

Nummer/  
Aufkleber:
 

Kennwort (optional): .....

This questionnaire serves scientific purposes and can be used as a basis for counselling. Completing the questionnaire is voluntary. Please do not enter your name! Counselling and testing are anonymous.

## 01. Gender identity

- man     woman     not specified  
 other gender identity:

## 02. When were you born?

year of birth	month
<input type="text"/>	<input type="text"/>

## 03. Where were you born?

- Germany  
 other country:

## 04. Did one or both of your parents immigrate to Germany?

- yes     no

## 05. How many years did you attend school?

- up to 9     10 or 11     12 or more

## 06. What do you do for a living?

- pupil     retired/on pension  
 trainee/student     no permanent job  
 employed/civil servant/  
self-employed     other job situation

## 07. Do you have health insurance?

- yes     no     don't know

## 08. What is your relationship status?

- single     married/in a partnership     other:

## 09. How would you describe your sexual orientation?

- gay     bisexual     lesbian     heterosexual  
 other:

## 10. With how many men and/or women did you have sex over the last six months?

- with men:
- 0     1     2-5     6 or more

- with women:
- 0     1     2-5     6 or more

11. With how many men and/or women did you have anal and/or vaginal sex **without a condom** over the last six months?

- with men:
- 0     1     2     3 or more

- with women:
- 0     1     2     3 or more

## 12. Have you ever had an HIV test before?

- yes    How often?    When the last time?



Where the last time?

- here     elsewhere

- no

## 13. Why would you like to get tested for HIV? (multiple answers possible)

- I had one/several risk situation(s)  
 My partner had one/several risk situations(s)  
 I have my HIV status checked regularly (routine)  
 I have a new partner  
 My partner is HIV-positive  
 I don't want to get tested (proceed with question 21)  
 other reason:

## 14. In case you want to get tested because of a possible HIV risk, what risk situation(s) do you think you had?

- I had no risk situation (proceed with question 21)  
 Anal sex  
unprotected (without condom)  
 no     yes     active (insertive)     passive (receptive)  
Condom slipped off/broke  
 no     yes     active (insertive)     passive (receptive)  
 Vaginal sex  
unprotected (without condom)  
 no     yes  
Condom slipped off/broke  
 no     yes  
 Oral sex  
semen or blood in the mouth  
 no     yes  
 Drug use  
shared use of syringes  
 no     yes  
 Other risk situation:


15. With whom did you have the risk situation?

- with my steady partner  
 with someone I've known for a long time  
 with a person I didn't know before

16. How high do you estimate your risk of contracting HIV?

- no risk                       medium risk  
 low risk                       high risk

17. How long ago was the last risk situation?

- 0 - 3 days                       15 days - 6 weeks  
 4 - 9 days                       6 weeks - 3 month  
 10 - 14 days                       more than 3 months

18. Did you drink alcohol, use drugs and/or take any medication in these situations?

- yes     no

If yes, what? (*multiple answers possible*)

- Alcohol                       Poppers                       Viagra/Cialis  
 Ketamine/K                       Cannabis                       Cocaine/Speed  
 Crystal/Tina                       Ecstasy                       GBL/GHB  
 Mephedrone                       Heroin                       other:

19. In case the risk consisted in not using a condom, what was the reason for this?  
(*multiple answers possible*)

- My partner didn't want to use a condom  
 I didn't want to use a condom  
 My partner told me that he was HIV-negative  
 My partner told me that he was in treatment and couldn't transmit HIV anymore  
 I assumed that my partner was HIV-negative  
 I have difficulties getting an erection with a condom  
 I didn't have a condom with me  
 I used drugs and/or drank alcohol and just lost control  
 I don't know how it happened  
 I didn't have sex without a condom  
 other reason:

20. What would it have taken for you to avoid the risk?

21. When was the last time you got tested for sexually transmitted diseases other than HIV (e.g. chlamydia, gonorrhea, syphilis, ...)?

- yes, in 20    
 never  
 don't know or before 2000

22. Have you ever been diagnosed with syphilis?

- yes     no     don't know

23. Are you vaccinated against hepatitis A?

- yes     no     don't know     I had hepatitis A

24. Are you vaccinated against hepatitis B?

- yes     no     don't know     I had/have hepatitis B

25. Have you ever injected or snorted drugs?

- yes, injected     yes, snorted     no