SETTINGS? (TIC	K ALL THAT APPLY)	IS ANY OF OTHER					
Which outdoor settings? (tick all that apply) QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OUTDOOR Mobile outreach - e.g. bus, van Streets or public space Cruising ground Sporting event			ACTIVITIES AROUND HIN	//AIDS, VIRAL HEPATITI	S AND STIS TO GAY, BISEXUAL AND			

C None of these
Which other outdoor setting?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OUTDOOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Which state/public sector settings? (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF STATE/PUBLIC SECTOR SETTING - E.G. EDUCATION, PRISON
☐ Education ☐ Prison ☐ State social services ☐ Other ⓒ None of these
Which other state/public sector setting?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH STATE/PUBLIC SECTOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Which private settings? (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF PRIVATE SETTING - E.G. PRIVATE HOME, HOTEL  Private home/dwelling Residential care home Hotel
Cother None of these
Which other private setting?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH PRIVATE SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Which online or mail settings? (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF ONLINE OR VIA MAIL - E.G. WEBSITE, MOBILE PHONE APPS, POSTAL SERVICE  Website or online chat Mobile phone apps Telephone helpline Social media Postal/mail service - e.g. posting condoms, test kits Other None of these
Which other online or mail setting?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH ONLINE OR MAIL SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Is there another setting, not listed previously, where you deliver screening and/or testing activities?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OTHER, NONE OF THESE SETTINGS
Treatment and/or support regarding HIV, viral hepatitis and other STIs  PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL
HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.)
The following questions refer to <b>TREATMENT AND/OR SUPPORT</b> activities that you may <b>personally be involved in</b> as part of sexual health support for gay, bisexual and other MSM regarding HIV/AIDS, viral hepatitis and other STIs during the <b>last 12 months</b> .  QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.)
For the purposes of treatment and/or support, I am involved in the following activities (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV,  VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT,  REFERRING TO HEALTH SERVICES, ETC.)  Information provision
☐ Intervention - e.g. adherence support ☐ Referral and linkage to care ☐ Strategic and administrative activities - e.g. reports, management ☐ I am not involved in treatment and/or support
I am involved in <b>providing information</b> about (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION

☐ Treatments for HIV/AIDS ☐ Treatments for viral hepatitis ☐ Treatments for other STIs ☐ Counselling and mental health support					
I provide information about these HIV/AIDS treat QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVE Single anti-retroviral (ARV) medications Combination anti-retroviral (ARV) therapy Other None of these treatments			K ALL THAT APPLY) I	S ANY OF TREATMENTS	FOR HIV/AIDS
I provide information about these viral hepatitis t QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVE Hepatitis A/B vaccine Pegylated interferon Hepatitis C combination therapy/DAAs Painkillers - e.g. ibuprofen, paracetamol Other None of these treatments			K ALL THAT APPLY)	IS ANY OF TREATMENTS	FOR VIRAL HEPATITIS
I provide information about these treatments for QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVE  Antibiotic medications Antiviral medications Topical creams Painkillers e.g. ibuprofen, paracetamol Other None of these treatments			K ALL THAT APPLY)	IS ANY OF TREATMENTS	FOR OTHER STIS
For the purposes of treatment and/or support, I a QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURI INTERVENTION - E.G. ADHERENCE SUPPORT  Support with time planning for treatment/medical Supporting clients to adhere to treatment/medical Accompanying clients to get treatment/medicat Assisting with sourcing and accessing treatment Other  Which other intervention activities not listed here QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURI APPLY) IS ANY OF OTHER	poses of TREATMENT cation cition at/medication erare you involved	AND/OR SUPPORT, I A	AM INVOLVED IN THE I	FOLLOWING ACTIVITIES.	(TICK ALL THAT APPLY) IS ANY OI
I am involved in <b>referring</b> gay, bisexual and othe QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURI REFERRAL AND LINKAGE TO CARE  A hospital, clinic, or GP or other health professi A voluntary or community-based health and so Other service or support I don't refer people for treatment or support For the purposes of treatment and/or support, I a	poses of TREATMENT onal cial care organisation am involved in the	on following strateg	M INVOLVED IN THE I	FOLLOWING ACTIVITIES.	(tick all that apply)
STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS,				Once a month or less	Never
Advocacy and networking	C	0	0	0	c
Developing interventions and support activities	0	0	0	0	c
Engage with research and/or community needs assessments	C	0	0	0	0
Marketing, advertising and media activities	0	C	0	C	c
Monitoring, evaluation and reporting of organisation's activities	c	c	0	0	0
Staff development	0	C	0	C	c
Other	С	0	0	0	0
Which other strategic and administrative activitie QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURI (TICK ALL THAT APPLY) IS ANY OF OTHER=DAILY OR ALMOST	POSES OF TREATMENT	AND/OR SUPPORT, I A	M INVOLVED IN THE F	OLLOWING STRATEGIC	

[Treatment and/or support settings]
PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.) AND ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. ADHERENCE SUPPORT, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT
Thinking now about all your responses to the previous section on <b>TREATMENT AND/OR SUPPORT</b> activities
Where do you do these <b>TREATMENT AND/OR SUPPORT</b> activities around HIV/AIDS, viral hepatitis and STIs to gay, bisexual and other MSM? (tick all that apply)  Gay/gay friendly entertainment venue - e.g. bar, club  Community setting - e.g. drop-in, shelter  Outdoor setting - e.g. cruising ground  State/public sector setting - e.g. education, prison  Private setting - e.g. private home, hotel  Online or via mail - e.g. website, mobile phone apps, postal service  Other  None of these settings
Which gay/gay friendly entertainment settings? (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF GAY/GAY FRIENDLY ENTERTAINMENT VENUE - E.G. BAR, CLUB  Café/restaurant Bar/pub/club/party Porn cinema Shops (e.g. fetish, books, video) Sauna Male brothel Other None of these
Which other gay/gay-friendly entertainment setting? QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH GAY/GAY FRIENDLY ENTERTAINMENT SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Which community settings? (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF COMMUNITY SETTING - E.G. DROP-IN, SHELTER    Drop-in, community centre or community organisation   Migrant camp   Shelter/refuge   Foodbank   Social club   Pride events and marches   Other   Onne of these
Which other community setting?
QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH COMMUNITY SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Which outdoor settings? (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OUTDOOR SETTING - E.G. CRUISING GROUND  Mobile outreach - e.g. bus, van  Streets or public space  Cruising ground  Sporting event  Other  None of these
Which other outdoor setting?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OUTDOOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Which state/public sector settings? (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF STATE/PUBLIC SECTOR SETTING - E.G. EDUCATION, PRISON  Education Prison State social services

□ Other ○ None of these
Which other state/public sector setting? QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH STATE/PUBLIC SECTOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Which private settings? (tick all that apply) QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF PRIVATE SETTING - E.G. PRIVATE HOME, HOTEL  Private home/dwelling Residential care home Hotel Other None of these
Which other private setting?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH PRIVATE SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Which online or mail settings? (tick all that apply)  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF ONLINE OR VIA MAIL - E.G. WEBSITE, MOBILE PHONE APPS, POSTAL SERVICE  Website or online chat  Mobile phone apps  Telephone helpline  Social media  Postal/mail service - e.g. posting condoms, test kits  Other  None of these
Which other online or mail setting?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH ONLINE OR MAIL SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER
Is there another setting, not listed previously, where you deliver treatment and/or support activities?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OTHER, NONE OF THESE SETTINGS
Time spent performing CHW activities  PAGE SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT OR ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES - I.G. REPORTS, MANAGEMENT OR ANSWER TO GOING SCREENING AND/OR TESTING PROCEDURES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT OR ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. ADHERENCE SUPPORT, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT  Think now about the different kinds of activities you are involved in as a CHW, and about how much time you spend on each of them.  Over the last 12 months, approximately what amount of your CHW time has been spent on
Note: This should add up to around 100% but it doesn't need to be perfect.
Prevention of HIV, viral hepatitis and/or other STIs
Screening and/or testing of HIV, viral hepatitis and/or other STIs
Treatment and/or support for HIV, viral hepatitis and/or other STIs
SECTION 4: Who you work with (clients)  This section asks about the people you work with and your relationship with them. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

 $\hfill \Box$  Lesbian/bisexual women and other women who have sex with women (WSW)

MAXIMUM OF 3 ANSWERS CAN BE SELECTED

☐ Gay, bisexual and other MSM

□ Trans people

Which three of these populations of people do you **most often** work with in your CHW activities? (tick up to three)

	Adolescents/young people
_	Students
	Ethnic minorities
_	Religious or faith groups/individuals
_	Disabled people or people with learning disabiltiles
	Migrants
	Sex workers
	Homeless
	People living with HIV/AIDS
	Drug users (injecting or otherwise)
	General population but including gay, bisexual and other MSM
	Offenders/prisons/probation
	Elderly
	Parents, children, and families
STI	nking now <b>only</b> about your work with gay, bisexual and other MSM regarding delivering sexual health support on HIV, viral hepatitis and other s, what age group do you <b>most often</b> work with?  Mostly people younger than 25
	Mostly people older than 25
	Even mix
	usual 7-day period, approximately how many gay, bisexual and other MSM do you work with directly, providing sexual health support on HIV,
	I hepatitis and other STIs?
	Up to 5 people
	6 to 9 people
	10 to 49 people
	50 to 249 people
	250 people or more
	Don't know
	what extent do you think gay, bisexual and other MSM 'trust' or feel confident about the CHW support that <b>you</b> are delivering? Not at all
0	Hardly
0	Moderately
	Extremely
0	Don't know
	what extent do you think gay, bisexual and other MSM 'trust' or feel confident about <b>your CHW organisation</b> ?
_	Not at all
	Hardly Madarataly
	Moderately Extremely
	Don't know
	DOIL VIIOW
CF	CTION 5: Barriers to performing CHW activities
	•
In tl curr	his section, please tell us about issues which shape your role and activities as a CHW, including how things might be improved. If you do not rently have a CHW job role, please answer about your most recent CHW role in the last 12 months.
In tl curr Thin (chv	his section, please tell us about issues which shape your role and activities as a CHW, including how things might be improved. If you do not rently have a CHW job role, please answer about your most recent CHW role in the last 12 months.  The about all the activities you do in your role as a CHW. Please tick <b>the main issues for you as an individual</b> which hinder your activities.  WISSUES_individual)
In the curre Thin (chw	his section, please tell us about issues which shape your role and activities as a CHW, including how things might be improved. If you do not rently have a CHW job role, please answer about your most recent CHW role in the last 12 months.  The about all the activities you do in your role as a CHW. Please tick <b>the main issues for you as an individual</b> which hinder your activities.  WISSUES_individual)  I lack enough time to work/volunteer as a CHW
In the curre of the curre of the current of the cur	his section, please tell us about issues which shape your role and activities as a CHW, including how things might be improved. If you do not rently have a CHW job role, please answer about your most recent CHW role in the last 12 months.  The about all the activities you do in your role as a CHW. Please tick <b>the main issues for you as an individual</b> which hinder your activities.  WISSUES_individual)  I lack enough time to work/volunteer as a CHW  I work/volunteer long or difficult hours as a CHW
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☐ Lack of support from gay/bisexual businesses and/or venues ☐ None of the above
Please tick the main issues from wider society which hinder your activities. (chwIssues_society)  Lack of funding for CHW organisations  Legal constraints/regulations  Lack of or poor national HIV strategy  Stigma around homosexuality and bisexuality  Stigma around HIV/AIDS  Stigma around hepatitis  Stigma around STIs  None of the above
SECTION 5 (continued):
Of these main issues you selected, which hinder your activities the most? (tick up to <b>three</b> ) (chwIssues_consolidated) QUESTION SHOWN WHEN ANSWER TO QUESTION THINK ABOUT ALL THE ACTIVITIES YOU DO IN YOUR ROLE AS A CHW. PLEASE TICK THE MAIN ISSUES FOR YOU AS AN INDIVIDUAL WHICH HINDER YOUR ACTIVITIES. IS ANY OF I LACK ENOUGH TIME TO WORK/VOLUNTEER AS A CHW, I WORK/VOLUNTEER LONG OR DIFFICULT HOURS AS A CHW, I HAVE A LACK OF KNOWLEDGE, I HAVE PERSONAL CONCERNS OR FEARS ABOUT BEING A CHW, I AM NOT FROM GAY/BISEXUAL/MSM COMMUNITIES, I HAVE A LOW SALARY OR NO SALARY OR ANSWER TO QUESTION PLEASE TICK THE MAIN ISSUES FROM YOUR ORGANISATION WHICH HINDER YOUR ACTIVITIES, IS ANY OF SHORTAGE OF FUNDINGRESOURCES, LACK OF SPACE FOR ORGANISATION'S ACTIVITIES, LACK OF CLEAR GOALS OR AIMS, LIMITED OR NO ACCESS TO TRAINING, DISAGREEMENT WITHIN ORGANISATION, DOOR COORDINATION OF ACTIVITIES, POOR COMMUNICATION WITHIN ORGANISATION, LACK OF APPROPRIATE SUPERVISION, SHORTAGE OF CHWS/COLLEAGUES/STAFF, LIMITED OR INACCESSIBLE HEALTHCARE SERVICES (DOCTORS, NURSES, CLINICS), POOR COOPERATION WITH HEALTHCARE SERVICES (DOCTORS, NURSES, CLINICS), CONFIDENTIALITY AND ANONYMITY ISSUES, POOR KNOWLEDGE OF SEXUALITY/LGBT ISSUES IN HEALTHCARE SERVICES OR ANSWER TO QUESTION PLEASE TICK THE MAIN ISSUES FROM LOCAL COMMUNITIES WHICH HINDER YOUR ACTIVITIES. IS ANY OF LACK OF INTEREST FROM GAY, BISEXUAL OR OTHER MSM, LACK OF SUPPORT FROM GAY/BISEXUAL BUSINESSES AND/OR VENUES OR ANSWER TO QUESTION PLEASE TICK THE MAIN ISSUES FROM WIDER SOCIETY WHICH HINDER YOUR ACTIVITIES. IS ANY OF LACK OF FUNDING FOR CHW ORGANISATIONS, LEGAL CONSTRAINTS/REGULATIONS, LACK OF OR POOR NATIONAL HIV STRATEGY, STIGMA AROUND HOMOSEXUALITY AND BISEXUALITY, STIGMA AROUND HIV/AIDS, STIGMA AROUND HEPATITIS, STIGMA AROUND STIS  MAXIMUM OF 3 ANSWERS CAN BE SELECTED
□ I lack enough time to work/volunteer as a CHW □ I work/volunteer long or difficult hours as a CHW
I have a lack of knowledge
☐ I have personal concerns or fears about being a CHW ☐ I am not from gay/bisexual/MSM communities
I have a low salary or no salary
Shortage of funding/resources Lack of space for organisation's activities
Lack of clear goals or aims
Limited or no access to training
☐ Disagreement within organisation ☐ Poor coordination of activities
Poor communication within organisation
Lack of appropriate supervision
Shortage of CHWs/colleagues/staff Limited or inaccessible healthcare services (doctors, nurses, clinics)
Poor cooperation with healthcare services (doctors, nurses, clinics)
Confidentiality and anonymity issues
Poor knowledge of sexuality/LGBT issues in healthcare services Lack of interest from gay, bisexual or other MSM
☐ Lack of support from gay/bisexual businesses and/or venues
Lack of funding for CHW organisations
Legal constraints/regulations Lack of or poor national HIV strategy
Stigma around homosexuality and bisexuality
☐ Stigma around HIV/AIDS ☐ Stigma around hepatitis
Stigma around STIs
In your own words, what <b>three things</b> would make your CHW work more effective over the next 12 months?
First thing:
Second thing:
Third thing:
SECTION 6: Recruitment as a CHW
This section asks how you were recruited to be a CHW. Please think back to the time when you started as a CHW, or got involved with activities

supporting gay, bisexual, and other MSM.

Why did you start to work/volunteer as a CHW? (tick all that apply)  $\hfill \square$  Wanted to support gay, bisexual and other MSM

Wanted to support people living with HIV/AIDS, viral hepatitis and/or STIS Wanted access to training Needed employment Good income Opportunities for career development Socialising Networking Gaining access to particular scenes or spaces Personal learning and development Wanted to help prevent HIV, viral hepatitis and/or other STIS Teaching and educating others Other
For what other reason did you start to work as a CHW?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHY DID YOU START TO WORK/VOLUNTEER AS A CHW? (TICK ALL THAT APPLY) IS ANY OF OTHER
How did you first become a CHW?  I approached an organisation to volunteer  I applied for a formally advertised volunteer post  I applied for a formally advertised paid post  I was already working for the organisation in a different capacity  I was head-hunted/recommended by colleagues/friends  Other
How many CHW jobs/volunteering posts have you had specifically providing sexual health support for gay, bisexual and other MSM?  One  Two or three  Four or five  Six or more
Adding all of these CHW jobs/volunteering posts together, approximately how long have you been a CHW?  C Less than 1 year  C 1 to 5 years  C 6 to 10 years  C 11 to 20 years  C More than 20 years
When you started your current CHW role, were there any requirements for prior <b>training or qualifications</b> ?  No  Yes  Don't know / don't remember
What were the requirements for prior training or qualifications?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHEN YOU STARTED YOUR CURRENT CHW ROLE, WERE THERE ANY REQUIREMENTS FOR PRIOR TRAINING OR QUALIFICATIONS? IS ANY OF YES
When you started your current CHW role, were there any requirements for <b>relevant experience</b> ?  No Yes Don't know / don't remember
Approximately how much prior relevant experience was required?  QUESTION SHOWN WHEN ANSWER TO QUESTION WHEN YOU STARTED YOUR CURRENT CHW ROLE, WERE THERE ANY REQUIREMENTS FOR RELEVANT EXPERIENCE? IS ANY OF YES  No experience Up to one month Up to three months Up to six months Up to 12 months More than 12 months
SECTION 7: Training and skills

## **SECTION 7: Training and skills**

This section asks about your skills, and about what kind of training (if any) you have had during your work as a CHW. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Thinking about your current role as a CHW, have you received training in this role?

- No
- $\ensuremath{\mathbb{C}}$  Yes  $\ensuremath{\text{internal}}$  / in house /on the job training from my CHW organisation
- © Yes **external** training e.g. from a consulting company, training company, external event
- $\begin{picture}(60,0)\put(0,0){\line(1,0){10}}\put(0,0){\line(1,0){10}$

What kind of training have you received? (tick all that apply)

EXTE	JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES - BOTH INTERNAL AND FRAIL TRAINING
	Online course - e.g. webinars, online training programmes/courses, online lectures  Face-to-face - e.g. seminars, workshops, lectures, group work, peer learning, residential, conferences, events
	Structured support - e.g. supervision, guidance, mentoring
	Structured observation - e.g. shadowing a colleague, following a role model
	Other kind of training
QUE:	at areas did this training cover? (tick all that apply) STION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES - INTERNAL / IN HOUSE /ON JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES - BOTH INTERNAL AND ERNAL TRAINING
	Prevention of HIV, viral hepatitis, and other STIs
	Screening and/or testing of HIV, viral hepatitis, and other STIs
	Treatment and/or support of HIV, viral hepatitis, and other STIs Substance use - e.g. Chemsex, alcohol
	Mental health support
	General health support
	First aid/personal safety/cardiopulmonary resuscitation (CPR)
	Signposting to other support and services
	Peer support
	Counselling
	Advocacy
	Networking Capacity building
	Report writing
	Research skills
	Fundraising/grant writing
	Social media/computer/IT skills
	Languages - e.g. being bi-lingual
	Leadership/management skills
_	Communication skills - e.g. writing, speaking Interpersonal skills and relationship building
	Administrative skills
	Teaching skills
	Budgeting/financial skills
	Understanding of diverse sexual orientations and gender identities
	Knowledge of diverse sexual acts and practices
	LGBT-specific health needs
	Other areas of training
Wha	Other areas of training at other areas did this training cover?
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Wha	Other areas of training at other areas did this training cover?
Wha	Other areas of training at other areas did this training cover?
Wha	Other areas of training at other areas did this training cover? STION SHOWN WHEN ANSWER TO QUESTION WHAT AREAS DID THIS TRAINING COVER? (TICK ALL THAT APPLY) IS ANY OF OTHER AREAS OF TRAINING  TOXIMately how much of this training have you completed in the last 12 months?
Wha	Other areas of training at other areas did this training cover? STION SHOWN WHEN ANSWER TO QUESTION WHAT AREAS DID THIS TRAINING COVER? (TICK ALL THAT APPLY) IS ANY OF OTHER AREAS OF TRAINING  TOXIMately how much of this training have you completed in the last 12 months? STION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON
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© Both me and my organisation paid © Other
Who paid for this training? QUESTION SHOWN WHEN ANSWER TO QUESTION WHO PAID FOR THIS TRAINING? IS ANY OF OTHER
Who found or identified this training? QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES - INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES - BOTH INTERNAL AND EXTERNAL TRAINING  I found this training by myself  My organisation found this training  Both me and my organisation found this training  Other
Who found or identified this training? QUESTION SHOWN WHEN ANSWER TO QUESTION WHO FOUND OR IDENTIFIED THIS TRAINING? IS ANY OF OTHER
Were you allowed to participate in this training as part of your CHW work time? QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES - INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES - BOTH INTERNAL AND EXTERNAL TRAINING  NO Yes Sometimes
SECTION 7 (continued):
Are further training opportunities for you as a CHW available or ongoing?  COMPULSORY QUESTION  No  Yes  Don't know
In order to be as effective as possible in your current role, which areas would you most benefit from additional training in? (Please choose up to 5)  COMPULSORY QUESTON  Prevention of HIV, viral hepatitis, and other STIs  Screening and/or testing of HIV, viral hepatitis, and other STIs  Treatment and/or support of HIV, viral hepatitis, and other STIs  Substance use - e.g. Chemsex, alcohol  Mental health support  General health support  First aid/personal safety/cardiopulmonary resuscitation (CPR)  Signposting to other support and services  Peer support  Counselling  Advocacy  Networking  Capacity building  Report writing  Research skills  Fundralsing/grant writing  Social media/computer/IT skills  Languages - e.g. being bi-lingual  Leadership/management skills  Communication skills - e.g. writing, speaking  Interpersonal skills and relationship building  Administrative skills  Feaching skills  Budgeting/financial skills  Budgeting/financial skills  Budgeting/financial skills  Budgeting/financial skills  Knowledge of diverse sexual acts and practices  CGBT-specific health needs  Other knowledges and skills
Of these answers, please rank them in order of priority with the most important at the top.  ANSWERS/ROWS LINKED TO QUESTION: IN ORDER TO BE AS EFFECTIVE AS POSSIBLE IN YOUR CURRENT ROLE, WHICH AREAS WOULD YOU MOST BENEFIT FROM ADDITIONAL TRAINING IN?  [FLEASE CHOOSE UP TO 5]  [FLEASE CHOOSE UP TO 5]

Screening and/or testing of HIV, viral hepatitis, and other STIs Treatment and/or support of HIV, viral hepatitis, and other STIs Substance use - e.g. Chemsex, alcohol Mental health support General health support First aid/personal safety/cardiopulmonary resuscitation (CPR) Signposting to other support and services Peer support Counselling Advocacy Networking Capacity building Report writing Research skills Fundraising/grant writing Social media/computer/IT skills anguages - e.g. being bi-lingual Leadership/management skills Communication skills - e.g. writing, speaking Interpersonal skills and relationship building Administrative skills Teaching skills Budgeting/financial skills Understanding of diverse sexual orientations and gender identities Cnowledge of diverse sexual acts and practices LGBT-specific health needs Other knowledges and skills

TO RANK AN ITEM DRAG IT UP AND DOWN WITH THE MOUSE, OR NAVIGATE TO IT WITH THE TAB KEY THEN RE-ARRANGE USING THE ARROW KEYS <u>UNTIL IT IS ABOVE THE SOLID BAR</u>

## SECTION 8: Thoughts and feelings about your role as a CHW

This section asks you to consider your personal thoughts and feelings about being a CHW and the work you do as part of it. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Please don't spent too much time thinking about any one statement.

Please think about your day to day life, including your role as a CHW. How true are the following statements?

	Not at all true	Hardly true	Moderately true	Exactly true	
It is easy for me to stick to my aims and accomplish my goals.	С	О	С	C	
I am confident that I could deal efficiently with unexpected events.	С	0	C	0	
If someone opposes me, I can find means and ways to get what I want. $ \\$	С	0	C	0	
Thanks to my resourcefulness, I know how to handle unforeseen situations.	С	0	0	0	
I can remain calm when facing difficulties because I can rely on my coping abilities.	С	c	С	0	
No matter what comes my way, I'm usually able to handle it.	С	0	С	0	

Please think about your role as a CHW. How satisfied are you with the following?

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
Amount of variety in job	0	0	0	0	0
Opportunity to use abilities	0	0	0	0	0
Freedom of working method	0	0	0	0	0

mount of responsibility	0	0	0	0	0
hysical working conditions	0	0	0	0	0
dours of work	0	C	0	0	0
Recognition for work	0	0	0	0	c
Colleagues and fellow workers	0	0	0	0	0
our rate of pay	C	C	C	0	0
our opportunity to acquire new skills	0	0	0	0	0
w much do you agree or disagree with the followi	ng statements? Strongly	Disagree	Neither agree	Agree	Strongly agree
Somewhat satisfied Very satisfied					
w much do you agree or disagree with the followi	_		Noither agree	Agroo	Strongly agree
	disagree	Disagree	nor disagree	Agree	Scrollgly agree
domosexuality is morally acceptable to me.	0	О	O	0	0
would be happy with gay, bisexual or other MSM is neighbours.	0	0	0	0	0
feel comfortable discussing homosexuality in a ublic situation.	0	С	С	0	С
ECTION 9: Knowledge					
this section we're interested in your general levels	s of knowledae	around HIV/AID	5. viral hepatitis, and	d other STIs r	regarding vour role as a CH
garding HIV/AIDS, <b>how confident are you</b> in you = not confident at all and 5 = very confident) ERAGE VALUES CALCULATED					
prevention			1		
screening and/or testing			2 3		
reatment and/or support			4 5		

prevention

screening and/or testing

treatment and/or support

Regarding other STIs, **how confident are you** in your knowledge of... (1 = not confident at all and 5 = very confident)

AVERAGE VALUES CALCULATED

prevention

screening and/or testing

treatment and/or support



## **SECTION 10: SOME FINAL QUESTIONS...**

This final section asks just a few more questions a connected to the communities you work with. Rem							may be
Have you ever received an HIV test result?  No Yes							
Have you ever been diagnosed with HIV?  QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU EVER  No Yes	R RECEIVED AN I	HIV TEST RESULT?	IS ANY OF YES				
Have you ever taken any illegal drug?  No Yes  I prefer not to answer							
Have you ever injected illegal drugs? (other than a QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU EVEL ON, never Yes, within the last 12 months Yes, more than 12 months ago							
Have you ever used any illegal, non-injected recre QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU EVER No, never Yes, within the last 12 months Yes, more than 12 months ago				GHB, ketam	ine?		
How good is your health in general? Is it  C Very good  Good  Fair  Bad  Very bad							
We'd like to know how you're doing at the momer over the last two weeks.	it. For each o	of the five stat	ements, plea	ase indicate	which is closes	st to how you've	been feeling
	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time	
I have felt cheerful and in good spirits	0	0	0	0	0	0	
I have felt calm and relaxed	0	0	0	0	0	0	
I have felt active and vigorous	0	0	0	0	0	0	
I woke up feeling fresh and rested	0	0	0	0	0	0	
My daily life has been filled with things that interest me	c	С	0	0	0	0	
And finally, we'd like to hear any comments that y	ou have abo	ut the survey.					
[Ending Pages]							
	<u>It's tir</u>	me to submit	your answe	ers!			
You made it! Thank you for taking the time to com	plete this su	rvev. We'll use	e vour inform	nation to und	erstand what	support and trair	ina CHWs need.

Now please press 'submit answers'.