Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Appendix 3.4.3: MSM BBSS Protocol

PROTOCOL for [COUNTRY]

BIOLOGICAL AND BEHAVIORAL SURVEILLANCE SURVEY

Among

MEN WHO HAVE SEX WITH MEN

Conducted by

[COUNTRY] MINISTRY OF HEALTH

&

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

Version 1

[Date]
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

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1. INVESTIGATORS AND INSTITUTIONAL AFFILIATIONS

Ministry of Health/National HIV/AIDS Programme:
[Country] Ministry of Health (MOH) is co-funding the study with the National Alliance of State and Territorial AIDS Directors (NASTAD), who is currently the recipient of a cooperative agreement with the United States Centers for Disease Control and Prevention (CDC). [Country] MOH will be the engaged investigator interacting with study participants.

Name, [job title], [address] [Telephone] [Email]. Dr. [name] brings specific skills in planning, monitoring, and evaluation that will support integration of this work with other MoH initiatives.

Name, [job title], [address] [Telephone] [Email]. Ms/Mr [name] brings specific skills in surveillance and epidemiology and will assists the Principal Investigator in oversight, coordination and facilitation in order to implement the protocol, data analysis and reporting.

CDC:
CDC is a co-funding and technical advisor for this study. They will not be directly engaged with research participants.

Name, [job title], [address] [Telephone] [Email]. Director for the CDC Caribbean Regional Office and will advise on protocol development and results and publication’s distribution. CDC staff will have no contact with study participants or identified data.

Name, [job title], [address] [Telephone] [Email]. Liaison between NASTAD and CDC-CRO, will facilitate coordination with CDC in order to implement protocol, data analysis and reporting. CDC staff will have no contact with study participants or identified data.

Name, [job title], [address] [Telephone] [Email]. Co-investigator. Assists the Principal Investigator in oversight, coordination and facilitation in order to implement the protocol, data analysis and reporting.

NASTAD:
NASTAD is a co-funding and principal technical advisor for this study and will directly engage with research participants.

Name, [job title], [address] [Telephone] [Email]. Co-investigator. Assists the Principal Investigator in oversight, coordination and facilitation in order to implement the protocol, data analysis and reporting.

Name, [job title], [address] [Telephone] [Email]. Co-investigator. Assists the Principal Investigator in oversight, coordination and facilitation in order to implement the protocol, data analysis and reporting.
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Name, [job title], [address] [Telephone] [Email]. Surveillance Study Coordinator coordinates all field activities and liaises with MoH-NASTAD study team.

2. SUMMARY OF RESEARCH

There is a dearth of information on the risk of HIV infection amongst Key Populations in [Country] and few targeted prevention initiatives for Key Populations currently exist. To date, there have been no nation-wide biological and behavioral surveillance surveys (BBSS) conducted amongst Key Populations in [Country]. This protocol describes the rationale and methods for a proposed BBSS among men who have sex with men (MSM) in [Country]. This surveillance activity will be carried out by [Country] MOH with technical assistance from the National Alliance of State and Territorial AIDS Directors (NASTAD) and technical support and funding from the United States Centers for Disease Control and Prevention (CDC).

The goal of this survey is to inform [Country] MOH about a population at increased risk of HIV infection in order to facilitate prevention planning and related service delivery to this group. The objectives of this study include determination of the prevalence of HIV and STIs among MSM; estimation of the size of the MSM population; identification of behaviours, societal and health system factors and population characteristics that place them at higher risk for HIV infection; and identification of ways MSM can be identified, reached and serviced by health programs. Information from this survey will be used to inform and improve HIV prevention programs and care and treatment programs.

This protocol is adapted (situational/geographic revisions) from the Trinidad and Tobago BBSS protocol for MSM that received local and CDC ethics approval on September 26, 2012. The revisions reflect only the context in [Country]—information gleaned from the MSM Formative Assessment in late 2012—while keeping the same methodology and approach. Examples of changes from the Trinidad and Tobago protocol include: 1) alternate methods for estimating the size of the MSM population based on the opportunities available in [Country], and 2) adapted questions from the Trinidad and Tobago questionnaire to be able to address specific indicators used by the MoH in [Country] (i.e. detention in the last 12 months, partners’ HIV statuses, general health care access, and others).

This BBSS proposes to use Respondent-Driven Sampling (RDS) to gather a probability-based sample of MSM living in [Country]. The survey instruments will explore HIV knowledge, attitudes, risks and prevention behaviours among MSM. Information elicited from the questionnaire will also inform and guide population size estimation. Respondents will be asked to provide blood and urine samples which will be tested for HIV and other sexually transmitted infections (STIs). Informed consent will be routinely sought at the outset of each interview, and eligible respondents shall receive pre- and post-test counseling and provided with information on where they may seek further care if needed. Referrals will not be provided in order to protect the privacy of study participants, so that they are not linked to this study and identified as an MSM by health care providers. Analysis will be reported to all stakeholders through dissemination by the established Steering Committee, and information will be used to better plan prevention services that target the needs of the MSM population in [Country].
3. BACKGROUND & JUSTIFICATION

Study Background
[Country] is [location of country]. [Country] is [description of the country]. The population of [Country] is [number], with some [number] percent of the population located in urban areas; [number] percent of the population lives in [location]. It is estimated that [number] percent of the population is male, and that [number] percent of the population is black, with the other [number] percent classified as white ([number]%) and Asian and Hispanic ([number]%).

Based on mathematical models, the government of [Country] and UNAIDS estimate that the national prevalence of HIV among adults is 3.0 percent, and that there are approximately [number] people living with HIV in [Country]. The estimated prevalence rate has been relatively stable since 2000, with a decline from an estimated high point of [number] percent in 1992. UNAIDS estimates that approximately [number] percent of the HIV cases in the country are among males. Of note, UNAIDS estimate that among youth aged 15-24, males have an HIV prevalence more than twice the rate in women: [number] percent vs. [number] percent.

The first cases of HIV were diagnosed in [Country] in [year], and surveillance of HIV and AIDS began in [year]. At the end of 2010, a total of [number] HIV cases had been diagnosed; an estimated 64.6 percent of these cases were living at the time of writing ([number] people). It should be noted that this number, and the statistics that follow, are based on available data from diagnosed cases of HIV. These HIV surveillance data show that [number] percent of people with HIV live in [Locations]. Some 25 percent of HIV diagnoses are in non-citizens.

[Country] 2010 UNGASS report estimates that approximately [number] percent of HIV infections occur among heterosexuals; at the same time, there is recognition that there is underreporting of risk factors, modes of transmission, and higher-risk behaviours, such as men having sex with other men. Four indications that this mode-of-transmission estimate may need to be re-evaluated include the information that:

- [Number] percent of all known HIV diagnoses in [Country] are among men, and HIV is generally harder for men to acquire as compared to women in heterosexual relationships. This is also interesting as health-seeking behaviour is typically much lower in men, as compared to women. This may indicate that there are more men infected, and more MSM-type transmission than measured.

- UNAIDS estimates predict that there may be almost three men infected with HIV per one woman. While these are estimates, they are based on well-supported mathematical models.

- Convenience sampling sero-prevalence exercises held in [Country] among MSM in 2007 and 2009 showed an HIV prevalence—within the sample—of [percentage]. With the poor reliability of such sampling methods, [Country] MOH and CDC have prioritized the need for a more scientific and rigorous process to estimate both the prevalence of HIV among MSM as well as the probable size of the MSM population.

---

1 Key Populations BootCamp (conversation)
2 UNAIDS Epidemiological Fact Sheet (2008 Update): page 4
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

- Women may be ‘over sampled’ for HIV screening in [Country] as women of childbearing age are likely screened at a greater rate with near universal screening in antenatal care.

Currently, there is little known about MSM in [Country]. Based on general UNAIDS estimates, some one to five percent of adult males engage in MSM behaviours.\textsuperscript{19} In [Country], this would calculate to some [range] men. Up until now, the Ministry of Health has only been able to engage with a small proportion of this group. Within that group, there is a need to better understand HIV prevalence, factors that influence infection in the group, and barriers to prevention, treatment, and care. Building from international public health efforts to better understand the HIV epidemic and Key Populations, [Country] looks to implement a biological and behavioural survey among men who have sex with other men.

**Study Justification**

Despite the relatively high prevalence of HIV in the Caribbean region, estimated at 1.6\% overall by UNAIDS, there is a dearth of surveillance data and/or surveillance data collection systems in the region, and in [Country]. While other countries have implemented robust surveillance systems (resource-rich countries such as the U.S.), sentinel surveillance systems (many resource-poor countries in Africa and Asia), and/or population-based surveys that assess HIV prevalence (such as the Demographic Heath Survey (DHS) methodology), the Caribbean Region—save Haiti and the Dominican Republic—has not been afforded the same support or attention to design and implement such systems. Great emphasis is now being placed on the creation and implementation of sustainable HIV surveillance systems in the region, including [Country], and these efforts are being supported by PEPFAR and other multi-lateral funders.

A formative assessment was conducted in October and November of 2012 in order to gain information required for the implementation of the proposed BBSS. The formative assessment showed that there is support among MSM in [Country] for the survey, and that logistical considerations required by the proposed research methodology, Respondent-Driven Sampling, such as size and strength of networks, is present.

In [Country] the primary sources of HIV surveillance data are HIV testing forms, antenatal clinic testing, case report forms and programmatic data submitted to the National AIDS Center and the Health Information Unit at the Ministry of Health.

The data obtained from the survey will:
- Provide an estimate of the prevalence of HIV and STIs among MSM
- Facilitate an estimate of the size of the MSM population
- Determine health needs of the MSM population to assist with making public health decisions, including:
  - Advocacy
  - Resource allocation
  - Prevention program planning
  - Monitoring and evaluating prevention and care programs
  - Mobilization of public commitment
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- Determine the characteristics, behaviours and risk factors of persons at risk for HIV infection and persons with HIV infection
- Identify health system factors that will increase use of services by the MSM population
- Foster dialogue among concerned parties in [Country]
- Characterize transmission patterns and vulnerable populations.

Importance of Key Populations in the HIV epidemic
Populations at greater risk for HIV infection, such as MSM, may have sexual encounters with female partners, thus putting their partners at increased risk for HIV infection. Individual Key Populations that present the risk of transmitting HIV to the general population are often referred to as bridges. The extent of possible HIV transmission through bridges in [Country] is currently unknown, but may be an important factor in stopping the spread of the epidemic. In addition, Key Populations have specific needs for HIV prevention, care and treatment as stigmatized and often hidden populations. There are limited prevention activities tailored to MSM-specific needs and risk factors. MSM are not generally prioritized by HIV programming.

Data to guide service delivery
While there are NGOs providing services to the MSM community, mainly around HIV prevention, support of positive persons and behaviour change communication, there is limited information on MSM and the epidemiology of HIV among the MSM population in [Country]. There is a great need to understand the MSM community and implement effective interventions related to prevention, care and treatment. Better strategic information is needed to inform HIV programming such as an understanding of current behaviors; network size, structure and characteristics; demographics of the population, as well as HIV prevalence among MSM in [Country].

Rationale for HIV testing
Robust data about the prevalence of HIV among MSM in [Country] do not exist. Even so, available information points to an increased risk among this population, and there is evidence that controlling HIV transmission among high risk groups can help to control HIV in the general population. Given that there is some evidence that a substantial number of MSM also have female partners in [Country], it is important to understand the epidemiology of HIV among MSM to help prevent transmission of HIV to women. To accurately estimate HIV prevalence it is important that as many participants as possible participate in testing, including those who have been previously diagnosed with HIV. In addition to prevention counseling, the inclusion of HIV testing in the BBSS provides the opportunity to refer participants with a new positive diagnosis to treatment and care and to encourage those with previous diagnoses to access, re-engage or continue in treatment. Lastly, testing for HIV in the BBSS provides critical data that is complementary to that collected in the behavioural component of the survey.

Rationale for STI testing
Existing STIs are recognized as biological risk factors in facilitating the sexual transmission of HIV. Biological markers such as STIs can further validate sexual behaviors reported in the quantitative behavioral survey. Additionally, tracking trends of selected STIs may shed light on sexual transmission of HIV as well as the effectiveness of STI prevention behavioral interventions. As little quantitative data exist on MSM in [Country], this survey will help to identify which STIs will be of value for future surveillance.
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

STI tests performed in this study, detailed in section 7.2 below, will provide estimates of disease burden in the MSM population, and provide access to testing for this underserved population. Estimates will be limited based on the acceptability of collecting anal samples for testing.

Diagnosing and treating STIs improves sexual and reproductive health, and based on the results of the formative assessment, may provide an important non-monetary incentive for survey participation. Beyond that, diagnosis and treatment falls in line with the national goals of education, treatment and prevention as it creates an opportunity for comprehensive testing in order to provide information on participants’ sexual health status. In this study, the sexually transmitted infections that will be tested for are: HIV, herpes simplex virus 2, hepatitis B, chlamydia, gonorrhea and syphilis.

Rationale for chronic disease screening
The formative assessment conducted in 2012 found that many MSM could be motivated to participate in the BBSS if health tests other than HIV and STIs were offered. [Country] Ministry of Health currently has a national campaign to address social issues and health concerns called the [name of initiative]. This campaign offers patients a [Name of campaign] to encourage participation and ongoing mental and physical health screening. As the BBSS will be promoted as a national “Survey,” it is hoped that adding chronic disease screening for hypertension, cholesterol, BMI, and diabetes will help to deter concerns about discrimination and normalize participation for male recruits.

Sampling method
This study will use a probability-based sampling technique called Respondent-Driven Sampling (RDS). RDS is more robust than convenience sampling techniques such as snowball sampling. The difference that RDS offers is the ability to produce a representative sample of the MSM population in [Country] by limiting the number of people each person can refer to the survey and also by statistically weighting the sample based on individual network size. The existence of relatively strong social networks among members of the target population is essential for RDS because study participants are asked to recruit members of their personal networks for participation in the study.

Overall, the formative assessment findings indicated that conducting a study among MSM using RDS is viable, since strong social networks do exist among the MSM population in [Country].

4. STUDY OBJECTIVES

The overall objective of this study is to collect representative behavioural and biological information about MSM in [Country]. This study aims to identify and recruit MSM, through various mechanisms, determine prevalence of HIV and selected STIs, identify and describe risk factors, inform on how to reach and serve MSM health needs and inform planning and implementation of prevention interventions among MSM.
Objectives
1) To estimate the population size of MSM in [Country]
2) To identify gaps in prevention services and methods to provide successful outreach and health services to MSM
3) To determine the prevalence of risk factors and their associations with HIV and STI prevalence among MSM
4) To determine the prevalence of HIV and other STIs (Syphilis, Chlamydia, Gonorrhea, Hepatitis B and HSV-2) among MSM in [Country]
5) To assess HIV and STI testing behaviours among MSM
6) To contribute to available literature on HIV among MSM in [Country] and inform planning and implementation of future activities targeting MSM

5. STUDY DESIGN AND METHODOLOGY

Overview
The formative assessment confirmed that MSM are a stigmatized group and cultural perceptions and fear of discrimination causes many members of the population to remain inaccessible for medical and HIV-related services; this is especially true for undisclosed MSM. Difficulty identifying members of the MSM community and concerns about giving members of the MSM community unwanted exposure makes data collection and surveillance using many traditional sampling techniques unfeasible. Two methodologies currently exist to obtain a probability-based sample from a hidden population: Time-Location Sampling (TLS) and Respondent-Driven Sampling. TLS involves sampling at venues where the target population congregates. The formative assessment found that TLS was not appropriate for sampling MSM in [Country] due to a small number of venues to sample from, and high levels of concern about being identified as MSM through study participation.

5.1 Respondent-Driven Sampling
The formative assessment found that RDS is likely to be a viable sampling method for MSM in [Country]. Data from the formative assessment show that the MSM community is a well-networked population that has large, overlapping networks. It was found that MSM within [Location], interact with MSM in some of [Location], signaling that cross-recruitment between survey sites will not be a challenge. Furthermore, participants demonstrated a positive reception to peer recruitment, the use of coupons and the privacy that RDS offers. At the same time, stigma and discrimination are key factors that contribute to the closed nature and connectedness of the community, highlighting the importance of confidentiality in all aspects of survey implementation.

RDS is a variant of chain referral sampling that draws on both Markov-chain theory and the theory of biased networks. RDS can reduce the biases generally associated with chain referral methods by limiting the number of people each participant can recruit, thus balancing the referral chains among all participants. Even though sampling begins with a chosen set of initial non-randomly selected subjects (referred to as ‘seeds’), the composition of the ultimate sample is independent of those subjects. The anticipated sampling time is expected to be up to five months, but may exceed this timeframe in order to ensure that the required sample size is
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attained. A detailed description of RDS methods is beyond this protocol’s scope and can be found elsewhere (Heckathorn 1997, Heckathorn 2002). The potential seeds are listed in section 6.3, below.

To control the speed of sampling and to reach the target sample size, certain survey parameters may be changed during the survey as warranted. It is important that the study team be able to slow down fast recruitment to a level the survey staff can manage, and also be able to speed up overly slow recruitment. Survey parameters that may be changed may include the number of seeds, the number of coupons issued per recruiter, as well as coupon activation and expiration dates. The sample recruitment method will also be monitored as an inherent component of the study. Decisions to change survey parameters will be based upon the equilibrium in key variables to ensure that sample contains sufficient diversity with respect to characteristics that are known to exist in the target population. It is important that the study team be able to slow down fast recruitment to a level the survey staff can manage, and also be able to speed up overly slow recruitment. Survey parameters that may be changed may include the number of seeds, the number of coupons issued per recruiter, as well as coupon activation and expiration dates. The sample recruitment method will also be monitored as an inherent component of the study. Decisions to change survey parameters will be based upon the equilibrium in key variables to ensure that sample contains sufficient diversity with respect to characteristics that are known to exist in the target population. It is anticipated that the survey offices will remain accessible for at least three weeks after sampling is complete to allow participants to get their test results and collect their secondary incentives. Provision will be made for the relocation of study sites if the purpose of the site becomes known to the general population or otherwise presents barriers to recruitment. The offices will be established in accessible, safe locations, with a minimum of one reception room, two private rooms for interviews and testing and a room for the coupon manager. It is anticipated that a total of two study locations will be maintained for the duration of the study period.

Maintaining anonymity during the survey process and confidentiality of test results were very important to the men interviewed. Participants were concerned about avoiding inadvertent disclosure of their sexual identity by participating in the study, which they felt could lead to discrimination. Respondents felt that fear of discrimination as an MSM would be the biggest barrier to people enrolling in the study, especially because Bahamians sometimes associate the MSM community with HIV.

Equilibrium
Attaining equilibrium during the RDS process is important to the generalizability of survey results. Equilibrium indicates the extent to which the distribution of certain pre-identified characteristics of the study population no longer substantially varies with additional waves of recruitment into the study. Equilibrium is needed in order to eliminate the bias from non-randomly recruited seeds. For this study, equilibrium will be monitored for age, education, ethnicity, socioeconomic status, HIV status and sexual identity.

5.2 Target Population
MSM aged 18 and older residing in [Country].

5.3 Inclusion Criteria
To be eligible to take part in this study, participants must:
- Be born male
- Currently be of the male sex although not required to identify as a man
- Have engaged in oral and/or anal sex with another male in the past 12 months
- Be aged 18 or older
- Living in [Country] for 6 of the past 12 months
It was determined that persons who were born male and underwent a sex change to become female would not be eligible for participation in this study. Although recent evidence shows that this group may be at high risk of HIV transmission, persons who are biologically female fall outside the purview of this research as an MSM study. Furthermore, transsexual persons may be in a different social group from MSM, which could affect study recruitment. This subpopulation was not included in the formative assessment, and their degree of networking with the target population of MSM and possible effects on RDS recruitment is not known.

5.4 Exclusion Criteria
Recruits will be excluded from participating in the study under any of the following situations:
- Do not fit the inclusion criteria
- Are unable to understand or provide informed consent
- Are a duplicate recruit
- Exhibit violent behavior or signs of inability to properly respond to questions at the time of interview
- Are under the visible influence of drugs or alcohol at the time of the interview
- Do not have a valid recruitment coupon. Are participating in the study unwillingly or under coercion

5.5 Sample Size
This study has a minimum target sample size of 400 MSM. This sample size accounts for the RDS-related design effect of two as proposed by Salganik et al. (2006). Though current thought is to use a design effect greater than two, doing so would yield an impractically large sample size. Resource and logistical constraints further necessitate such a sample size. HIV prevalence among the general population in [Country] is estimated at [number]%.

Convenience sampling sero-prevalence exercises held in [Country] among MSM in 2007 and 2009 showed an HIV prevalence—within the sample—of [number]% and [number]%. We thus propose using an estimated HIV prevalence point estimate of [number]% and a design effect of two with a precision of [number]%. Table 1 below shows calculations for the sample size needed with design effects between 1.0 and 5.0. Equilibrium will be monitored in key characteristics (mentioned above). If equilibrium is not reached after enrolling 400 MSM, recruitment may continue until equilibrium is reached, if the investigators deem that further recruitment would be feasible.

$$N = \frac{(t^2 \cdot p(1-p))}{m^2} \cdot DE$$

where “N” is the required sample size, “t” is the confidence interval level, “p” is estimated prevalence, “m” is the margin of error and DE is the design effect. Based on the formula, a hypothesized prevalence of [number]% HIV positivity among MSM was used. The table below shows required sample sizes for varying design effects. The boldface indicates the chosen sample size of 400.
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

**Table 1: Sample Size Calculation**

<table>
<thead>
<tr>
<th>Precision</th>
<th>Estimated Prevalence</th>
<th>HIV Confidence Interval</th>
<th>Base Size</th>
<th>Sample Design Effect</th>
<th>Final Sample Size</th>
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<td>95%</td>
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<tr>
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<td>15%</td>
<td>95%</td>
<td>196</td>
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<td>979</td>
</tr>
</tbody>
</table>

**5.6 Key Population Size Estimation Methods**

This study will attempt to infer the population size of MSM in [Country]. The implementation of the proposed survey allows for the integration of related methods to estimate the size of the MSM population in [Country] (WHO and UNAIDS 2010):

1. Classic Multiplier Method
2. Wisdom of the Crowd

Each of these methods will produce unique estimates of the MSM population in [Country]. Upon completion of the survey, there will be comparison of the different estimates to create an estimate range for the number of MSM living in [Country]. The methods for size estimation are described in more detail below.

**Classic Multiplier Method:** This method uses population data from two sources and examines the population overlap between the two sources, including: 1) an unduplicated count of members of the Key Population from an independent list and 2) the insertion of a question on the use of the specific service into the survey instrument. Statistics of service utilization or participation in an activity may be available from organizations in [Country]. Each of the two sources below can provide unique counts of individuals, resulting in two separate population size estimates.

1. **C-Change Study:** Number of individual MSM participating in the survey who report they live in [Country]

2. **Adam4Adam:** Number of individual MSM with an active Adam4Adam social network profile citing that they live in [Country].

Questions will be included in the RDS behavioral survey that assesses whether or not the respondent received services from or participated in the above activities. A separate population size estimate (N) will be derived for each organization using the following formula:

\[ N = \frac{n_1 \times n_2}{m} \]

In short, “n₁” (sample 1) will be the number of MSM who received services from the source. “n₂” (sample 2) will be the number of MSM who completed the RDS behavioral survey. Some individuals who completed the RDS behavior survey (a subset of “n₂”) will have received services. Those overlapping individuals or matches “m” are the number of individuals who responded on the RDS behavioral survey that they received services.

To estimate the 95% confidence interval for N, the following formula will be used:

\[ 95\% \text{ CI} = N \pm 1.96 \times \sqrt{\text{Var}(N)} \]

where:

\[ \text{Var}(N) = \frac{n_1 \times n_2 \times (n_1 - m) \times (n_2 - m)}{m^3} \]
Several multipliers are used simultaneously to strengthen the rigor of the estimate (e.g., producing a median estimate and range).

*Wisdom of the Crowd:* This method is based on the assumption that the average response of a population on the number of members of a group approximates the actual number in that population. Assumptions are that persons in a large sample have unique information about the population in question, that when asked individually their estimates are not influenced by others, and that in aggregate the biases in estimates tend to cancel out. The method entails asking respondents in the RDS behavioral survey how many MSM they estimate to be present in [Country]. Median, range, and quartiles descriptive statistics will be calculated.

All size estimation techniques have their strengths and limitations. Triangulation of results from the three methodologies described above will be used to develop an estimate of the size of the MSM population in [Country].

### 6. SURVEY IMPLEMENTATION PROCEDURES

The study will be implemented by [Country] Ministry of Health and NASTAD contracted staff in collaboration with NASTAD. The MOH will be responsible for day-to-day protocol oversight, data management, general and laboratory monitoring and compliance. NASTAD and CDC will be responsible for technical assistance and logistical support to the MOH at any point in the study process.

In addition, a Key Populations Steering Committee has been in place over six months to advise and assist in the study process. This Steering Committee is important to gaining the support of the organisations they represent, and access to the communities they serve, such as the MSM population. The Steering Committee members and the organisations they represent are presented in Table 2, below.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANISATION</th>
<th>POSITION</th>
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<tr>
<td>Name deleted to protect privacy</td>
<td>Organisation deleted to protect privacy</td>
<td>Physician</td>
</tr>
<tr>
<td>Name deleted to protect privacy</td>
<td>Organisation deleted to protect privacy</td>
<td>President</td>
</tr>
</tbody>
</table>
6.1 Survey Staff
Survey staff will be recruited or hired by the MoH or NASTAD. Non-medical staff will be co-managed by the MoH and NASTAD. It is possible that some study staff may be the same as those involved in the formative assessment. Non-medical survey staff, in addition to those listed in the first section, above, include: field staff coordinator, screener, coupon and data managers, and interviewers. Medical survey staff, including, phlebotomists, counselors/nurses, and laboratory technicians will either be drawn from existing MOH pools of trained staff or hired and supervised by MOH. All survey staff will be sensitized to issues of confidentiality and the objectives of the study. Investigators will also provide staff orientation and training on study procedures.

The field staff coordinator will monitor all study procedures, oversee daily activities at the survey site and be in frequent contact with the Surveillance Study coordinator and the Principal Investigator and Co-investigators. The coupon managers will conduct participant reimbursement and keep track of coupon disbursement. Interviewers will conduct participant screening and assist in data collection. The screener will provide administrative support for the study and greet arriving recruits. The data manager will ensure data security and storage and management of the Computer Assisted Self Interview system (ACASI or CAPI) used to electronically administer the interviews. Trained nurses will perform HIV counseling, conduct HIV, STI and non-communicable disease screening and prepare samples for transport to the laboratory. They will also offer information on where participants can seek treatment. Participants will be asked to provide blood and urine samples. Laboratory technicians will conduct HIV testing on biological samples on site. Other tests will be conducted at another laboratory as detailed in section 7.

All staff will receive formal training in protocol implementation, their specific duties, data management and study ethics. Training will be provided by Ministry of Health, CDC and NASTAD staff. The Surveillance study coordinator, field staff coordinator and data manager will receive special training from NASTAD in the use of all the software used in data collection. All study staff will sign a confidentiality agreement prior to the start of data collection. A minimum of five study staff will be present during working hours in order to reduce discomfort to participants yet ensure safety of staff and ability to handle an influx of participants.

NASTAD will also pull in technical assistance (TA) providers as needed to support critical aspects of the survey implementation and/or analysis. These TA providers will be MOH- and CDC-vetted staff, all with robust and proven experience with RDS and BBSSs.

6.2 Study Sites
The study team will operate sites in two locations: [Location 1] operate full-time; and one in [Location 2], which will operate part-time. Priority will be given to locations that are easily accessible by public or private transportation, reasonably quiet, housed in a nondescript building, can provide a welcoming atmosphere and are secure. Only survey staff, investigators, and recruits with valid coupons will be granted access beyond the reception area. The offices will have enough space to serve several recruits concurrently and avoid overcrowding. To avoid stigma from the public, signs will not reveal the activities of the offices. The study sites will remain open at least four weeks after the final participant’s first visit to ensure that all
recruits can complete their second visit and receive their test results and secondary incentives.
During data collection, the study locations could be changed if the sites prove to be difficult to access by recruits, or their purpose becomes known to the general population. Figure 1, below shows the planned study site locations in [Country].

**Figure 1 Survey Sites**

Map of Survey Sites

### 6.3 Recruitment of Seeds for RDS

Seeds are individuals who mark the beginning of a referral chain. A seed is recruited by study investigators rather than by their peers. These seeds must meet the eligibility criteria and will be given coupons and instructions for peer recruitment. Seeds will be oriented and motivated at the start of the survey to promote a feeling of ownership and enthusiasm about the project. More seeds may be added during the course of data collection if recruitment speed is slower than anticipated or too many waves die out. The study will begin with 6-9 seeds, but others may be introduced if recruitment is low.

The preliminary list of MSM seeds was based on suggestions by those interviewed during the formative assessment, and by the Key Populations Steering Committee working with [Country] MOH on this project. If seeds other than those already identified should be necessary, they will be selected from NGO membership lists or other lists deemed appropriate by the Investigators. Seeds may also be known to survey staff. The following criteria for seeds were considered for the 14 potential seeds:

Seeds should be:

- able to meet all eligibility criteria
- well-connected within their peer networks
- well-regarded by their peers
- responsive to the survey’s goals
- diverse with regard to:
  - education (none, primary, secondary, tertiary),
  - socioeconomic status (unemployed, manual labor, professional),
  - age (18-24 yrs, 25-34, and 35+)
  - men who sell sex to men will, by definition, meet eligibility criteria. Male sex workers will therefore represent a subsample of the MSM data
  - hidden or open about having sex with other men
  - location of residence within the country
  - race/ethnicity
6.4 Interview Scheduling
Based on formative assessment findings, two survey sites will be in operation on a full- and part-time basis. Hours may vary based upon demand for appointments. Recruits will be asked to call to schedule an appointment in advance. Due to high stigma and discrimination associated with being MSM and the relatively small population size in [Country], interviews will be held primarily by appointment. There will also be one day a week at the [Location 1] sites where walk-ins will be facilitated. Selected locations and hours of operation of survey sites are listed in table 3.

<table>
<thead>
<tr>
<th>Location</th>
<th>Days of the week</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Location 1]</td>
<td>Tuesday-Saturday</td>
<td>10am-7pm</td>
</tr>
<tr>
<td>[Location 2]</td>
<td>Thursday-Saturday</td>
<td>Appointment only</td>
</tr>
</tbody>
</table>

6.5 Coupon Management
Issuance and receipt of coupons will be monitored electronically by the coupon manager using RDS Coupon Manager (RDSCM) software. The seeds and subsequent waves of participants will be given three coupons each. To control the speed of sampling and to reach the target sample size, this number may be altered as the study progresses. Strategies related to termination or reduction of coupon distribution is discussed further in Section 6.14 of this protocol.

Coupons will have the following elements:
- Coupon ID number
- Study name ([Country] Men’s Health Survey)
- List of sites and telephone number for each to schedule an appointment
- Days and hours when participants can call to schedule an appointment
- Activation date: Date after which initial appointment may be scheduled. The activation date will not be used initially, but may be introduced to slow recruitment if necessary.
- Expiration date: Date by which initial appointment should be scheduled. Initially, coupons will be valid for three weeks. This time period may be extended or shortened if coupon return rates are low or high and as the sample size approaches the target. The goal of the expiration date is to encourage recruits to enroll in a timely manner, although all coupons will still be accepted after their expiration date.
- Date ticket was collected from participant. This will be the date of their second visit.

Information on the coupon will be in [languages]. Coupons will be on colored card stock. All coupons given will be of the same colour. Seeds will be distinguished by a different Coupon ID code, as shown in table 4. Coupon ID numbers will reflect the sites where they originated as follows:

<table>
<thead>
<tr>
<th>Type of coupon</th>
<th>Coupon ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeds</td>
<td>[ID number]</td>
</tr>
<tr>
<td>[Location 1]</td>
<td>[ID number]</td>
</tr>
<tr>
<td>[Location 2]</td>
<td>[ID number]</td>
</tr>
</tbody>
</table>
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

It is important for survey staff to know when seeds participate as new seeds may need to be selected if those originally asked to participate do not come to the survey site to enroll in the study. Thus the different numbered cards for seeds signal to survey staff to alert the field supervisor that another seed has arrived, and there are fewer outstanding seed coupons.

Of note:
- A coupon may be invalid if tampered with, unreadable, or already used. Invalid coupons will be retained and stamped “VOID”.
- Valid coupons will be stamped “USED” and retained after completion of the first visit regardless of whether the participant was eligible, completed the interview, or went through biological screening or not. An appointment card will be issued to remind the participant of their second visit.

6.6 ID Numbers

Two ID numbers will be used in the administration of the survey:

1) Coupon ID number
2) Survey ID number

**Coupon ID number**

The coupon ID number format will be: XXXX, where XXXX is a continuous series of numbers starting with 1000. This ID number will be printed on the coupons and used to track and manage coupons as they are disbursed to participants and their recruits. Coupons will be printed prior to the study and allocated to the survey sites as detailed in table 4, above. The RDSCM software program will help to track and manage coupons across all survey sites using the coupon ID number.

**Survey ID number**

Every recruit presenting a coupon at the survey office will be assigned a survey ID. The Coupon ID will become the survey ID if the participant provides a valid coupon, is eligible to participate after being screened, and consents to participate by agreeing to take the survey. The survey ID number will be pre-printed and available at the survey sites. Survey IDs will be placed on all study forms including:

1) Questionnaire
2) Disease screening forms
3) RDS coupon record sheet
4) Spare sheets (unassigned, purpose must be documented when used)
5) Stickers for lab specimens.

Because the survey ID will be the same as the coupon ID, the ID number will be unique for each participant and will help to manage study materials associated with each recruit as they progress through the survey process.

For other paper-based forms that will require ID numbers pre-printed stickers with ID numbers will be available to attach to them.
Confirming participants with Coupon Manager
The survey ID number will also be used to return laboratory results to the recruit on their second visit. All procedures and services at the second visit will be conditional on confirming the link between survey ID number and the participant. In order to confirm a recruit’s identity, a unique code will be generated in the Coupon Manager software during the first visit. To generate the code, each participant will be asked to share specific information such as the first letter of their first name, first letter of his mother’s first name and the month in which they were born in order to create their unique code. On the second visit, the same questions will be asked of the participant again in order to recreate the code and pair it with their first visit. The use of this code to confirm a participant’s identity for their second visit will also serve to alert staff to duplicate recruits if the same code is generated by more than one participant in Coupon Manager.

6.7 Administering Checklist for Initial Visits
A checklist (Appendix C) will be started for all potential recruits presenting a coupon. The checklist will be used to document completion of client procedures at the office, including coupon validity, eligibility screening, verbal informed consent, interview, pre-test counseling, specimen collection, education about peer recruitment, and post-test counseling. The checklist will also include the visit dates and recruit’s coupon number. Each staff member will initial the checklist upon completion of a given task before advancing the recruit and checklist to the next step of the process. Before the recruit leaves the office, the coupon manager or other designated staff will collect, sign, and file the checklist. Hard copies of study materials will be securely filed as detailed in section 9, below.

6.8 Information for Participants
Information about the survey will be communicated to participants who are eligible for the survey on paper or verbally. Informational materials to be distributed to participants include:

- Logistical information about survey procedures at the office
- Specific terms used in the ACASI/CAPI
- Information on HIV and STI testing and treatment
- Peer recruitment background and guidelines.

After obtaining informed consent, the coupon manager will probe and confirm the recruit’s understanding and discuss any remaining questions the recruit may have. Study staff will offer to answer any questions and reiterate the main points to participants at each point in the study process.

6.9 Coupon Verification and Eligibility Assessment
The screener will screen the recruit for survey eligibility. First, the screener will examine the coupon (dates, authenticity) presented by the recruit. The recruit’s eligibility will be assessed through a short personal interview covering the eligibility criteria listed above. The screener will complete this entire screening questionnaire for every candidate that comes to the study site for their first visit (Appendix B). Where doubts about eligibility remain, staff may probe to confirm true eligibility. The checklist will be used to indicate if the recruit:

1) Has a valid coupon (attached to checklist)
2) Meets the inclusion criteria (as per screening interview)
3) Is capable of providing informed consent
6.10  Informed Consent
Recruits will be read the informed consent form (Appendix A) in [language] by screening staff. Recruits will be informed that they must participate in the survey in order to receive any testing or screening. Participants will be allowed to accept some tests and not others. As a result, some participants may select a subset of tests, and some may decide to have all biological tests performed. Participants will be offered the choice to consent to all, some or none of the biological tests. For those who do not consent to all testing, they will not receive the incentive associated with testing. Informed consent will cover all procedures, and will be signed by the relevant member of the study staff, which will designate that the study participant has given verbal consent. The participant will not sign the informed consent form, in order to protect their anonymity. The Investigators will apply for a waiver of informed consent to protect participant anonymity in the consent process. The informed consent form includes the information that participants may choose to refuse any questions in the survey that they do not wish to answer, and that they can withdraw from the study at any time. Participants will be given a copy of the Participant Contact Information Sheet (Appendix G) if they wish to have one, which includes the contact information of study staff cited in the consent form. Recruits will be offered a copy of the consent form to keep. As tests for several other STIs will be offered, a separate information sheet covering relevant STIs and their treatment will be provided (Appendix E). For participants refusing consent to take the questionnaire, their refusal will terminate their involvement in the survey. Participants will not be able to receive health screening if they do not agree to also respond to the questionnaire.

6.11  Survey Data Collection: Options for Recruits
A standardized questionnaire will be used for quantitative data collection (Appendix I). This instrument will collect data on demographics; behaviors potentially correlated with HIV; symptoms of HIV; HIV-related knowledge, attitude, practices, stigma, perceptions; health history; and use of and access to prevention services. Additional forms will be used to record HIV and STI results. No personal identifiers are collected by this instrument. The interview data will be collected using Audio Computer-Assisted Self-Interview (ACASI) or paper-based forms, based on the preference of the respondent:

- **ACASI**
  Interview data will be collected using ACASI, which is done through using a self-administered survey on a computer to record answers. With ACASI, participants will privately answer questions on a computer with headphones. Participants can choose to listen to the questions or read the questions on the screen. Study computers will be password-protected and attached to the desk. Following the interview, the data files are transferred to a central encrypted database on a daily basis. Upon transfer to the central database, data on the computers will be deleted. The ACASI system will be pre-tested before data collection begins to ensure proper functioning. Pre-testing of ACASI will include piloting to ensure that all skip patterns in the program are correct. In addition, the ACASI program will be piloted on MSM volunteers.
• **CAPI**
  Although there is anticipation that recruits will have few or no problems using ACASI, we will be prepared to offer computer-assisted interviewer-administered surveys using CAPI. This interview will be identical to ACASI, with the interviewer asking the questions and entering the answers directly into the program. Study computers will be password-protected and attached to the desk. Following the interview, the data files are transferred to a central encrypted database on a daily basis. Upon transfer to the central database, data on the computers will be deleted. The CAPI system will be pre-tested before data collection begins to ensure proper functioning. Pre-testing of CAPI will include piloting to ensure that all skip patterns in the program are correct. In addition, the CAPI program will be piloted on MSM volunteers.

**6.12 Biological Specimen Collection**
This is described in detail in Section 7.

**6.13 Recruitment Coupons, Primary Reimbursement, Exit Interview**
The coupon manager will explain the handling of the peer recruitment coupons and the recruitment process to participants who agree to recruit their peers. Up to three coupons will be given to each participant for them to offer survey participation to their peers. At any given time, all participants eligible to receive coupons will receive the same number of coupons from the Coupon Manager. Interested peers will receive the referral coupon and will call the survey office at one of the telephone numbers on the coupon.

In order to assure that test results are ready prior to a participant’s second visit for those completing the health screening, they will be encouraged at the end of their first visit to call the survey site two to three days before their scheduled second visit to assure the results are in. If the results are not yet available, the visit will be re-scheduled.

**6.14 RDS Recruitment Termination**
As recruitment nears the intended sample size, equilibrium of the sample will be assessed using Respondent Driven Sampling Analysis Tool (RDSAT) software. For this study, equilibrium will be monitored for age, education, ethnicity, socioeconomic status, HIV status and sexual identity. If both sample size and equilibrium criteria are met, no new coupons will be distributed and the expiration periods may be lessened to reduce the chance of individuals enrolling in the study after it has ended. If equilibrium is not met by the time the sample size is reached, the study team will determine whether further recruitment is feasible, given available resources and the small size of the country.

After this point, during each subsequent interview, participants will be informed that no further interviews will be conducted once the sample size is reached. Furthermore, survey staff will have a script in place to explain the end of the survey to those who call to schedule an appointment once the sample size is reached. The interview site and phone line will remain open for at least four weeks after the final primary interview in order to return HIV and STI test results, continue providing HIV education, and secondary incentives. Office closing dates will also be announced to callers and participants in-office.
If appropriate, once 75% of the sample size is reached and equilibrium of the sample is achieved, the Principal Investigator may inform study staff to reduce the number of recruitment coupons dispensed to participants from three coupons to two coupons to one coupon. Determining when to end RDS recruitment will take several factors into consideration, including the number of recruits still needed to reach the sample size, number of valid (unexpired) coupons still circulating in the community, and the average number of participants enrolling at the study sites every day.

In addition to overall termination of RDS recruitment for the study, the Investigators may decide to halt recruitment in one of the study’s referral chains. This focused recruitment termination may be necessary if a particular chain generates many participants who do not agree to testing, for example. As low testing participation may affect the ability of the study to produce prevalence estimates, a chain of non-testers would be reviewed by the investigators for possible recruitment termination.

7. HIV, STI AND CHRONIC DISEASE COUNSELING AND TESTING

Collection of biological specimens for HIV, STI and chronic disease screening will be conducted according to protocols established by the laboratories handling the specimens. Forms to collect data on these specimens and monitor their progress through the process of screening and returning results to participants will be included in the Operations Manual that will accompany this research protocol. The specimen analysis for biological samples for STIs will be done at [Laboratory] and confirmatory HIV testing will be done at [Laboratory] and will follow routine and advanced sample collection and storage, lab safety, biohazard management, disposal of collection material for infectious samples.

7.1 HIV Counselling and Testing

Upon completion of the survey, participants will be offered voluntary HIV counseling and testing. [Country] MOH guidelines for HIV counseling, testing will be followed with each participant. Formal referrals will not be provided in order to protect participant privacy about their MSM behaviors, but everyone will be offered information on where they can access further treatment and care, and will be encouraged to do so. Anonymous HIV testing will be used for this study. In order to assure the anonymity of participants, the survey ID will be the only link to test results. Pre-test counseling will be provided one-on-one, in a private setting and will include an explanation of HIV infection and transmission, the meaning of HIV test results, available resources for HIV treatment and care, risks associated with sexual behaviour, risk reduction strategies, as well as means to prevent HIV and STI infection. Pre-test counseling will also include counseling on STIs, an explanation of the STIs to be tested, and available resources for treatment and care. Rapid HIV testing will be offered to all participants receiving an HIV test.

7.1.1 Tests Offered for HIV

Rapid HIV testing will be offered to all participants. HIV Rapid testing will occur according to the algorithm shown below in Figure 2. Participants will initially be tested using the Determine® test. If the initial test is non-reactive, a negative result will be reported to the participant. If the initial test is reactive, participants will then receive a second test using the Colloidal Gold test. If the second test is also reactive a positive result is reported to the participant. If the second test is
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

non-reactive, the participant will be told the result is inconclusive and a blood sample will be obtained and sent to NRL for HIV DNA-PCR analysis.

**Figure 2: HIV Testing Algorithm**

7.1.2 Sample Collection and diagnosis
Sample collection for HIV will be done by a phlebotomy-trained provider on-site. Whole blood will be collected from all participants with discordant test results and sent to the NRL for HIV-DNA PCR analysis.

7.1.3 Sample Storage for HIV Confirmatory testing
All blood samples will be stored at 2-8°C at the study site until collected for transport to the laboratory for testing. Collection of specimen will occur at least once per day. For long-term storage, labeled serum samples will be recorded in a specimen sample list and stored in a freezer at the NRL at a temperature of -70 °C for 5 years.

7.1.4 Post-test HIV Counselling
Post-test counseling messages will be tailored to recruits’ HIV results and risk profiles. [Country] MOH guidelines for counseling will be followed. Post-test counseling will include goals, means, and strategies for behavioral risk reduction, maintenance of risk reduction, and explanation of risk reduction methods (e.g. condom use). Counseling of HIV-infected participants will include an assessment of psychosocial needs, a discussion of living with HIV-
infection, treatment and care, and issues related to discrimination. HIV transmission to partners will also be discussed and strategies for behavioral change will be addressed. Condoms and lubricants will be provided free of charge.

7.1.5 Referral for HIV-Positive Individuals
HIV-infected post-test counseled recruits will not be provided with a referral form in order to protect their privacy so they are not associated with this study as no name will be taken for an HIV Test done in this study, all first-time diagnosed HIV positive persons will not be initially recorded for national surveillance purposes, but will be encouraged to present for care at their health care centre of choice, or the National HIV/AIDS Program (NAP). First-time diagnosis and all HIV positives will be recorded and reported in aggregate anonymously to the NAP.

7.1.6 Communication of Test Results to Survey Office
HIV test results, for those participants with inconclusive results, and will be communicated to the study site using established MOH protocols prior to the recruit’s 2nd visit. Participants will return to the study site for a second visit at least two weeks after their enrollment, which will be on a set date given on an appointment card. Participants with a positive result will receive post-test counseling and be referred for treatment as per Ministry of Health guidelines.

7.1.7 Linking of Test Result Forms to Survey Results
Confirmation and filing of ID numbers from both survey results and HIV test results will be performed carefully by the Field Staff Supervisor, Coupon Manager, and Data Manager on a daily basis. Continuous quality checks will be performed by the Co-Investigators to ensure that staff consistently follows study procedures. Data sources will be merged regularly under the supervision of the data manager and a Co-Investigator. All databases will be password-protected.

7.2 STI Testing
BBSS Participants will be offered testing for select STIs. Table 5 below outlines the STIs that will be tested.

<table>
<thead>
<tr>
<th>Agent</th>
<th>Specimen type</th>
<th>Type of Test</th>
<th>Location of Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>T. pallidum (syphilis)</em></td>
<td>Blood serology</td>
<td>BD VDRL Antigen and FTA-Abs Liquid test kit</td>
<td>Laboratory, [Location]</td>
</tr>
<tr>
<td><em>Herpes Simplex virus-2</em></td>
<td>Blood Antibody</td>
<td>HSV-2 ELISA assay</td>
<td>Laboratory, [Location]</td>
</tr>
<tr>
<td><em>Neisseria gonorrhoeae</em></td>
<td>Urine PCR</td>
<td>Aptima Combo 2</td>
<td>Laboratory, [Location]</td>
</tr>
<tr>
<td><em>Chlamydia Trachomatis</em></td>
<td>Urine PCR</td>
<td>Aptima Combo 2</td>
<td>Laboratory, [Location]</td>
</tr>
<tr>
<td><em>Hepatitis B</em></td>
<td>Blood PCR</td>
<td>PCR</td>
<td>Laboratory, [Location]</td>
</tr>
</tbody>
</table>

7.2.1 Sample Collection and diagnosis
Sample collection for STIs will be done by a phlebotomy-trained provider on-site at the same time as for HIV. Laboratory testing of biological samples for STIs will be done at The
Laboratory in [Location], as detailed in table 5. Samples will be collected following the standard operating procedures of the relevant labs where 10 ml of blood will be collected, and it will be transported by study staff from the study site to the lab daily using an enclosed kit specifically for the transportation of blood samples. As per HIV Testing, the NRL will adhere to their internal quality control procedures as they do currently in servicing diverse populations. The testing algorithm for MoH STI Programme confirmation of syphilis is in Appendix H.

Urine collection and testing: Participants who agree to undergo STI testing will be asked to self-collect a urine specimen into a container provided by the study staff. A first void urine specimen of 20 ml of urine will be taken on the first visit. (Each Urine sample must be taken at least 2 hours after previous urination). The container will be labeled with the survey ID number. The participant will be able to provide the urine sample in a private bathroom. Urine will be tested for *Neisseria gonorrhoeae* and *Chlamydia Trachomatis* at PMH Laboratory using the Gen-Probe Apitma Combo 2 CT/NG Test for Chlamydia trachomatis / Neisseria gonorrhoeae.

### 7.2.2 Sample Storage
All blood samples will be stored at 2-8°C at the study site until collected for transport to the respective lab for testing. Collection of specimen will occur at least once per day. Urine specimens will be stored at 2-8°C until collected for transport daily to the PMH Laboratory. For long-term storage, labeled serum/plasma samples will be recorded in a specimen sample list and stored in a freezer at the PMH Laboratory at a temperature of -70°C for 5 years. Urine samples will not be stored after study testing is completed and results are delivered to participants. Samples will be disposed of following procedures in place at PMH Laboratory. Blood samples will not be subjected to future testing for other purposes after the survey is completed.

### 7.2.3 Treatment/Referral for STI-Positive Individuals
STI-infected post-test counseled recruits will not be provided with a referral form in order to protect their privacy so they are not associated with this study. However they will be provided with referral information with resourced as to where care may be sought.

### 7.2.4 Laboratory Procedures
Samples for STIs will be processed at the PMH Laboratory according to their Standard Operating Procedures.

### 7.2.5 Communication of Test Results to Survey Office
All test results will be communicated to the study site using established MOH protocols prior to the recruit’s 2nd visit. Participants will return to the study site for a second visit at least two weeks after their enrollment and STI results, which will be on a set date given on an appointment card. Participants with positive laboratory tests for STIs will receive post-test counselling and will be encouraged to seek treatment at their health care centre of choice as per Ministry of Health STI guidelines.

### 7.2.6 Linking of Test Result Forms to Survey Results
Confirmation and filing of ID numbers from both survey results and HIV test results will be performed carefully by the Field Staff Supervisor, Coupon Manager, and Data Manager on a daily basis. Continuous quality checks will be performed by the Co-Investigators to ensure that
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

staff consistently follow study procedures. Data sources will be merged regularly under the supervision of the data manager and a Co-Investigator. All databases will be password-protected.

7.3 Chronic Disease Screening

BBSS Participants will be screened for select chronic diseases. The table below (Table 6) outlines the chronic disease screening that will be offered.

Table 6: Chronic Disease Screening to be offered

<table>
<thead>
<tr>
<th>Chronic Disease</th>
<th>Specimen type</th>
<th>Type of Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperglycemia</td>
<td>Finger stick</td>
<td>Glucometer</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Not applicable</td>
<td>Sphygmomanometer</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Finger stick</td>
<td>Hand held cholesterol meter</td>
</tr>
<tr>
<td>BMI screening</td>
<td>Not Applicable</td>
<td>Scale and stadiometer</td>
</tr>
</tbody>
</table>

7.3.1 Sample Collection
Sample collection and results for hyperglycemia, and cholesterol will be done by a trained provider on-site at the same time as for HIV. Samples will not need to be collected for hypertension and body mass index screening but results will be readily obtained.

7.3.2 Referral for Individuals identified as high-risk for chronic disease
Recruits identified as high risk for diabetes, hypercholesterolemia, obesity or hypertension will not be provided with a referral form in order to protect their privacy so they are not associated with this study. However they will be provided with referral information with resources as to where care may be sought.

7.3.3 Communication of Test Results to Survey Office
All chronic disease screening results will be communicated to the participant at the study site using established MOH protocols at the recruit’s 1st visit. Participants with a chronic disease diagnosis will receive post-test counselling and will be encouraged to seek treatment at their care centre of choice as per Ministry of Health guidelines.

7.3.4 Linking of Test Result Forms to Survey Results
Confirmation and filing of ID numbers from both survey results and chronic disease results will be performed carefully by the Field Staff Supervisor, Coupon Manager, and Data Manager on a daily basis. Continuous quality checks will be performed by the Co-Investigators to ensure that staff consistently follow study procedures. Data sources will be merged regularly under the supervision of the data manager and a Co-Investigator. All databases will be password-protected.
8. FOLLOW-UP VISIT PROCEDURES

All recruits will have a second appointment to return to the study office to:

1. Provide information about the number and characteristics of peers who received coupons and collect their secondary reimbursement
2. Learn their STI test results and, if needed, receive additional post-test counselling and information about care and treatment options.

8.1 Payment Coupon Collection, Non-Response Data Collection, Secondary Compensation

The coupon manager will ask the recruit how many eligible potential recruits he approached and how many referral coupons were handed out. Using a non-response form, basic information will be collected on individuals who refused and accepted the offered coupon (Appendix D). The non-response form will also be used to quantify peers who accepted the coupon but did not visit the survey office by the time the coupon expired. The secondary reimbursement will be paid out as shown in the Section 10: Ethical Considerations: Reimbursements and Compensation.

8.2 STI Referral and Treatment

Formal STI referrals will not be offered in order to not link them to the study when they access care, but participants with positive lab results will be offered information on where they may seek care and treatment, and encouraged to do so.

8.3 Post-Survey Services

Some participants may not return for their scheduled follow-up visit. The study site will remain open for at least four weeks after completion of sampling to allow any remaining participants to return for their follow-up visit. No attempt will be made to contact individuals who do not return for a second visit. The number of individuals non-returning participants will be quantified and analyzed for summary statistics.

9. DATA MANAGEMENT AND ANALYSIS

9.1 Quantitative Data

In use will be MS Office, Questionnaire Design Studio (QDS), RDS Analysis Tool (RDSAT), RDS Coupon Manager, statistical software (e.g. SAS, SPSS or Stata), as well as other appropriate software based on sustainability and the skills and experience of in-country staff. RDSAT is a software program developed for analysis of RDS data. RDSAT will facilitate computation of sampling weights. The data (along with the sampling weights) can then be exported into standard statistical packages (e.g., SAS, SPSS or Stata) for analysis. RDS Coupon Manager is used to track recruit processing and coupons.

9.2 Data Management

Data entry checks will be in place during the interview, whether the survey is administered through ACASI or CAPI. In addition, illogical data will be identified and removed following the interviews. Data transfer between software programs will be conducted at the MoH office by the data manager under the supervision of a Co-Investigator. The data manager will be further responsible for storing ACASI/CAPI-produced data in the central database and supporting the
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

development of an analytical dataset. All other survey-related data (laboratory data, etc.) will be
double-entered by survey staff. Data errors and missing data will be cross-checked against hard
copy data where available. All hard copy data will be stored for two years after the end of the
study before it is destroyed. Electronic data will be transferred to the MoH secure central server
daily, and hard copy data will be brought to the MoH office weekly from all survey sites.

Managing Data from Multiple Sites
When using multiple survey sites in an RDS survey, it is important to create a plan to manage
participants that are recruited more than once, and may show up at different sites. In this
survey, the screener who greets each participant as they come in will collect information about
each recruit such as their approximate age, height, build and ethnicity, and any identifying
marks such as scars, tattoos or missing teeth. This information will be included in the
interviewer’s daily log. This log will be reviewed weekly by all screeners, coupon managers and
field staff supervisors to highlight potential duplicates. In addition, the unique participant code
generated in Coupon Manager to confirm participant identity at the second visit, as discussed in
section 6.6 above, will also serve to highlight possible duplicate participants.

Participants will be considered duplicates if they meet two of the following three criteria: 1) are
highlighted by staff at the site as being a duplicate, 2) generate a unique code in RDSCM that is
the same as an existing code, or 3) match the physical characteristics of an existing participant
logged in RDSCM. Field supervisors will make the final call on determining whether a
participant is a duplicate at the study site.

Study staff will endeavor to identify duplicate participants at the survey site in order to prevent
additional data sets being generated for the same person. If a duplicate participant is confirmed
then they will not be allowed to participate in the study, either to take the survey or receive the
health screening. They will not receive any incentives or be eligible to recruit others.

If duplicates are discovered after they have participated in the survey two or more times,
remedial actions will be taken. The second, and third, if applicable, instance of their data will be
removed from the survey and test results data set. Any unredeemed recruitment coupons
assigned to their second or third survey ID will be voided. Coupons that have been redeemed
prior to the point of identifying the duplicate will continue to be eligible, as will their
subsequent recruits. Removal of data will be done by the Data Manager.

Interviewer’s Daily Log
A log will be completed daily by each interviewer. The interviewer will provide his or her
name, site location and the total number of interviews completed on that day. This form will
track the number of interviews (i.e. electronic QDS interview files) completed and list
participants’ survey ID numbers and coupon numbers. No identifying information about the
participants will be included in this log.

Biological data
Test results will be communicated to the survey office by established MOH protocols. The Data
Manager and a Co-Investigator will merge laboratory results and survey responses into a single
dataset after results have been returned to the participant.
9.3 Data Monitoring
Survey data will be monitored on a weekly basis to assess recruitment patterns, how many participants report receiving a coupon from a stranger, trends in HIV prevalence, outstanding coupons that have been distributed, demographics of participants, cross-recruitment between survey sites, and other factors deemed important by the co-investigators. During sampling, equilibrium for key variables will be periodically assessed. Analysis will include estimates of the MSM network size, sample characteristics, prevalence of HIV and STIs, reported risk behaviors, and other factors associated with HIV infection.

9.4 Data Analysis
RDS specific sampling weights will be calculated using appropriate software. Data management software will be chosen based on availability, sustainability and the skills of in-country staff. Uni-, bi- and multivariate analysis will be applied as appropriate and feasible for RDS samples. RDSAT will assign individual outcome weights for each of the primary outcomes to use in multivariable analyses following outlined methods (Heckathorn 2007). Study staff will use the expertise of contacts at the CDC as well as technical assistance providers throughout the U.S. for appropriate knowledge transfer during data analysis.

10. ETHICAL CONSIDERATIONS

10.1 Approvals and Consultations
This activity will recruit only persons age 18 or older, which is above the age of sexual consent (16 years) in [Country] and is the age for persons to give consent for health procedures without parental consent. This project proposal will be submitted for review and approval to [Country] National Ethics Committee and to the Associate Director for Science, GAP and NCHHSTP, Atlanta. Community consultations have already been conducted with Key Populations surveillance Steering Committee members and other stakeholders, and a formative assessment for this study was conducted in late 2012.

10.2 Reporting Adverse Events
Adverse events will be reported to the Principal Investigator and Co-Investigator at the Ministry of Health, as well as to the local IRB and the CDC. Potential adverse events may include protocol violations, breaches of confidentiality, adverse reactions to HIV and STI counseling or testing and security incidents involving harm to recruits or staff. The Field Site Supervisor and the Principal Investigator will be immediately notified of any adverse events.

10.3 Confidentiality
Personal identifiers
Given the stigmatization of MSM and HIV infection in [Country], anonymous biological testing and data collection will be used. No personal identifiers or names will be collected in order to protect participants’ identity. General descriptive information such as relative height, and features such as tattoos, scars or glasses may be collected in order to identify duplicate recruits. During the survey, basic demographic information including the age of participants, marital status, the constituency in which they reside, religion, education level and socioeconomic status will be recorded. Each participant will be given a survey ID number.
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

**Interviewing**
A private room will be used for the initial screening of respondents as well as counseling and testing. Audio Computer-Assisted Self-Interviews conducted using computers will be offered as an alternative to face-to-face computer-based interviews. The participant will take the ACASI in a private room within the study sites. For computer-based interviewer-assisted interviews, interviewers will be carefully trained in proper interviewer conduct, ethics in research, and especially the importance of confidentiality. Interviewers will be study staff sensitized to issues of confidentiality and further sensitized to issues and objectives of the study. All study staff will be required to sign a confidentiality agreement with the Ministry of Health, an example of which can be found in Appendix F.

**10.4 Data Security and Privacy**
All study data including behavioral and laboratory information will be labeled by study ID number only and stored in a locked cabinet in a locked room. Access to participant survey and testing electronic data will be limited to the data and coupon managers, field staff supervisor, data analysts, surveillance study coordinator and investigators. Data files will be encrypted and password-protected prior to being transferred. When the participant uses ACASI/CAPI to complete the survey, their responses will be encrypted when they are saved locally on the computer. No data will be stored online.

If it happens that data is intercepted or accessed by persons outside the study team in any way, all staff will be trained to report it to their supervisor and incidents will be reported as adverse events to the local Bahamian ethics committee and the CDC Associate Director of Science. A limited amount of personal information will be in data collected through this study, as there will be no names, addresses or telephone numbers gathered. Table 7 details all data sources and how they will be secured and retained. In addition, the investigators may decide to grant access to other persons inside or outside the study team to data, in order to help with analyses as needed.
### Table 7: Data Inventory

<table>
<thead>
<tr>
<th>Data type</th>
<th>Where collected/generated</th>
<th>Identifying Information</th>
<th>Transfer needs</th>
<th>Transfer mechanism</th>
<th>Destruction Date</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire</td>
<td>Survey site</td>
<td>Age, constituency, test date</td>
<td>To MoH central server for secure storage</td>
<td>VPN connection</td>
<td>5 years</td>
<td>Initials of individuals responsible</td>
</tr>
<tr>
<td>RDSCM</td>
<td>Survey site</td>
<td>Physical markers</td>
<td>Each site’s database updated daily by merging changes in MoH central server</td>
<td>VPN connection</td>
<td>5 years</td>
<td>Initials of individuals responsible</td>
</tr>
<tr>
<td>HIV rapid testing</td>
<td>Survey site</td>
<td>Test results</td>
<td>To MoH central server for secure storage</td>
<td>VPN connection</td>
<td>2 years</td>
<td>Initials of individuals responsible</td>
</tr>
<tr>
<td>HIV confirmatory testing</td>
<td>NRL</td>
<td>Test results</td>
<td>To survey site to deliver results, to MoH for secure storage</td>
<td>Secure courier</td>
<td>2 years</td>
<td>Initials of individuals responsible</td>
</tr>
<tr>
<td>Syphilis testing</td>
<td>PMH Laboratory</td>
<td>Test results</td>
<td>To survey site to deliver results, to MoH for secure storage</td>
<td>Secure courier</td>
<td>2 years</td>
<td>Initials of individuals responsible</td>
</tr>
<tr>
<td>HSV, CT/NG testing</td>
<td>PMH Laboratory</td>
<td>Test results</td>
<td>To survey site to deliver results, to MoH for secure storage</td>
<td>Password - protected document in email</td>
<td>2 years</td>
<td>Initials of individuals responsible</td>
</tr>
<tr>
<td>Paper based forms</td>
<td>Survey site</td>
<td>Test results</td>
<td>To MoH for secure storage</td>
<td>By field staff</td>
<td>2 years</td>
<td>Initials of individuals responsible</td>
</tr>
<tr>
<td>Full data sets combining all data elements</td>
<td>MoH office</td>
<td>Age, constituency, test date, test results</td>
<td>No transfer needed</td>
<td>N/A</td>
<td>5 years</td>
<td>Initials of individuals responsible</td>
</tr>
</tbody>
</table>
When destruction dates arrive, paper data will be destroyed by shredding all copies of it. Similarly, electronic data will be permanently deleted from all machines that house it.

10.4.1 Data security at the Survey Site
On any given day, one or more survey sites may be operational and generating data. For each site, at the end of the day, all electronic data will be transferred to the MoH office through a secure VPN connection. After data transfer has been completed, data will be permanently deleted off of the local computers.

If the VPN connection is not feasible or is not secure enough, data will be transported by staff on external hard drives from the field sites to the MoH at the end of each day. In the ACASI/CAPI software system, survey data are automatically encrypted as they are entered, so if data was intercepted in the transfer process, it could not be accessed without the key to decrypt it, which will be available only at the MoH office to staff with appropriate permissions.

All portable electronic equipment will be stored in a locked area at the survey site when not in use. Any hard copy participant data will be transported to the MoH office, where it will be stored in locked file cabinets, and access will be limited in the same manner as for electronic data. Hard copy data will be transferred to the MoH office for data entry and secure filing at least twice a week.

10.4.2 Data Security at the MoH Office
Upon arrival at the MoH office, hard copy data will be filed and secured. All data entry of hard copy data will be conducted at the MoH office. The server at the MoH’s office is backed up daily. As an additional security measure, every Monday, all BBSS data stored on the secure local server will be backed up to compact discs and stored in a separate secure location. Old discs will be destroyed the subsequent Monday when the data is backed up again. Only the study staff listed in section 10.4 will have access to hard copy and electronic data stored at the MoH office. Access to data for assistance in analysis may be granted to other persons at the investigators’ discretion.

The Ministry’s document retention policy allows for paper-based data to have an active file record status for five years. After this period documents are archived. Electronic data will be retained for five years following publication of the report. The Ministry of Health will be the sole owners of all data produced by this study.

10.5 Risks
This study is considered minimal risk because the primary risk to the participant is psychological due to the sensitive nature of the questions asked and tests performed. To minimize this risk, the questionnaire will be administered in private, confidential settings. Participants can refuse to answer any specific question or terminate the interview or their participation in the study at any point.

Participants who become aware of their HIV infection through survey participation, however, may experience psychological problems, uncertainty about their future health, and worries about the possibility of having infected others. Post-test counseling will address these issues with HIV-infected participants and information about care and treatment facilities will be
provided as warranted. The taking of venous blood samples for STI and HIV tests presents minimal risks such as marks, pain, or bruising where the needle is inserted, or potential light-headedness as the blood is withdrawn.

Participants may be put at risk if their identity is revealed to persons other than survey staff or the purpose of the survey becomes known. With this in mind, study staff will work to limit public awareness until the survey is completed and will never collect personal identifiers. Breaches in confidentiality are unlikely given the data protection procedures, anonymity and staff training described above. Treatment for STIs and/or HIV/AIDS involves the risk of side effects.

All participants will be given the name and telephone number of at least one local Co-Investigator should they have any questions about the study or believe they have been injured or treated poorly as the result of being or not being part of this survey.

10.6 Benefits to Participants
All services will be offered free of charge to study participants.

*Direct benefits include:*
- HIV and STI testing and counseling (including risk-reduction counseling)
- Provision of condoms and lubricants
- HIV-infected participants will be referred for care and treatment. ART is available for free and is accessible through several MOH care and treatment programs.
- STI-infected participants will be referred to the STI clinic for provision of free treatment.
- Provision of personal health skills and information about options for health services related to HIV, STI, chronic disease and mental health

*Indirect benefits:*
The project aims to facilitate HIV prevention activities for MSM, benefiting the MSM community as a whole and also survey participants in particular. Plans for disseminating survey results are detailed in section 12, below.

10.7 Reimbursement and Compensation
Reimbursements (or compensation) are common in surveys using RDS or similar sampling techniques. RDS relies on survey participants to identify, approach, and inform future recruits. Furthermore, recruits are asked to travel to the survey office for the interview and are asked to return for a second visit. Recruits may be absent from work to participate or otherwise lose economically productive time. Hence, recruits should be compensated for their effort, time, and money spent on participating and recruiting. Some benefits offered through survey participation (e.g., HIV testing and counseling, diagnosis and treatment of STI and chronic diseases) may be perceived as compensation.

Participants will receive up to two types of reimbursements. A *primary reimbursement* will be paid to eligible and consenting recruits at their first visit. This will adequately cover transport costs and time spent in survey participation, as well as provision of biological specimens. A *secondary reimbursement* will reimburse participants for their costs and time spent identifying peers to participate in the survey, and their transport costs and time to complete the second
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visit. Reimbursement for peer recruitment will be conditional on the recruitees’ effort and eligibility to take part in the survey.

Past RDS studies suggest a range of rates for reimbursements/compensation. These vary from the price of a movie or a moderate dinner, to a monthly public transport pass or a week’s worth of groceries, to payment for one month’s rent. The amounts proposed here are near the lower end of this range.

Formative research with MSM and those who provide services to MSM in [Country] included gathering information and advice on the right amount and type of reimbursement for survey participation and recruiting. The agreed-upon value is thought to be large enough to adequately compensate for the time and effort spent to participate and recruit peers but small enough to deter false claims of survey eligibility, repeat recruitment, selling or duplication of coupons, or persuade an individual to participate based on reimbursement only. The BBSS will offer either gift cards or phone cards as incentives to participants. There will be no cash payments to participants. Amounts listed in Table 8 below represent the value of non-cash incentives that will be given. The primary incentive will be divided into two payments: one for completing the interview and one for completing testing. This arrangement will allow participants to be fairly compensated for their additional time and effort in completing the biological testing. This separation of the incentives will be explained during the informed consent process.

Information collected through formative research has yielded reimbursement values as shown in Table 8 below. The primary incentive will be set at $20, but could be decreased to $15 if we learn about incident of coercion or the selling of tickets. If recruitment is not progressing well and we believe it is due to insufficient reimbursement, we may raise the primary incentive level up to $25 US.

<table>
<thead>
<tr>
<th>Reimbursement item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary</strong></td>
<td></td>
</tr>
<tr>
<td>Interview at study site</td>
<td>BSD 20</td>
</tr>
<tr>
<td>Biological Testing</td>
<td>BSD 20</td>
</tr>
<tr>
<td>Max. recruitment (recruiting ≤3 peers)</td>
<td>BSD 10</td>
</tr>
<tr>
<td>(each recruit)</td>
<td></td>
</tr>
<tr>
<td><strong>Total (up to a maximum, per participant)</strong></td>
<td>70 BSD</td>
</tr>
<tr>
<td><strong>Non-eligible</strong></td>
<td></td>
</tr>
<tr>
<td>For persons who have a valid coupon but are not eligible for the survey</td>
<td>15 BSD</td>
</tr>
<tr>
<td><strong>Not receiving coupons</strong></td>
<td></td>
</tr>
<tr>
<td>For the last wave of recruits into the study who will not receive coupons to recruit their peers</td>
<td>15 BSD</td>
</tr>
</tbody>
</table>

Participants who present a valid coupon but are not eligible for the survey will receive one $15 USD phone or gift card to cover travel expenses.
10.8 Monitoring Plan and Quality Assurance

A technical committee, including the Surveillance Study Coordinator, investigators, MOH, CDC and NASTAD staff and the Key Populations steering committee members has been set up by way of a Memorandum of Understanding between the Ministry of Health and NASTAD under the Cooperative Agreement of CDC to do the following:

1. Review study procedures to ensure that any amendments have been approved by the relevant ethical committees and are appropriately conveyed to study staff.
2. Verify that any events resulting in a breach of anonymity or confidentiality have been reported to relevant ethical committees and documented, and mechanisms put in place to prevent future incidents.
3. Determine whether adverse events have been appropriately reported to relevant ethical committees and that any participants experiencing adverse events have been appropriately treated and referred for further care, if necessary.
4. Review procedures for storing study data, ensure that information related to the study is kept confidential, and that only the necessary staff have access to that information.

Changes to the protocol that might affect ethical aspects of the study will be reported to the Ministry of Health, NASTAD and all relevant ethical committees. In the event that any adverse events occur which might affect anonymity and confidentiality while conducting the study, they will be documented and reported to the technical committee along with the mechanisms put in place to correct these difficulties.

11. PROJECTED TIME FRAME

This surveillance project is anticipated to start in June 2013. Table 9 outlines the proposed time frame for surveillance, upon receipt of all ethical approvals.

<table>
<thead>
<tr>
<th>Study Activity</th>
<th>Month of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent survey offices, hire staff</td>
<td>X</td>
</tr>
<tr>
<td>Train study staff</td>
<td>X X</td>
</tr>
<tr>
<td>Population estimate</td>
<td>X</td>
</tr>
<tr>
<td>Implementation of BBSS</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Analysis and report writing</td>
<td>X X</td>
</tr>
<tr>
<td>Dissemination of findings</td>
<td></td>
</tr>
</tbody>
</table>

12. DISSEMINATION OF FINDINGS

The government and study stakeholders will be informed of the study results, and study results will be made disseminated publicly in order to be available to study participants who are interested. Means of dissemination will include presentations at meetings and workshops, as well as reports and publications at national and international conferences and in the peer reviewed literature. Data will also be used to inform and engage the MSM community in taking ownership and responsibility regarding the prevention of HIV/AIDS.

13. STUDY LIMITATIONS

As with any research project, the proposed study may have some limitations. The success of RDS as the sampling methodology relies on the existence of strong social networks and participants’ willingness to recruit their peers. If for any reason the RDS recruitment fails, the
sampling frame may be biased and may not recruit a representative MSM sample. In this case the generalizability of the survey would be limited. These issues can likely be avoided by monitoring recruitment patterns weekly during data collection and adjusting survey logistics such as coupon expiration dates and site hours as needed to enable a more robust recruitment. In addition, the findings of the formative assessment suggest that the RDS methodology is feasible given the MSM networks in [Country].

14. CONFLICT OF INTEREST
The Investigators declare that they have no conflicts of interest related to the implementation of the proposed project.
APPENDIX A: MSM PARTICIPANT INFORMATION AND INFORMED CONSENT FORM

Title of the Study: [Country] Men’s Health Survey

The Ministry of Health invites you to take part in a study on Men’s Health. There are some behaviours that put some persons at higher risk for contracting HIV and other Sexually Transmitted Diseases. This Study will collect information on risk factors and the information we learn from this Study can help to identify, plan and implement successful outreach and health services for men.

This document is a consent form and you will be offered a copy to keep. Please take your time to review it. You are free to ask questions at any time. Please ask the study staff to explain any words or information that is not clear to you. Taking part in this study is completely voluntary.

Purpose of the Study
The purpose of the study is to gather health and behavioural information on Men who may be at higher risk of HIV and sexually transmitted infections in [Country]. The information will be used to design and refine health programmes.

Procedure
This Survey consists of an interview, health screening and a follow-up component. If you agree to participate in this study, you will be asked to:

1. Take part in an interview about your behaviours and knowledge about HIV
2. Have a chronic disease screen for diabetes, cholesterol and hypertension
3. Provide a urine sample for some STI tests
4. Have approximately 10 ml (about 2 teaspoons) of blood drawn from a vein in your arm for HIV and STI testing with results due in two weeks. You may also choose to learn your HIV test results before you leave here today if you wish.
5. Recruit some of your friends to participate in the study
6. Make a return visit in 2 weeks to learn your test results and provide basic information on individuals you attempted to recruit into the study.

Let me explain some of these things I just mentioned in more detail.

The Interview:

a. This is an anonymous survey. You will complete the interview in a private room, you will read the questions and record your answers on the computer, or if you prefer, an interviewer will read the questions and record your answers. The survey has questions about your knowledge, attitudes and practices related to sexual health. It will take about 45 minutes to complete this interview.

b. Your answers are completely confidential. You will not be linked to the answers that you provide because your name will not appear anywhere on the questionnaire or on ANY survey documents.
c. The survey has some questions that are personal. They may be hard to talk about. If you choose to participate you have a right to refuse to answer any questions that you feel uncomfortable with.

d. If you change your mind about participating during the course of the interview you have the right to withdraw at any time. If you refuse to answer a question or want to end the interview, you will not be penalized, nor will it affect you or your future care whatsoever.

e. In order to receive HIV, STI or chronic disease screening, you will need to participate in the survey.

f. At the end of the survey, you may be eligible to recruit other people into the study. If the computer determines that you are eligible to participate in this study, I will offer you a chance to recruit between 1 and 3 other people for this study.

The Health Screening:

a. If you agree to the survey, we will offer you a free HIV test. If you already know that you are HIV positive, we would still like to offer you an HIV test today so that we can pair today’s HIV test result with your survey results.

b. If you agree to the HIV test, you will have a 10- to 15-minute HIV prevention counselling session with a trained staff member. The session will cover the meaning of results from the HIV test. After the counselling, we will take a sample of blood for testing.

c. A test is done by collecting a sample of your blood through a quick finger stick. With this sample, a rapid test will be run. If you choose, your HIV test results will be available before you leave.

d. You may still take the survey and HIV test even if you already know your HIV status. We will offer you information about available services, if needed. If the initial test is positive, you will receive a second test using the Colloidal Gold test. If the second test is also positive then your HIV test result is positive. On the other hand, if your initial test is positive and the second test reads negative, a third test to confirm your rapid tests results is needed and we will draw less than 1 tablespoon of your blood by needle. The result of the confirmatory test will be ready within two weeks. We will set up a day and time for you to get your results.

e. Your test results will be paired with your survey. We will match your test results using the same ID assigned to the survey. No one besides you will be told your test results, and neither the survey nor the test will be placed in any medical record.

f. In addition to the HIV test, we will also offer you free STI testing and chronic disease screening.

g. The blood and urine samples that we collect will be used to test for sexually transmitted infections (Syphilis, Herpes Simplex Virus-2, Hepatitis B, Chlamydia and Gonorrhoea). Test results will be available within two weeks. We will also offer you chronic disease screening for hypertension, cholesterol and diabetes. You will be referred to the health centre of your choice or advised to check your attending physician (public or private) if follow-up medical care and/or treatment if necessary. If you have symptoms today that you think might be from an STI, you can receive information about options for treatment.
If you agree to the chronic disease screening for cholesterol, diabetes screening (finger stick with results available almost immediately) blood pressure and BMI screening, you will have an additional 10- to 15-minute counselling session with a trained staff member.

i. If you agree to testing, we will keep left-over blood samples at the NRL for up to five years. We will not put your name on the specimen. There will be no way to connect it to you.

The Follow up:

a. If we ask for your help in asking people to join this study, we will give you up to 3 recruitment coupons to recruit other men into the study.

b. If they enrol in the study, you will receive $10 BSD for each person who enrols. We ask you to come back after 2 weeks to check if the people you recruited enrolled in the study. We will give you a full explanation of these procedures at the end of your visit today.

c. We will ask you to make a return visit two weeks after your first visit, to inform you of your test results and provide basic information on individuals you attempted to recruit into the study.

Things to consider

There are risks involved in being in this study:
1. Some of the questions in the survey are about sex, alcohol and drugs and may make you feel uncomfortable, embarrassed, or stressed. All answers you give will be kept private.

2. Drawing blood may cause some pain, bleeding, swelling, bruising and rarely infection where the needle entered the skin. Sometimes drawing blood causes people to feel dizzy or even faint.

3. You may feel uncomfortable or distressed finding out you might have been infected with HIV or STIs, or that you may have a chronic disease. You can talk about your concerns with the trained staff member who tells you your results, if you wish.

Benefits

Benefits you may get from being in this study include:

1. You will receive condoms, lubricant and information on HIV/AIDS, sexually transmitted infections and chronic diseases.

2. You will, if you wish, receive free information about other local programs, medical programs, support groups, and health projects, as needed.

3. If your HIV test or STI test results are positive, you will be counselled about ways to prevent the spread of infection. You will also be offered information about available medical care for any infections or if screening shows you may have a chronic disease.

4. If your test results are negative, you will receive counselling on how to prevent future infections.
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Also, information gained from this study will help the Ministry of Health to know more about HIV, STIs and how they are spread. This information will be used to improve health programs and to develop new ways of helping others prevent disease and promote good health.

**Alternatives**

If you choose not to take part in the study but would like to take an HIV test, we will inform you of agencies or clinics that provide testing.

**Compensation**

We appreciate the time and effort you will spend in order to participate. You will be paid for the time you spend taking part in the study today in the form of gift cards or phone cards. You will not receive cash. For completion of the survey, you will get $20 BSD. If you take part in the all the health screens, you will get an additional $20 BSD. You may also get $10 BSD each for up to 3 people whom you send to us who enroll in the study.

**Persons to Contact**

This study is run by: [names of principal investigators] at the Ministry of Health. [Name] phone number is: [contact number]. [Name] phone number is: [contact number]. [Name of Study Lead] at NASTAD oversees the daily operations of the study. Her phone number is [contact number]. You may call them with any questions about being in the study, or if you feel that you have been harmed through your participation in the study. If you feel that you have been injured through participation in this study, you are entitled to free care at any RHA hospital or clinic. Please speak with [name of principal investigator] before incurring any medical expenses due to injury from your participation.

Should you have any questions or concerns about the ethics of this project or your rights as related to participation please contact [name]. [Name] is a chairperson of the ethics committee and may be reached at [contact number].

**Confidentiality Statement**

What you tell us is confidential. Your responses will be labeled with a study number only. No one except the study staff at the Ministry of Health and NASTAD will have access to the survey, *except as otherwise required by law*. Your responses will be grouped with survey answers from other persons.

Survey forms and computers will be locked in a file cabinet at the study office. *Computers with study data will be physically secured and protected by coded passwords*. Only specific study staff will have access to the locked file cabinet or the computers.

Your name will not be attached to any answers you give to the study questions or to your blood, or urine samples. Your samples will be identified only by a code, so it will not be possible for the people studying your samples to know who you are.
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

If you know me, you may ask for another staff member to assist you so that your answers will be fully private.

**Costs**

You will not have to pay for your participation in the study.

**Right to Refuse or Withdraw**

This study is completely VOLUNTARY. You are not giving up any legal claims or rights for being a part of this study. If you agree to participate, you are free to quit at any time. You can choose to only do the survey and not to have an HIV test or other STI testing and chronic disease screening. You can also choose not to recruit others.

**Agreement**

**Statement of Study Staff Obtaining Consent**
I have explained the study to the subject. I am available to answer questions now or in the future about the survey and the subject’s participation in the survey. The subject has answered the following questions as indicated:

**Age and Consent**

1) **Do you have any more questions about what I have just said?**
   - [ ] Yes (Answer questions)
   - [ ] No, I do not have questions (Go to 2)

2) **Are you 18 years of age or older?**
   - [ ] Yes (Go to 3)
   - [ ] No (Not Eligible)

3) **Do you consent to participate in the overall study, including survey interview?**
   - [ ] Yes
   - [ ] No (Not eligible to continue)

4) **Do you agree to give a blood sample for HIV testing?**
   - [ ] Yes
   - [ ] No
   
   If No, ask participant “would you mind telling us why you have chosen not to provide a blood sample for HIV testing?”

5) **Do you agree to allow your blood sample to be used for STI testing?**
   - [ ] Yes
   - [ ] No

6) **Do you agree to give a urine sample for STI testing?**
   - [ ] Yes
   - [ ] No

7) **Do you agree to allow chronic disease screening for diabetes, and hypertension?**
Consent Statement
You have read or had read to you the explanation of this study, you have been given a copy of this form, the opportunity to discuss any questions that you might have and the right to refuse participation. I am going to ask for your consent to participate in this study.

Date: ________________ Initials of Moderator: ________ if positive verbal consent

I have fully explained to the participant the nature and purpose of the procedures described above and the risks involved in its performance. I have asked if any questions have arisen regarding the procedures and have answered these questions to the best of my ability.

Date: ________________ Signature of moderator:__________________________
APPENDIX B: MSM SCREENING QUESTIONNAIRE

INSTRUCTIONS: The screener will complete this entire screening questionnaire for every candidate that comes for visit #1.

“Hello. My name is ____. I would like to first thank you for taking the time to participate in the study. This study is about HIV-related risk behaviours of men in [Country] and it also includes testing for HIV, sexually transmitted infections and chronic diseases. Before we start the study, I need to first find out if you are eligible. If you are eligible to participate, then I will explain the study in more detail. Let me also say that everything you tell us will be completely confidential. No one will be able to link your responses to you. Are you ready?”

<table>
<thead>
<tr>
<th>1. [Interviewer ID]</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. [Is this person a seed?]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes → Enter 2-digit ID:</td>
</tr>
<tr>
<td>2. No → Enter 4-digit Coupon #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. [Skip if seed] [Does the candidate have a valid coupon?]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No → Ineligible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Have you participated in this study before?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes → Ineligible</td>
</tr>
<tr>
<td>2 No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. How old are you now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE IN COMPLETED YEARS:</td>
</tr>
<tr>
<td>√ IF &lt;18 YEARS → Ineligible</td>
</tr>
</tbody>
</table>
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

6. Where do you currently live/stay?

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

7. Have you lived in [Country] for 6 of the past 12 months?
   1. Yes
   2. No → Ineligible

8. Have you had oral or anal sex with a man in the last 12 months?
   1. Yes
   2. No → Ineligible

9. Have you undergone any surgical procedure to become biologically female?
   1. Yes → Ineligible
   2. No

10. Remember that your response is completely confidential and the person from whom you received the coupon will not know your response. I would like to ask you if anyone forced you in any way to participate in this study against your will.
   1. Yes → Ineligible
   2. No
   9. No response
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

### 11. How confident are you, the screener, in the answers provided by the participant?
- Very confident [Skip to #11]
- Confident [Skip to #11]
- Not confident at all

### 12. Specify why screener is ‘Not confident at all’.
- Under 18 years
- Not MSM
- Does not live in [Country]
- Other

### 13. Is the recruit too high (as a result of use of mind altering illicit drugs) or too drunk to give consent or do questionnaire?
- Yes → Ineligible
- No

### 14. Is the recruit mentally impaired and not able to give consent or do questionnaire?
- Yes → Ineligible
- No

### 15. Is the participant eligible?
- Yes → Obtain consent
- No → End & give referral to VCT and safer sex materials.

#### Consent

**12.** Go through informed consent procedures
Does candidate give consent?
- Candidate gave consent.
- Candidate did not give consent.
  (Why?) ______________________________
  [END]

**SCREENER: Assign Survey ID**

**SURVEY ID:** (Enter only after doing consent)
# APPENDIX C: FIRST & SECOND VISIT CHECK LISTS

## FIRST VISIT CHECK LIST

<table>
<thead>
<tr>
<th>#</th>
<th>ITEM</th>
<th>RESULT</th>
<th>INITIALED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Folder</strong></td>
<td>( ) Issued ( ) Returned</td>
<td>RECEPTION</td>
</tr>
<tr>
<td>1.</td>
<td><strong>Coupon</strong></td>
<td>( ) Accepted ( ) Not accepted</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Recruit ID</strong></td>
<td>( ) Created ( ) Not created</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Unique recruit</strong></td>
<td>( ) Yes ( ) No</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Screening interview</strong></td>
<td>( ) Completed ( ) Not completed</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Recruit eligible</strong></td>
<td>( ) Eligible ( ) Not eligible</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Study informed consent</strong></td>
<td>( ) Obtained ( ) Not obtained</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>7.</td>
<td><strong>HIV test consent</strong></td>
<td>( ) Obtained ( ) Not obtained</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>8.</td>
<td><strong>HSV-2 and syphilis test consent (blood)</strong></td>
<td>( ) Obtained ( ) Not obtained</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Chlamydia &amp; gonorrhea test consent (urine)</strong></td>
<td>( ) Obtained ( ) Not obtained</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>10.</td>
<td><strong>Chronic disease consent</strong></td>
<td>( ) Obtained ( ) Not obtained</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>11.</td>
<td><strong>Interview completed</strong></td>
<td>( ) Yes ( ) No:________</td>
<td>NURSE</td>
</tr>
<tr>
<td>12.</td>
<td><strong>Blood collected and stored at 2-8 C</strong></td>
<td>( ) Yes ( ) No</td>
<td>PHLEBOTOMIST</td>
</tr>
<tr>
<td>13.</td>
<td><strong>Urine collected and stored at 2-8 C</strong></td>
<td>( ) Yes ( ) No</td>
<td>PHLEBOTOMIST</td>
</tr>
<tr>
<td>14.</td>
<td><strong>HIV counselling &amp; test completed</strong></td>
<td>( ) Yes ( ) No:________</td>
<td>NURSE</td>
</tr>
<tr>
<td>15.</td>
<td><strong>HIV test result communicated</strong></td>
<td>( ) Yes ( ) Participant Declined No</td>
<td>TESTER</td>
</tr>
<tr>
<td>16.</td>
<td><strong>Blood pressure result communicated</strong></td>
<td>( ) Yes ( ) Participant Declined No</td>
<td>NURSE</td>
</tr>
</tbody>
</table>
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Glucose test result</td>
<td>() Yes</td>
<td>() Participant Declined</td>
<td>()</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communicated</td>
<td>No</td>
<td>NURSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Services</td>
<td>() Condoms, lubricants offered</td>
<td>NURSE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Number coupons given</td>
<td>() Condoms, lubricants offered</td>
<td>NURSE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0) (1) (2) (3) (4)</td>
<td>COUPON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Follow-up visit date and</td>
<td></td>
<td>COUPON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>time scheduled</td>
<td>MANAGER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>___ / ___ / 20___ <em><strong>:</strong></em> am/pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day Month Year Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>() No appointment scheduled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Primary incentive paid:</td>
<td>() No interview, no specimen provision</td>
<td>COUPON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$BSD</td>
<td>MANAGER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interview only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interview &amp; HIV and other tests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Supervisory check before</td>
<td>() All steps completed</td>
<td>COUPON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>recruit exit</td>
<td>MANAGER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>() Not all steps completed:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. I agree that all steps on this form have been completed

   Staff Signature ___________________________ Date ___________
### SECOND VISIT CHECKLIST

<table>
<thead>
<tr>
<th>#</th>
<th>ITEM</th>
<th>RESULT</th>
<th>INITIALED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coupon validity</td>
<td>( ) Valid</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) Not valid</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If not valid, reason:__________</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Security questions</td>
<td>( ) Correct answers</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) Not correct</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Non-response form completed</td>
<td>( ) Yes ( ) No</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>3</td>
<td>HIV test result</td>
<td>( ) Positive</td>
<td>TESTER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date Received:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>HIV test result communicated</td>
<td>( ) Yes ( ) Participant Declined</td>
<td>TESTER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) Communication at 1st visit</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Blood pressure test result</td>
<td>( ) Yes ( ) Participant Declined</td>
<td>NURSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) Communication at 1st visit</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Glucose test result communicated</td>
<td>( ) Yes ( ) Participant Declined</td>
<td>NURSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) Communication at 1st visit</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Syphilis test result communicated</td>
<td>( ) Yes ( ) Participant Declined</td>
<td>NURSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No and Participant Declined</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>HSV-2 test result</td>
<td>( ) Yes ( ) Participant Declined</td>
<td>NURSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Gonorrhea test result</td>
<td>( ) Yes ( ) Participant Declined</td>
<td>NURSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Chlamydia test result</td>
<td>( ) Yes ( ) Participant Declined</td>
<td>NURSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Care information provided</td>
<td>( ) Yes ( ) No – All tests negative</td>
<td>NURSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) No – Recruit refuses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) No:______________________</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Services</td>
<td>( ) Condom, lubricants offered</td>
<td>COUPON MANAGER</td>
</tr>
<tr>
<td>13</td>
<td>No. coupons retrieved</td>
<td>(0) (1) (2) (3) (4)</td>
<td>COUPON MANAGER</td>
</tr>
</tbody>
</table>

DATE: _ _ / _ _ / _ _
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Secondary incentive paid</td>
<td>$BSD</td>
</tr>
<tr>
<td>15. I agree that all steps on this form have been completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
APPENDIX D: NON-RESPONSE QUESTIONNAIRE

COUPON REJECTER QUESTIONNAIRE

Instructions: Collect this information face-to-face from returning recruiters each time they come to collect their compensation.

Recruit ID: |____|____|____|____|

Name of Interviewer: _______________ Date of Interview: __ __ / __ __ / __ __

1. Is this the first time you have been here to collect compensation? Yes____ No____
   If yes, continue. If no, answer questions for the period of time between when the subject was last here and filled out this same questionnaire and now.__________________________________________________________________________

2. How many coupons did you give out? ______ (Between the last time you came here to receive compensation and now. If > zero, complete coupon rejecter questionnaire)

3. How many people refused to accept coupons? ______

4. How many coupons have you refused to accept? ______

ASK THESE QUESTIONS ABOUT EACH INDIVIDUAL WHO WAS OFFERED A COUPON
<table>
<thead>
<tr>
<th>Question</th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your relationship to this person? (Check all that apply)</td>
<td>Stranger, someone you met for the first time (  ) 0</td>
<td>Stranger, someone you met for the first time (  ) 0</td>
<td>Stranger, someone you met for the first time (  ) 0</td>
<td>Stranger, someone you met for the first time (  ) 0</td>
</tr>
<tr>
<td></td>
<td>Someone you knew, but not closely (  ) 1</td>
<td>Someone you knew, but not closely (  ) 1</td>
<td>Someone you knew, but not closely (  ) 1</td>
<td>Someone you knew, but not closely (  ) 1</td>
</tr>
<tr>
<td></td>
<td>Close friend, Someone you know very well (  ) 2</td>
<td>Close friend, Someone you know very well (  ) 2</td>
<td>Close friend, Someone you know very well (  ) 2</td>
<td>Close friend, Someone you know very well (  ) 2</td>
</tr>
<tr>
<td></td>
<td>Current sex partner (  ) 3</td>
<td>Current sex partner (  ) 3</td>
<td>Current sex partner (  ) 3</td>
<td>Current sex partner (  ) 3</td>
</tr>
<tr>
<td></td>
<td>Former sex partner (  ) 4</td>
<td>Former sex partner (  ) 4</td>
<td>Former sex partner (  ) 4</td>
<td>Former sex partner (  ) 4</td>
</tr>
<tr>
<td></td>
<td>Family member or relation (  ) 5</td>
<td>Family member or relation (  ) 5</td>
<td>Family member or relation (  ) 5</td>
<td>Family member or relation (  ) 5</td>
</tr>
<tr>
<td></td>
<td>Refused to answer (  ) 9</td>
<td>Refused to answer (  ) 9</td>
<td>Refused to answer (  ) 9</td>
<td>Refused to answer (  ) 9</td>
</tr>
<tr>
<td>2. How long have you known this person?</td>
<td>Less than 6 months (  ) 0</td>
<td>Less than 6 months (  ) 0</td>
<td>Less than 6 months (  ) 0</td>
<td>Less than 6 months (  ) 0</td>
</tr>
<tr>
<td></td>
<td>6 months to 1 year (  ) 1</td>
<td>6 months to 1 year (  ) 1</td>
<td>6 months to 1 year (  ) 1</td>
<td>6 months to 1 year (  ) 1</td>
</tr>
<tr>
<td></td>
<td>1-2 years (  ) 2</td>
<td>1-2 years (  ) 2</td>
<td>1-2 years (  ) 2</td>
<td>1-2 years (  ) 2</td>
</tr>
<tr>
<td></td>
<td>3-6 years (  ) 3</td>
<td>3-6 years (  ) 3</td>
<td>3-6 years (  ) 3</td>
<td>3-6 years (  ) 3</td>
</tr>
<tr>
<td></td>
<td>More than 6 years (  ) 4</td>
<td>More than 6 years (  ) 4</td>
<td>More than 6 years (  ) 4</td>
<td>More than 6 years (  ) 4</td>
</tr>
<tr>
<td></td>
<td>Refused to answer (  ) 9</td>
<td>Refused to answer (  ) 9</td>
<td>Refused to answer (  ) 9</td>
<td>Refused to answer (  ) 9</td>
</tr>
<tr>
<td>3. Approximately what is this person’s age</td>
<td>18-24 (  ) 0</td>
<td>18-24 (  ) 0</td>
<td>18-24 (  ) 0</td>
<td>18-24 (  ) 0</td>
</tr>
<tr>
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<td>Does not trust recruiter</td>
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Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

APPENDIX E: PARTICIPANT INFORMATION SHEETS (HIV/STI)

Participant Contact Information

Thank you for participating in [Country] [Survey Title] Survey.

You are free to ask questions at any time about the study and your rights as a participant. You have the right to contact the study investigators if you have any questions, concerns, or complaints. You may contact: [Name of principal investigator] at [contact number] who is the study lead with the Ministry of Health. You may also contact [name] [contact number] at the Ministry of Health. [Name of Study Lead] oversees the daily operations of the study and is available to address your questions and concerns at: [contact number]. If you feel that you have not been treated according to the descriptions on the consent form, or if you have any questions about your rights as a research subject, please call [names of principal investigators] share your concerns.

We thank you for your participation.
Facts about Syphilis
Syphilis is a sexually transmitted infection (STI) caused by bacteria that are passed sexually.

How do people get syphilis?
- Syphilis is passed from person to person through direct contact with syphilis sore.
  - Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores can also occur on the lips and in the mouth.
  - Transmission occurs during vaginal, anal, or oral sex.
- Pregnant women with the disease can pass it to the babies they are carrying.

What are the signs and symptoms in adults?
- Sores on the genitals, rectum, or mouth. The sores are usually painless and can look like other things.
- Rashes anywhere on the body. The rash can be flat, scaly, bumpy, round, or crater-like. Spots or scaling on the palms of the hands or soles of the feet are common.
- Large moist patches can occur in the mouth and in the groin areas. Although the rashes will go away, a person is still infected with syphilis and must be treated.
- Headaches, sore throat, swollen glands, or hair falling out in patches.

The first symptoms start 10 days to 3 months (usually 3 weeks) after sex with someone who has syphilis. Many people who have syphilis do not know it. The sores may be in a place on the body where they cannot be seen, or the sores may be mistaken for a pimple or cut. Late stages of syphilis can cause permanent damage to the heart, brain and other organs. Any unusual discharge, sore, or rash, particularly in the groin area, should be a signal to stop having sex and see a doctor immediately.

How is syphilis diagnosed?
If you have open sores, your health care provider will test any fluid that comes from sores. Otherwise, your health care provider may test your blood.

What is the treatment for syphilis?
- Syphilis is easy to cure in its early stages. Antibiotics are used to cure syphilis.
- Because effective treatment is available, it is important that persons be screened for syphilis on an on-going basis if their sexual behaviors put them at risk for STIs.
- A person who has been treated for syphilis can become infected again.

How can syphilis be prevented?
- The best way to prevent syphilis is to abstain from sex or to be in a long-term mutually monogamous relationship with a partner who has been tested and is uninfected.
- Avoid alcohol and drug use as these activities may lead to risky sexual behavior. Sex partners should talk to each other about their HIV status and history of other STIs.
- Correct and consistent use of condoms reduces the risk of syphilis only when the infected area or site of potential exposure is protected. Transmission of syphilis cannot be prevented by washing the genitals or urinating.
Facts about Gonorrhea
Gonorrhea is a sexually transmitted infection (STI) caused by a kind of bacteria that is passed during sexual contact. It can infect the penis, vagina, cervix, anus, urethra, or throat.

How do people get gonorrhea?
Gonorrhea is spread through contact with the penis, vagina, mouth, or anus. Gonorrhea can also be spread from mother to baby during delivery.

What are the symptoms of gonorrhea?
- Often, gonorrhea has no symptoms. That's why many people do not realize they have an infection. Most people are not aware that they have the infection—especially women. For those who do get gonorrhea symptoms, they may begin in as little as 1–14 days after infection.
- When men have symptoms, they experience discharge from the penis, pain or burning feeling while urinating, more frequent urination than usual.
- When women have symptoms, they experience abdominal pain, bleeding between periods, fever, menstrual irregularities, painful intercourse, painful urination, swelling or tenderness of the vulva, the urge to urinate more than usual, throwing up, yellowish or yellow-green vaginal discharge.
- In both women and men, gonorrhea may cause the anus to itch. It can also result in a discharge and painful bowel movements.
- Itching and soreness of the throat with trouble swallowing may be symptoms of an oral infection.

What complications can result from untreated gonorrhea?
Untreated gonorrhea can cause serious and permanent health problems in both women and men.
- In men, gonorrhea can cause epididymitis, a painful condition that leads to infertility.
- In women, gonorrhea is a common cause of pelvic inflammatory disease (PID) which can damage the fallopian tubes to cause infertility or increase the risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition.
- Gonorrhea can spread to the blood or joints. This condition can be life threatening. In addition, people with gonorrhea can more easily contract HIV.

How do I know if I have gonorrhea?
A doctor can use laboratory tests of urine to diagnose gonorrhea.

What is the treatment for gonorrhea?
Several antibiotics can cure gonorrhea in adolescents and adults. Persons with gonorrhea should abstain from sexual intercourse until they and their sex partners have completed treatment, otherwise re-infection is possible. Although medication will stop the infection, it will not repair any permanent damage done by the disease.

How is gonorrhea prevented?
- The best way to prevent gonorrhea is to abstain from sex or to be in a long-term mutually monogamous relationship with a partner who has been tested and uninfected.
- Using condoms consistently and correctly can reduce the risk of transmission of gonorrhea.

Facts about Herpes
Herpes is a very common sexually transmitted infection (STI). When the infection is on or near the mouth, it is called oral herpes. Oral herpes is caused most often by HSV-1. When a herpes infection is on or near the sex organs, it is called genital herpes. Genital herpes is caused most often by HSV-2. Both remain in the body for life and can produce symptoms that come and go.

How do people get herpes?
- Herpes is spread by touching, kissing, and sexual contact, including vaginal, anal, and oral sex. Brief skin-to-skin contact is all that's needed to pass the virus. Herpes may have no symptoms for years, so it is very difficult to know who passed it to whom.
- Herpes is most easily passed when sores are open, moist, or leaking fluid—until the scabs heal and fall off. It can also be spread when no symptoms are present.

What are the symptoms of herpes?
- Most people with genital herpes have no symptoms, have very mild symptoms that go unnoticed, or have symptoms but do not recognize them as a sign of infection. The most common herpes symptom is a cluster of blistery sores usually on the vagina, vulva, cervix, penis, buttocks, or anus. Symptoms may last several weeks then go away. They may return in weeks, months, or years.
- The first time that symptoms appear is called "initial herpes." Initial herpes symptoms are usually more noticeable than later outbreaks. During initial herpes, symptoms may also include swollen, tender glands in the pelvic area, throat, and under the arms, fever, chills, headache, general run-down feelings.
- When there are initial herpes symptoms, they usually appear from 2-20 days after infection. But it may be years before the first symptoms appear.

What are the complications of herpes?
- Genital herpes can cause recurrent painful genital sores, and herpes infection can be severe in people with HIV. Regardless of severity of symptoms, genital herpes frequently causes psychological distress in people who know they are infected.
- Herpes may play a role in the spread of HIV. Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more infectious.

How do I know if I have herpes?
Only a health care provider can diagnose herpes by performing a physical exam and tests. A blood test can detect herpes infection, even if symptoms are not present.

How is herpes treated?
There is no cure for herpes, but medications can shorten and prevent outbreaks during the time the person takes the medication.

How is herpes prevented?
- Abstaining from sex is the best way to avoid transmission of genital herpes or to be in a mutually monogamous relationship with a partner who has been tested and is uninfected.
- Correct and consistent use of latex condoms can reduce the risk of genital herpes.
- Persons with herpes should abstain from sexual activity when lesions or other symptoms of herpes are present. Even if a person does not have any symptoms he/she can still infect sex partners.
Facts about Chlamydia

Chlamydia is asexually transmitted infection (STI) caused by bacteria. Even though symptoms of Chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur prior to you recognizing a problem.

How do people get Chlamydia?
Chlamydia can be transmitted during vaginal, anal, or oral sex. It can also be passed from an infected mother to her baby during vaginal childbirth.

What are the symptoms of Chlamydia?
- About three-quarters of infected women and about half of infected men have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure.
- Men with signs or symptoms might have a discharge from their penis or a burning sensation when urinating. Men might also have burning and itching around the opening of the penis.
- Women who have symptoms might have an abnormal vaginal discharge or a burning sensation when urinating.
- Men or women who have receptive anal intercourse may get chlamydia infection in the rectum, which can cause rectal pain, discharge, or bleeding. Chlamydia can also be found in the throats of women and men who have oral sex with an infected partner.

What complications can result from untreated Chlamydia?
If untreated, Chlamydia can cause serious reproductive and other health problems with both short-term and long-term consequences.

How is Chlamydia diagnosed?
Laboratory tests of urine diagnose Chlamydia.

What is the treatment for Chlamydia?
Chlamydia can be easily treated and cured with antibiotics. All sex partners should be evaluated, tested, and treated. Persons with Chlamydia should abstain from sexual intercourse until they and their sex partners have completed treatment, otherwise re-infection is possible.

How is Chlamydia prevented?
- The best way to prevent Chlamydia is to abstain from sex or to be in a long-term mutually monogamous relationship with a partner who has been tested and is uninfected.
- Using condoms consistently and correctly can reduce the risk of transmission of Chlamydia.

Facts about Hypertension

Hypertension is a blood pressure that is 140/90 mm Hg or above each time it is taken at the GP surgery (or home or ambulatory readings always more than 135/85 mm Hg). That is, it is sustained at this level. Blood pressure is the pressure of blood in your arteries.

How do people get hypertension?
The cause is not known in most cases. This is called essential hypertension. The pressure in the arteries depends on how hard the heart pumps, and how much resistance there is in the arteries. It is thought
that slight narrowing of the arteries increases the resistance to blood flow, which increases the blood pressure. The cause of the slight narrowing of the arteries is not clear. Various factors probably contribute. In some cases, high blood pressure is caused by other conditions. It is then called secondary hypertension. For example, certain kidney or hormone problems can cause high blood pressure.

What are the symptoms of hypertension?
There are usually no symptoms. Headaches are not a symptom of hypertension.

What complications can result from untreated hypertension?
High blood pressure is a risk factors that can increase your chance of developing heart disease, a stroke, and other serious conditions. As a rule, the higher the blood pressure, the greater the risk.

How do I know if I have hypertension?
A one-off blood pressure reading that is high does not mean that you have 'high blood pressure'. Your blood pressure varies throughout the day. It may be high for a short time if you are anxious, stressed, or have just been exercising. You have high blood pressure (hypertension) if you have several blood pressure readings that are high, and which are taken on different occasions, and when you are relaxed.

What is the management for hypertension?
There are two ways in which blood pressure can be lowered:

- Modifications to lifestyle (maintain a healthy weight, regular exercise, sensible diet, reduce salt and caffeine intake and limit excess alcohol), if any of these can be improved upon.
- Medication.

How is hypertension prevented?
There is no sure way to prevent hypertension. The risk of getting hypertension can be lowered using the same principles as mentioned to manage the disease for those who are diagnosed with hypertension.

Facts about Diabetes
Diabetes means that your blood glucose [often called blood sugar] is too high. Your blood always has some glucose in it because your body needs glucose for energy for its normal function. But too much glucose in the blood is not good for your health.

How do people get diabetes?
Diabetes develops when there is shortage of insulin or available insulin does not work properly on the target cells. Insulin is a hormone secreted from pancreas that monitors your blood glucose level.

What are the symptoms of diabetes?
Most persons with diabetes do not present with any symptoms of their high blood sugar. When symptoms occur, they may include extreme thirst, frequent urination, extreme tiredness, significant weight loss, impaired healing of wounds, numbness, tingling sensation of the extremities, blurring of vision, etc.

What complications can result from untreated diabetes?
If the blood sugar levels are not controlled properly, diabetic patients may
develop some complications such as:

- **Diabetic neuropathy:** Over time, high blood glucose can harm the nerves in your body. Nerve damage can lead to loss of pain or touch sensations to your feet. It can also cause pain in your legs, arms, or hands.
- **Diabetic Retinopathy:** The patient suffering from retinopathy may complain of blurring of vision, seeing black spots, flashing lights etc.
- **Diabetic Nephropathy:** Poor control of diabetes is associated with enlargement of the kidneys and impairment in their functions.
- **Infection:** Infections at mild stages if not treated can lead to life threatening sepsis.
- **Cardiovascular disease:** Diabetes is a risk factor for heart attacks (if also hypertensive, overweight and / or a cigarette smoker)

**How do I know if I have diabetes?**
A doctor can use laboratory tests of blood to diagnose diabetes

**What is the management for diabetes?**
There is no treatment cure but diabetes can be controlled. It depends on the type and severity of diabetes. Patients who have insulin dependent diabetes require insulin injections daily. Persons who have non insulin dependent diabetes can be controlled on oral tablets. Apart from medication, controlling weight, a proper diet and physician recommended exercise also help in diabetes control. In mild cases, diet and exercise alone may be sufficient to control diabetes.

**How is diabetes prevented?**
Diabetes tend to run in families. It is good to know your family history for diabetes. However prevention involves a proper diet, getting regular exercise and maintain a healthy weight.
APPENDIX F: MINISTRY of HEALTH CONFIDENTIALITY AGREEMENT
COMMONWEALTH OF [COUNTRY]

NONDISCLOSURE AGREEMENT
For persons involved in the Biological and Behavioral Surveillance Survey among Men who Have Sex with Men

1. I, .................................................................. of .......................................................... ("the Receiving Party") hereby agree to the under mentioned terms and conditions of this Nondisclosure Agreement (the "Agreement") for the purpose of preventing the unauthorized disclosure of Confidential Information obtained during my conduct of duties for the Biological and Behavioral Surveillance Survey among Men who Have Sex with Men, for the Ministry of Health.

2. Definition of Confidential Information
For purposes of this Agreement, “Confidential Information” shall include any information regarding health-related or psychological conditions, diagnosis or treatment, living arrangements or other social information, religious beliefs, address, phone numbers or any information which is individually identifiable. This information is protected by law and is also supported by well established policies and guidelines of the Ministry.

3. Exclusions from Confidential Information
My obligations under this Agreement do not extend to information that is:
(a) publicly known at the time of disclosure or subsequently becomes publicly known through no fault of mine; or

(b) is disclosed by me with Ministry’s prior written approval.

3. Obligations of the Receiving Party
(a) I shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the Ministry.
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

(b) I shall carefully restrict access to Confidential Information to employees, contractors and third parties as is reasonably required.

(c) I shall not, without prior written approval of the Ministry, use for my own benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of the Ministry, any Confidential Information.

(d) I shall return to the Ministry any and all records, notes, and other written, printed, or tangible materials in its possession pertaining to Confidential Information immediately if the Ministry requests it in writing.

(e) Regarding the assurance of security of Confidential Information, I will:
   • Not remove a patient’s original clinical records, closed interview or field records, or other confidential materials with identifying information from my work site.
   • Not disclose or share computer access codes or passwords.
   • Not disclose locking keypad codes or allow use of my physical key(s) or keycard by others.
   • Secure Confidential Information in a reasonable manner that prevents inadvertent access to same by the public or other persons who should not have that access to same.
   • Make changes to Confidential Information only when directed to do so by the Ministry of Health.
   • Immediately inform my Supervisor of any known or suspected incidents of inappropriate or unauthorized access, use or disclosure of Confidential Information.

4. Time Periods.
The nondisclosure provisions of this Agreement shall survive the termination of this Agreement and my duty to hold Confidential Information in confidence shall remain in effect until the Ministry sends me written notice releasing me from this Agreement.
IN WITNESS WHEREOF I have set my hand this………day of ……………………., 2013.

SIGNED by the within-named

in the presence of
APPENDIX G: PARTICIPANT CONTACT INFORMATION SHEET

There are several persons that you may contact if you have any questions or concerns about your participation in this study.

This study is run by: [name of principal investigators] at the Ministry of Health.

[Name] phone number is: [contact number]
[Name] phone number is: [contact number]

[Name of study lead] at NASTAD oversees the daily operations of the study. You may contact her at: [contact number].

You may call any of these three persons with questions about being in the study, or if you feel that you have been harmed through your participation in the study. If you feel that you have been injured through participation in this study, you are entitled to free care at any public hospital or clinic. Please speak with [name of principal investigator] before incurring any medical expenses due to injury from your participation.

This study has been approved by the Ethics Committee of the [Country] Ministry of Health.
APPENDIX H: SYPHILIS CONFIRMATORY TESTING ALGORITHM

The Proficiency tests are done through the Caribbean Regional Epidemiology Center (CAREC) and the College of American Pathologists (CAP). The proficiency tests are conducted twice yearly through CAREC, and three times a year through CAP. RPR FTA and CSF-CDRL tests are used for proficiency testing.
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

APPENDIX I: BBSS QUESTIONNAIRE

Section 0: Recruiter and Network Information

We would like to learn about why you decided to participate in this survey and how you were recruited to participate. In this section we will ask you questions about how you came to be at the survey site today and the information you received that led to your taking part in this survey.

Q1. Can you please tell me what is the main reason that you decided to participate in this study? Choose one of the following options.

   01  Interested in the study
   02  Interested in HIV and sexual health
   03  Interested in men who have sex with men or gay men’s issues
   04  Wanted to help the community
   05  My friend wanted me to participate
   06  Wanted the stipend/incentive for participation
   88  Other (please specify below)
   98  Don’t Know
   99  Refuse to Answer

If Q1 is other, then please enter the reason why you decided to participate in this study.

__________________________________________

Q2. Think about the recruitment coupon you brought here today. How did you get this coupon? (Choose one)

   01  Received this coupon from someone for free
   02  Bought this coupon from someone
   03  Found it laying around somewhere
   04  Exchanged it for something
   05  If Seed Skip to Q7
   88  Other (please specify below)
   98  Don’t Know
   99  Refuse to Answer

If Q2 is other, then please enter how you received the coupon you brought here today.

__________________________________________

If Q2 is exchanged it for something then:

What did you exchange the coupon for:  

   01  Money or goods
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>02</td>
<td>Food</td>
</tr>
<tr>
<td>03</td>
<td>Shelter</td>
</tr>
<tr>
<td>04</td>
<td>Sex</td>
</tr>
<tr>
<td>88</td>
<td>Other</td>
</tr>
</tbody>
</table>

**If equal to 88, then** What other things did you exchange the coupon for?

---

Q3. Think about the person who gave you the coupon you brought today. Do you know him/her by sight?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>98</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer</td>
</tr>
</tbody>
</table>

Q4. What is your relationship with that person?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Sex partner</td>
</tr>
<tr>
<td>02</td>
<td>Friend, but not sex partner</td>
</tr>
<tr>
<td>03</td>
<td>Acquaintance</td>
</tr>
<tr>
<td>04</td>
<td>Stranger</td>
</tr>
<tr>
<td>88</td>
<td>Other</td>
</tr>
<tr>
<td>98</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer</td>
</tr>
</tbody>
</table>

If your relationship with the person who gave you the coupon is “Other”, please explain:

---

Q5. Besides the coupon you brought here today, how many other coupons were you offered?

---

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<tbody>
<tr>
<td>00</td>
<td>zero</td>
</tr>
<tr>
<td>98</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer</td>
</tr>
<tr>
<td>97</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q6. What did you do with the other coupons? (Check all that apply)

01  Didn't accept it
02  Took it and kept it
03  Took it and gave it away
04  Took it and lost it
88  Other (please specify below)
98  Don't Know
99  Refuse to Answer
97  Not Applicable

If Q6 is other, then please describe what you did with the other coupons that were offered to you.

__________________________

Q7. Please take your time to carefully think about this question. Approximately how many men who have had sex with other men do you know by sight who live in [Country], AND you know how to contact?

__________________________

997  Don't Know
998  Refuse to Answer

Q8. How many of these acquaintances have you seen or met in the last one month?

__________________________

997  Don't Know
998  Refuse to Answer

Q9. Of those, about how many do you think are 18 years of age or older?

__________________________

997  Don't Know
998  Refuse to Answer

Q10. Among those acquaintances, about how many would you consider recruiting into this study?

__________________________

997  Don't Know
998  Refuse to Answer
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q11. Giving your best guess, out of every 100 men 18 years of age and older living in [Country], how many do you think have sex with other men?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>998</td>
<td>Don't Know</td>
</tr>
<tr>
<td>999</td>
<td>Refuse to Answer</td>
</tr>
</tbody>
</table>

Q12. Giving your best guess, out of every 100 men 18 years of age and older living in [Country] who have sex with other men, how many do you think are “out” or open about their sexuality?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>998</td>
<td>Don't Know</td>
</tr>
<tr>
<td>999</td>
<td>Refuse to Answer</td>
</tr>
</tbody>
</table>
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Section 1: Background Characteristics

You will now be asked some general questions about yourself that include your age, your education, how you earn income and the area of [Country] in which you live. Remember this is a confidential survey and the information you are giving here will not be able to identify you.

Q13. How old were you at your last birthday? __ __ __

998 Don't Know
999 Refuse to Answer

If Q13 is less than 18, then skip to end of questionnaire.

Q14. What is the highest level of education you have ever attained? (Choose one)

01 None
02 Early Childhood/Nursery School/Kindergarten
03 Primary
04 Secondary
05 Post Secondary
06 Tertiary/Non University
07 Tertiary/University
88 Other
98 Don't Know
99 Refuse to Answer

Q15. Please tell me which choice best describes your employment status (Choose one)

01 Employed
02 Self Employed
03 Underemployed: you have part-time work, but are looking for full-time
04 Unemployed
98 Don't Know
99 Refuse to Answer

Q16. What is your nationality? (Choose one)

01 [Option 1]
02 [Option 2]
03 [Option 3]
04 [Option 4]
05 [Option 5]
06 [Option 6]
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

88 Other (please specify below)
98 Don't Know
99 Refuse to Answer

*If Q16 is other, then* please tell us what your nationality is

[Options provided]

Q17. In which area do you currently live? (Choose one)

- [Location] 01
- [Location] 02
- [Location] 03
- [Location] 04
- [Location] 05
- [Location] 06
- [Location] 07
- [Location] 08
- [Location] 09
- [Location] 10
- [Location] 11
- [Location] 12
- [Location] 13
- [Location] 14
- [Location] 15
- [Location] 16
- [Location] 17
- [Location] 18
- [Location] 19
- [Location] 20
- [Location] 21

- [Location] 22
- [Location] 23
- [Location] 24
- [Location] 25
- [Location] 26
- [Location] 27
- [Location] 28
- [Location] 29
- [Location] 30
- [Location] 31
- [Location] 32
- [Location] 33
- [Location] 34
- [Location] 35
- [Location] 36
- [Location] 37
- [Location] 38
- [Location] 39
- Outside [Country]

98 I don't know
99 Refuse to answer
Q17a - **If the answer to Q17 is 39 - “Outside [Country]”, then** please tell us where do you currently live?

_________________________________________________________________

Q18. What is your ethnic origin? (Choose one)

01 African
02 Caucasian
03 Mixed-African and Caucasian
04 Mixed-Other
88 Other Ethnic Group (please specify below)
98 Don't Know
99 Refuse to Answer

*If Q18 is other, then* please tell us what your ethnicity is

_________________________________________________________________

Q19. What is your religion? (Choose one)

01 Baptist
02 Catholic
03 Anglican
04 Pentecostal
05 Other Christian
06 Other non-Christian (please specify below)
07 Atheist
88 No religion
98 Don't Know
99 Refuse to Answer

*If Q19 is other non-Christian, then* please tell us what your religion is

_________________________________________________________________

Q20. Are you **currently** married or living together with a woman or man as if married?

01 Yes, with a man
02 Yes, with a woman
00 No
98 Don't Know
99 Refuse to Answer
Q21. Which of the following terms best describes your sexual identity? (Choose one)

01 Gay
02 Homosexual
03 Bisexual
04 Transsexual
05 Heterosexual
06 Drag Queen
07 Transgendered
08 Other
98 Don't Know
99 Refuse to Answer

If Q21 is other, then please tell us what word you would use to describe your sexual identity.

---

Q22. Are you open about your sexual identity?

01 Yes
02 No
99 Refuse to Answer

If Q22 is YES, Can you please tell us with whom you are open about your sexual identity? (everyone, friends only, sexual partners only, family only, etc.)

---

Q23. Which of the following best describes who you are attracted to? (Choose one)

01 Men
02 Women
03 Mix, more men
04 Mix, more women
05 Even mix
06 Neither
98 Don't Know
99 Refuse to Answer
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q24. What is your **main** source of income? (Choose one)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>No income</td>
</tr>
<tr>
<td>02</td>
<td>Income from regular employment</td>
</tr>
<tr>
<td>03</td>
<td>Income from rent</td>
</tr>
<tr>
<td>04</td>
<td>Pensions and Annuities</td>
</tr>
<tr>
<td>05</td>
<td>National Insurance Benefits</td>
</tr>
<tr>
<td>06</td>
<td>Old age pensions</td>
</tr>
<tr>
<td>07</td>
<td>Social services assistance</td>
</tr>
<tr>
<td>08</td>
<td>Financial assistance from sexual partners</td>
</tr>
<tr>
<td>09</td>
<td>Financial assistance from persons who you are not sexual partners with (eg:</td>
</tr>
<tr>
<td></td>
<td>friends, household members, family, etc.)</td>
</tr>
<tr>
<td>10</td>
<td>Income from sex work</td>
</tr>
<tr>
<td>88</td>
<td>Other income (please specify below)</td>
</tr>
<tr>
<td>98</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer</td>
</tr>
</tbody>
</table>

*If Q24 is other, then* Please tell us your main source of income.

Q25. What was your average total gross income **per month** (in Bahamian currency) over the last 12 months? (Choose one)

<table>
<thead>
<tr>
<th>Number</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>None</td>
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<tr>
<td>02</td>
<td>&lt;$500</td>
</tr>
<tr>
<td>03</td>
<td>$500 - $1499 per month</td>
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<tr>
<td>04</td>
<td>$1500 - $1999 per month</td>
</tr>
<tr>
<td>05</td>
<td>$2000 - $2999 per month</td>
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<tr>
<td>06</td>
<td>$3000 - $3999 per month</td>
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<tr>
<td>07</td>
<td>$4000 - $4999 per month</td>
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<tr>
<td>08</td>
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<td>13</td>
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<tr>
<td>14</td>
<td>$13000 - $14999 per month</td>
</tr>
<tr>
<td>15</td>
<td>&gt;$15000 per month</td>
</tr>
<tr>
<td>98</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer</td>
</tr>
</tbody>
</table>
**Section 2: Alcohol and Drug Use**

In this section you will be asked questions about your behaviours, in particular your use of alcohol and other drugs. If you have difficulty recalling exact answers for any of these questions, please give us the best answer you can. Remember, this is an anonymous survey and you will not be penalized for any answers you give here; please be as honest as you can.

Q26. In the last 30 days, how many times did you consume six (6) or more drinks containing alcohol in a sitting?

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<tbody>
<tr>
<td>01</td>
<td>zero (0)</td>
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<tr>
<td>02</td>
<td>1 to 2</td>
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<td>5 to 6</td>
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<td>7 to 8</td>
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<td>06</td>
<td>9 to 10</td>
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<tr>
<td>07</td>
<td>More than 10</td>
</tr>
<tr>
<td>98</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer</td>
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</tbody>
</table>

Q27. In the last 30 days, on how many days did you have vaginal, anal or oral sex while under the influence of alcohol?

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<tr>
<td>98</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer</td>
</tr>
<tr>
<td>97</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q28. Some people use different types of ‘street’ drugs. In the last 12 months, which of the following, if any, have you used? Please select all that apply.

01 Marijuana/weed
02 Cocaine-crack
03 Cocaine-powder
04 Heroin
05 Ecstasy
06 Fantasy (GHB)
88 Other (please specify below)
08 I have not tried any of the above
98 Don't Know
99 Refuse to Answer

If Q28 is other than what other types of non-injection drugs have you used?

Q29. Have you ever in your life shot up or injected any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.

01 Yes
00 No
98 Don't Know
99 Refuse to Answer

Q30. Have you ever shared needles for “shooting up” or injected any drugs into your body using shared needles, not including ones prescribed for you? By shooting up, I mean taking drugs with a needle, either by mainlining, skin popping, or muscling.

01 Yes
00 No
98 Don't Know
99 Refuse to Answer

Q31. In the last 30 days, on how many days have you had vaginal, anal or oral sex while under the influence of any drug you had used?

97 Not Applicable
98 Don’t Know
99 Refuse to Answer
Section 3: Healthcare Access, STI and Chronic Diseases

In this section of the survey, you will be asked questions about your health status and your behaviours related to taking care of your health needs. You will be asked about visiting private and public health facilities as well as about treatment you may have received at health care facilities. You will be asked questions about your sexual health in this section, in particular about sexually transmitted infections. You will also be asked about chronic illnesses you have had, like diabetes or high blood pressure.

Q32. Have you seen a doctor, nurse or other healthcare provider for any reason in the last 12 months?

01 Yes
00 No (Skip to Q35)
98 Don't Know
99 Refuse to Answer

Q33. In the last 12 months have you been screened for hypertension?

01 Yes
00 No
98 Don't Know
99 Refuse to Answer

Q34. In the last 12 months have you been screened for diabetes?

01 Yes
00 No
98 Don't Know
99 Refuse to Answer

Q35. The last time that you were seen by a healthcare provider, what kind of facility did you go to?

01 Public Health Centre/ Clinic
02 Mobile clinic
03 Public Hospital
04 Private Clinic
05 Private Hospital
06 Private Medical Professional
88 Other (please specify below)
98 Don't Know
99 Refuse to Answer

If Q35 is other, then where did you go when you were last seen by a healthcare provider?

__________________________
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q36. Have you had symptoms of a sexually transmitted infection, such as painful urination, painful swollen testicles, red bumps, blisters or open sores in the genital, anal and nearby areas pain or itching around the genital areas and buttocks, in the last 12 months?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refuse to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
<td>No</td>
<td>98</td>
<td>99</td>
</tr>
</tbody>
</table>

Q37. Have you been told that you have the following sexually transmitted infections in the last 12 months, and if so, have you been treated?

<table>
<thead>
<tr>
<th></th>
<th>Been told that you have</th>
<th>Sought treatment</th>
</tr>
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<td>No00</td>
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<tr>
<td>Herpes</td>
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<td>Yes01</td>
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<td></td>
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<td>No00</td>
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<tr>
<td>Genital warts</td>
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<td>Yes01</td>
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<td></td>
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<td>No00</td>
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<tr>
<td>Gonorrhea</td>
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<td>Yes01</td>
</tr>
<tr>
<td></td>
<td>No00</td>
<td>No00</td>
</tr>
<tr>
<td>Chlamydia</td>
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<td>Yes01</td>
</tr>
<tr>
<td></td>
<td>No00</td>
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<tr>
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<td>No00</td>
</tr>
<tr>
<td>Other</td>
<td>Yes01</td>
<td>Yes01</td>
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<tr>
<td></td>
<td>No00</td>
<td>No00</td>
</tr>
</tbody>
</table>

Q38. From where did you seek advice or treatment the last time you had a sexually transmitted infection symptom? (Check all that apply)

- 01 Private clinic or private hospital
- 02 Private pharmacy
- 03 Traditional healer/alternative medicine/homeopath
- 04 Self-medication (medicine from home or shops)
- 05 Mobile Clinic
- 06 Workplace Clinic
- 07 Church or Charity-run clinic
- 08 Non-Governmental Organization (NGO)
- 09 Private Medical Professional
- 10 I have never had STI symptoms **Skip to Q41**
- 88 Other (please specify below)
- 98 Don't Know
- 99 Refuse to Answer
- 97 Not Applicable
If Q38 is other, then where else did you seek advice or treatment the last time you had sexually transmitted infection symptoms?


Q39. Why did you choose to get treatment from this source/these sources? (Check all that apply)

01 Confidentiality
02 Affordability
03 Referred/recommended by friend/acquaintance
04 Quality and/or specialized treatment
05 I know the caregivers
06 Satisfied with the caregivers
07 Proximity/location
08 Availability of medicine for treatment
88 Other reason
98 Don't Know
99 Refuse to Answer
97 Not Applicable

If Q39 is other, then what is/are the other reason(s) you chose to get treatment from this/these sources?


Q40. Did you notify your last sexual partner of your sexually transmitted disease?

01 Yes Skip to Q42
00 No
98 Don't Know Skip to Q42
99 Refuse to Answer Skip to Q42
97 Not Applicable Skip to Q42
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q41. Are any of the following reasons why you did not notify your last sexual partner of your sexually transmitted disease treatment? (Check all that apply)

- 01 I was afraid partner would be upset
- 02 I was afraid partner might be violent against me
- 03 I did not know partner/how to locate partner
- 04 I did not feel it was necessary to discuss with partner
- 05 I was too embarrassed to discuss with partner
- 88 Other
- 98 Don't Know
- 99 Refuse to Answer
- 97 Not Applicable

*If Q41 is other, then* what are the other reason(s) you chose not to notify your last sexual partner of your sexually transmitted disease treatment.

______________________________
Section 4: Sexual History - Female sexual partners

In this section, you will be asked general questions about individuals with whom you have had sexual relations. You will not be asked for any identifying information such as names of people or places. Rather, these questions about your sexual behaviours, and may be very specific, but do not ask for any information that can be used to identify who you are.

Q42. Have you ever had oral, vaginal or anal sex with a woman?

____
01 Yes
00 No (Skip to Q52)
99 Refuse to Answer

Q43. In total, with how many different women have you had oral, vaginal or anal sex in the past 12 months?

____
01 I haven’t had sex with a woman in the last 12 months (Skip to Q52)
98 Don’t Know
99 Refuse to Answer

Q44. Of those female sexual partners in the last 12 months, for how many do you know their HIV status?

____
98 Don’t Know
99 Refuse to Answer

Q45. In the last 12 months, when you had sex with your female sexual partners, how often do you use a condom?

01 Always
02 Sometimes
03 Never
98 Don’t Know
99 Refuse to Answer
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q46. Of all your female sexual partners in the past 12 months, how many were women you gave money, goods or services to have sex with you?

__ __  
98 Don't Know  
99 Refuse to Answer

Q47. Of all your female sexual partners in the last 12 months, how many were women who gave you money, goods or services in exchange for sexual acts?

__ __  
98 Don't Know  
99 Refuse to Answer

Now we would like to ask you about your most recent female partner.

Q48. The last time you had sex with your most recent female partner did you and your partner use a condom?

 01 Yes  Skip to Q50  
 00 No

98 Don't Know  Skip to Q50  
99 Refuse to Answer  Skip to Q50

Q49. Why did you not use a condom? (Check all that apply)

 01 Partner refused  
 02 I refused  
 03 I trust/know my partner  
 04 My partner and I had the same HIV status  
 05 Condom was not available  
 06 I was under the influence of alcohol and/or drugs  
 07 I was afraid of violence/threat from partner  
 08 Sex feels better without a condom  
 09 Condoms are too expensive  
 10 I was paid extra not to use a condom  
 88 Other (please specify below)  
 98 Don't Know  
 99 Refuse to Answer

*If Q49 is other, then* what is the other reason that you did not use a condom?

______________________________
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q50. Do you know the HIV status of your most recent female sexual partner?
01 Yes – HIV positive
02 Yes – HIV negative
03 No
98 Don't Know
99 Refuse to Answer

Q51. Does your most recent female sexual partner currently live in [Country]?
01 Yes
02 No
98 Don't Know
99 Refuse to Answer
Section 5: Sexual history-male sexual partners

In this section you’ll be asked questions about your sexual history with men and the type of relationships you’ve had with male partners. You will be asked about how you made decisions about men you have had sex with.

Q52. Please indicate your age at first sexual experience with a man.

<table>
<thead>
<tr>
<th>Sexual experience with male</th>
<th>Age</th>
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<tbody>
<tr>
<td>Oral</td>
<td></td>
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<tr>
<td>Anal</td>
<td></td>
</tr>
</tbody>
</table>

Q53. What was your relationship with your first male sexual partner?

01 Male Boyfriend
02 Male I did not know
03 Male client
04 Male acquaintance
05 Male friend
06 Male family member/relative
88 Other (please specify below)
98 Don't Know
99 Refuse to Answer

If Q53 is other, then please state what your relationship with your first male sexual partner was.

Q54. When you had this first sexual encounter with a male sexual partner, were you forced or coerced to have sex by this male partner?

01 Yes
00 No
98 Don't Know
99 Refuse to Answer
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Now, please think about how many different men you have had EITHER anal or oral sex with in the past 12 months. That is, both the number where you have been the giving/top partner and the number where you have been the receiving/bottom partner. Please take your time to think about your answer to this question.

Q55. How many men have you had either anal or oral sex with in the past 12 months?

 _ _

 98 Don't Know
 99 Refuse to Answer

Q56. With how many of those men did you have ONLY have anal sex?

 _ _

 98 Don't Know
 99 Refuse to Answer

Now we’d like to ask you questions about your sexual encounters with three kinds of partners: partners who gave you money, goods or services to have sex with them, partners you gave money or gifts to have sex with you, and all other partners.

Q57. In the past 12 months, did you have unprotected anal sex with a man whose HIV status you didn't know?

 01 Yes
 00 No
 98 Don't Know
 99 Refuse to Answer
 97 Not Applicable

Q58. In the past 12 months, did you have unprotected anal sex with a man you knew was HIV negative?

 01 Yes
 00 No
 98 Don't Know
 99 Refuse to Answer
 97 Not Applicable

Q59. In the past 12 months, did you have unprotected anal sex with a man you knew was HIV positive?
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

| 01 | Yes       |
| 00 | No        |
| 98 | Don't Know|
| 99 | Refuse to Answer |
| 97 | Not Applicable |

Q60. When you had anal sex with male partners in the last 12 months, how often did you use a condom?

| 01 | Always  |
| 02 | Sometimes |
| 03 | Never   |
| 98 | Don't Know |
| 99 | Refuse to Answer |
| 97 | Not Applicable |

Q61. Among all your male sexual encounters involving anal sex in the last 12 months, what sexual role best describes you?

| 01 | Always bottom |
| 02 | More bottom than top |
| 03 | Could do either |
| 04 | More top than bottom |
| 05 | Always top |
| 98 | Don't Know |
| 99 | Refuse to Answer |
| 97 | Not applicable |

Q62. Among all your male sexual encounters involving oral sex in the last 12 months, what sexual role best describes you?

| 01 | Always receiving |
| 02 | More receiving than not |
| 03 | Could do either |
| 04 | More giving than not |
| 05 | Always giving |
| 98 | Don't Know |
| 99 | Refuse to Answer |
| 97 | Not applicable |
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q63. Of all your male partners in the past 12 months, how many were men you gave money, goods or services to have sex with you?

____

00 zero
98 Don't Know
99 Refuse to Answer

Q64. Of all your male partners in the past 12 months, how many were men who gave you money, goods or services to have sex with you?

____

00 zero
98 Don't Know
99 Refuse to Answer

Q65. How often did you use a condom for anal sex with men who gave you money, goods, or services for sex?

01 Always
02 Sometimes
03 Never
98 Don't Know
99 Refuse to Answer
97 Not Applicable

Q66. With how many men have you had either anal or oral sex with in the past 30 days?

____

00 zero
98 Don't Know
99 Refuse to Answer

The following questions will be about your most recent male sex partner. Please take a moment to think about him.

Q67. Now think about your most recent male sex partner. Did you and your partner use a condom the last time you had anal sex?

01 Yes Skip to Q69
02 No
03 Did not have anal sex with most recent partner Skip to Q70
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

88  Don’t know **Skip to Q69**
99  Refuse to Answer **Skip to Q69**

Q68. Why did you not use a condom?  (Check all that apply)

01  Partner refused
02  I refused
03  I trust/know my partner
04  My partner and I had the same HIV status
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

- **Q68**. The reason(s) that you did not use a condom:
  - 05 Condom was not available
  - 06 I was under the influence of alcohol and/or drugs
  - 07 I was afraid of violence/threats from partner
  - 08 Sex feels better without a condom
  - 09 Condoms are too expensive
  - 88 Other (please specify below)
  - 98 Don’t Know
  - 99 Refuse to Answer

*If Q68 is other, then what is/are the other reason(s) that you did not use a condom?*
___________________________________________________________________

- **Q69**. When you had anal sex with your most recent partner, did you and your partner use lubricant?
  - 01 Yes
  - 02 No
  - 98 Don’t Know
  - 99 Refuse to Answer

- **Q70**. Is your most recent partner from [Country], or from another country? (Choose one)
  - 01 From [Country]
  - 88 Other Nationality (please specify below)
  - 98 Don’t Know
  - 99 Refuse to Answer

*If Q70 is other, then what country is your most recent male sexual partner from?*
___________________________________________________________________

- **Q71**. Does your most recent sexual partner currently live in [Country]?
  - 01 Yes
  - 02 No
  - 98 Don’t Know
  - 99 Refuse to Answer
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q72. Do you know the HIV status of your most recent male sexual partner?

01 Yes – HIV positive
02 Yes – HIV negative
03 No
98 Don’t Know
99 Refuse to Answer

Q73. How would you characterize your most recent male sexual partner? (May choose more than one)

01 My boyfriend
02 My long-term partner
03 Someone I met within the last month
04 A ‘hook up’
88 Other type of partner (please specify below)
98 No
99 Refuse to Answer

If Q73 is other, then what type of partner was your most recent male sexual partner?

Q74. Have you ever engaged in group sex with either male or female partners?

01 Yes
00 No Skip to Q77
98 Don’t Know Skip to Q77
99 Refuse to Answer Skip to Q77

Q75. In your most recent group sex encounter, did you and your partners ALL wear a condom?

01 Yes
00 No
98 Don’t Know
99 Refuse to Answer
97 Not Applicable

Q76. In your most recent group sex encounter, did you know the HIV status of AT LEAST one of your partners to be HIV positive?

01 Yes
02 No
99 Refuse to Answer
97 Not Applicable
Section 6: Condoms and Lubricants

In this section you will be asked questions about if and how you get condoms and lubricants as well as your experiences when using these products.

Q77. Do you find it very easy, somewhat easy, or not easy to obtain condoms? (Choose one)

01 Very easy
02 Somewhat easy
03 Not easy
98 Don’t Know
99 Refuse to Answer

Q78. Where do you usually get condoms? (Check all that apply)

01 Supermarket
02 Pharmacy
03 Friends
04 Peer educators/outreach workers
05 Clinic/Health facility
06 Non-governmental organisations (NGOs)
07 Gas station
08 Bar/nightclub
09 I have never tried to obtain condoms
88 Other (please specify below)
98 Don’t Know
99 Refuse to Answer

If Q78 is other, then please enter where else you usually get condoms.

_________________________________________
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q79. Can you please tell me all the places you can think of where you can get free condoms? (Check all that apply)

01 Don't know
02 Friends
03 Peer educators/outreach workers
04 Clinic/Health facility
05 Ministry of Health
88 Other (please specify below)
98 Don't Know
99 Refuse to Answer

If Q79 is other, then what other places can you get condoms for free?

Q80. What kind of condoms do you commonly use while having anal sex with men? (Check all that apply)

01 Male condom
02 Female condom
03 I have never used a condom while having anal sex with men Skip to Q82
88 Other (please specify below)
98 Don't Know
99 Refuse to Answer

If Q80 is other, then what other type of condoms do you usually use?

Q81. How often do you experience condom breakage while having anal sex with men? (Choose one)

01 Always
02 Sometimes
03 Never
98 Don't Know
99 Refuse to Answer
97 Not Applicable
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q82. How often do you use lubricants with condoms?

01 Always
02 Sometimes
03 Never **Skip to Q86**
98 Don't Know
99 Refuse to Answer
97 Not Applicable

Q83. Do you find it very easy, somewhat easy, or not easy to obtain lubricant? (Choose one)

01 Very easy
02 Somewhat easy
03 Not easy
98 Don't Know
99 Refuse to Answer
97 Not Applicable

Q84. When you use lubricant, what kind do you commonly use? (Choose one)

01 Vaseline or other petroleum jelly product
02 KY Jelly or other water-based product
03 Saliva or water
04 Baby lotion or body lotion
05 Soap
06 Vegetable or food oils
07 Butter or margarine
08 I don’t use lubricant
88 Other (please specify below)
98 Don't Know
99 Refuse to Answer

*If Q84 is other, then* what other type of lubricant do you usually use?

______________________________
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q85. Where do you usually get lubricant? (Check all that apply)

01  Supermarket
02  Pharmacy
03  Friends
04  Peer educators/outreach workers
05  Clinic/Health facility
06  Non-governmental organisations (NGOs)
07  Gas station
08  Bar/nightclub
09  I have never tried to obtain lubricant
88  Other (please specify below)
98  Don't Know
99  Refuse to Answer

*If Q85 is other, then where do you usually get your lubricant?*

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Section 7: HIV Knowledge, Prevention, Counseling and Testing, Care and Treatment

There are a few more sections of this survey left. HIV (Human Immunodeficiency Virus) is the virus that causes AIDS. This section will ask about your knowledge of HIV. You will be asked if you have taken an HIV test and about your testing experience.

Q86. Can using condoms during sexual intercourse reduce the risk of HIV transmission?

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<tr>
<th></th>
<th>Question</th>
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<tbody>
<tr>
<td>01</td>
<td>Yes</td>
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<td>00</td>
<td>No</td>
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<tr>
<td>98</td>
<td>Don't Know</td>
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<td>99</td>
<td>Refuse to Answer</td>
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Q87. Can a healthy-looking person have HIV?

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<th>Question</th>
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<tr>
<td>01</td>
<td>Yes</td>
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<tr>
<td>00</td>
<td>No</td>
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<tr>
<td>98</td>
<td>Don't Know</td>
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<tr>
<td>99</td>
<td>Refuse to Answer</td>
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</table>

Q88. Can a person get HIV by sharing a meal with someone who is infected?

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<thead>
<tr>
<th></th>
<th>Question</th>
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<tbody>
<tr>
<td>01</td>
<td>Yes</td>
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<td>No</td>
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<tr>
<td>98</td>
<td>Don't Know</td>
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<td>99</td>
<td>Refuse to Answer</td>
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Q89. Can people protect themselves from HIV by having one uninfected faithful sex partner?

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<tr>
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<th>Question</th>
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<tbody>
<tr>
<td>01</td>
<td>Yes</td>
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<td>No</td>
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<td>98</td>
<td>Don't Know</td>
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<td>99</td>
<td>Refuse to Answer</td>
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Q90. Can a person get HIV from unprotected anal sex in a giving (Top) sexual role?

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<th></th>
<th>Question</th>
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<tr>
<td>01</td>
<td>Yes</td>
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<td>No</td>
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<td>98</td>
<td>Don't Know</td>
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<td>99</td>
<td>Refuse to Answer</td>
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</tbody>
</table>
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q91. Can a person get HIV from unprotected anal sex in a receiving (Bottom) sexual role?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refuse to Answer</th>
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<tr>
<td>01</td>
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Q92. Can people protect themselves from HIV by abstaining from sexual intercourse?

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refuse to Answer</th>
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<td>01</td>
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Q93. Can a person get HIV by getting injections with a needle that was already used by someone else?

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<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refuse to Answer</th>
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Q94. Is there medical treatment for HIV-positive people?

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refuse to Answer</th>
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<td>01</td>
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Q95. Is it possible for someone in [Country] to get a confidential test to find out if they are infected with HIV? By confidential, we mean that no one will know the result if you do not want them to know it.

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refuse to Answer</th>
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Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q96. Do you know where you can go to receive an HIV test?

01 Yes
00 No
98 Don't Know
99 Refuse to Answer

Q97. Have you EVER received an HIV test? (Choose one)

01 Yes
00 No Skip to Q104
98 Don't Know
99 Refuse to Answer

Q98. Have you received an HIV test in the last: (Choose one)

01 1 month
02 6 months
03 12 months
04 2 years or less Skip to Q111
05 more than 2 years Skip to Q111
98 Don't Know Skip to Q112
99 Refuse to Answer Skip to Q112

Q99. Would you prefer to receive an HIV test as part of regular health care, or as a separate, stand-alone service?

01 As part of regular health care
00 Stand-alone service
98 Don't Know
99 Refuse to Answer

Q100. A rapid HIV test is an HIV test where you get your result the same day as the test, before you leave the testing site. A delayed HIV test is when you get your HIV test result on a different day than the test. When you did your last HIV test was it a rapid test or a delayed test?

01 HIV test was a rapid test
00 HIV test was a delayed test
98 Don't Know
99 Refuse to Answer
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q101. Before receiving your last HIV test, were you given pretest counseling?

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<td>01</td>
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<td>00</td>
<td>No</td>
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<td>98</td>
<td>Don't Know</td>
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<td>99</td>
<td>Refuse to Answer</td>
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Q102. Did you receive the results of your last HIV test?

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<td>00</td>
<td>No [Skip to Q105]</td>
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<tr>
<td>98</td>
<td>Don't Know</td>
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<tr>
<td>99</td>
<td>Refuse to Answer</td>
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Q103. What was the result of your last HIV test?

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<tbody>
<tr>
<td>00</td>
<td>HIV negative</td>
</tr>
<tr>
<td>01</td>
<td>HIV positive</td>
</tr>
<tr>
<td>02</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>98</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer</td>
</tr>
</tbody>
</table>

Q104. Have you ever been seen by a doctor, nurse, or other health care provider for a medical evaluation related to your HIV infection?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No [Skip to Q108]</td>
</tr>
<tr>
<td>98</td>
<td>Don't Know [Skip to Q109]</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer [Skip to Q109]</td>
</tr>
</tbody>
</table>

Q106. When did you last go to your health care provider for HIV care?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Three months or less</td>
</tr>
<tr>
<td>02</td>
<td>Between 3 and 6 months</td>
</tr>
<tr>
<td>03</td>
<td>Over 6 months</td>
</tr>
<tr>
<td>98</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Q107. Are you currently taking antiretroviral medications to treat your HIV infection?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>98</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Q108. What is the main reason you have never gone to a health care provider for medical evaluation or care related to your HIV infection? (Choose one)

01 Feel good, don’t need to go
02 Don’t want to think about being HIV positive/Denial
03 Didn’t have money or medical insurance
04 Inconvenient (location, hours/time, etc.)
05 Drinking or using drugs
06 Appointment pending
07 Concerned about confidentiality
08 Other
98 Don’t Know
99 Refused

If Q108 is equal to 08: What is the other reason you have not gone to see a health care provider about your HIV infection?

Q109. Did you tell your most recent sex partner your HIV status?

01 Yes
00 No
98 Don't Know
99 Refuse to Answer

Q110. At any time during your most recent counseling and testing experience, did the counselor or health care provider ask if you have had sex with other men?

01 Yes
00 No
98 Don't Know
99 Refuse to Answer
Q111. Can you tell me why have you not gone for HIV counseling and/or testing in the last 12 months? (Check all that apply)

01 Feel healthy/not sick
02 Afraid of learning HIV status
03 Know/trust self
04 Know/trust partners
05 Do not know of a place to get tested
88 Other (please specify below)
98 Don't Know
99 Refuse to Answer
97 Not Applicable

*If Q111 is other, then what are the other reasons why you have not gone for HIV counseling and/or testing in the last 12 months?*
Section 8: Stigma, discrimination and violence

In this section you will be asked about your experiences with stigma and discrimination. You will also be asked very specific questions about your experiences with violence. Remember that this is a confidential survey and no one will be able to identify who you are from the answers you give.

Q12. In the past twelve months, have you experienced discrimination from the following groups because someone believed you have had sex with other men?

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes01</th>
<th>No00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At the workplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law enforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-governmental organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If Q12 is equal to Other then* can you please tell us where else you have experienced discrimination because someone believed you have engaged in sexual activity with other men?

Q13. Has anyone ever forced you to have sex with them by sexually assaulting or raping you?

<table>
<thead>
<tr>
<th>01</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No   Skip to Q117</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer     Skip to Q117</td>
</tr>
</tbody>
</table>
Q14. Who was the person who last forced you to have sex with them?

01 Male I do not know
02 Female I do not know
03 Male client
04 Female client
05 Male acquaintance
06 Female acquaintance
07 Male friend
08 Female friend
09 Male family member/relative
10 Female family member/relative
11 Authority Figure
88 Other (please specify below)
98 Don't Know
99 Refuse to Answer

If Q14 is other then please tell us your relationship with the last person who forced you to have sex with them.

Q15. Did you seek medical treatment after this incident occurred?

01 Yes
00 No
98 Don't Know
99 Refuse to Answer

Q16. Did you report this incident to the police?

01 Yes
00 No
98 Don't Know
99 Refuse to Answer
Section 9: Networks and Support

You’ll now be asked some questions about your networks and support groups.

Q117. Do you use a mobile phone to communicate with other men who have sex with men (MSM)?

- 01 Yes
- 00 No
- 98 Don't Know
- 99 Refuse to Answer

Q118. Do you use the internet to communicate with other MSM?

- 01 Yes
- 00 No
- 98 Don't Know
- 99 Refuse to Answer

Q119. Through which of the following means do you meet new sex partners? (Check all that apply)

- 01 Internet sites
- 02 Social networking sites
- 03 Gay clubs/bars
- 04 Gay parties
- 88 Other (please specify below)
- 98 Don't Know
- 99 Refuse to Answer

*If Q119 is other then* please tell me other ways in which you meet new sex partners:

______________________________________________
Q120. Which of the following activities do you do on the internet? (Check all that apply)

- 01 Communicate with other MSM
- 02 Obtain health information
- 03 Meet other MSM for the first time
- 04 Obtain news information
- 88 Other (please specify below)
- 98 Don’t Know
- 99 Refuse to Answer

If Q120 is equal to 01 then please tell me which internet site(s) you use to communicate with other MSM.

If Q120 is equal to 02 then which website(s) would be most useful for reaching you with health information?

If Q120 is equal to 08 then please tell us what other activities you do on the internet?

________________________________________
Section 10: Exposure to Interventions

You’ll now be asked about your use of health centres and health information. For these questions, please check all responses that apply. More than one answer is possible.

Q121. For your most recent HIV test, did you use any of the following facilities? (Check all that apply)

01 Government Clinic or Hospital
02 Private clinic or private hospital
03 Private pharmacy
04 Traditional healer/alternative medicine/homeopath
05 Mobile Clinic
06 Workplace Clinic
07 Church or Charity-run clinic
08 Non-Governmental Organisation (NGO)
09 Private Medical Professional
10 Private lab
88 Other (please specify below)
98 Don't Know
99 Refuse to Answer
97 Not Applicable

If Q121 is equal to 08, can you tell me the name of the NGO you visited for your most recent HIV test?


If Q121 is equal to 88, please tell me the name of the other facility where you had your most recent HIV test.


Q122. From where did you most recently receive information on HIV or sexually transmitted infections?
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

<table>
<thead>
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<th></th>
<th>Option</th>
</tr>
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<tbody>
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<tr>
<td>02</td>
<td>Private clinic or private hospital</td>
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<tr>
<td>03</td>
<td>Private pharmacy</td>
</tr>
<tr>
<td>04</td>
<td>Traditional healer/alternative medicine/homeopath</td>
</tr>
<tr>
<td>05</td>
<td>Mobile Clinic</td>
</tr>
<tr>
<td>06</td>
<td>Workplace Clinic</td>
</tr>
<tr>
<td>07</td>
<td>Church or Charity-run clinic</td>
</tr>
<tr>
<td>08</td>
<td>Non-Governmental Organisation (NGO)</td>
</tr>
<tr>
<td>09</td>
<td>Private Medical Professional</td>
</tr>
<tr>
<td>10</td>
<td>Private lab</td>
</tr>
<tr>
<td>88</td>
<td>Other (please specify below)</td>
</tr>
<tr>
<td>98</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer</td>
</tr>
<tr>
<td>97</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

If Q122 is equal to 08, can you tell me the name of the NGO where you most recently received information on HIV and STIs?

If Q122 is equal to 88, please tell me the name of the other facility where you most recently received information on HIV and STIs.

Q123. The last time you received counseling for prevention strategies in HIV and sexually transmitted infections, where did you receive it?

<table>
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<td>Private pharmacy</td>
</tr>
<tr>
<td>04</td>
<td>Traditional healer/alternative medicine/homeopath</td>
</tr>
<tr>
<td>05</td>
<td>Mobile Clinic</td>
</tr>
<tr>
<td>06</td>
<td>Workplace Clinic</td>
</tr>
<tr>
<td>07</td>
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<tr>
<td>08</td>
<td>Non-Governmental Organisation (NGO)</td>
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<td>09</td>
<td>Private Medical Professional</td>
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<td>Private lab</td>
</tr>
<tr>
<td>88</td>
<td>Other (please specify below)</td>
</tr>
<tr>
<td>98</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse to Answer</td>
</tr>
<tr>
<td>97</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
If Q123 is equal to 08, can you tell me the name of the NGO where you most recently received counseling for prevention strategies?

__________________________

If Q123 is equal to 88, please tell me the name of the other facility where you most recently received counseling for prevention strategies.

__________________________

Q124. From which type of facility would you prefer to receive health services such as STI treatment or HIV testing? (Choose ONE)

01 Government Clinic or Hospital
02 Private clinic or private hospital
03 Private pharmacy
04 Traditional healer/alternative medicine/homeopath
05 Self-medication (medicine from home or shops)
06 Mobile Clinic
07 Workplace Clinic
08 Church or Charity-run clinic
09 Non-Governmental Organisation (NGO)
10 Private Medical Professional
11 Private lab
88 Other (please specify below)
98 Don't Know
99 Refuse to Answer
97 Not Applicable

If Q124 is equal to 09, can you tell me the name of the NGO where you would prefer to receive STI treatment or HIV testing?

__________________________

If Q124 is equal to 88r, please tell me the name of the other facility where you would prefer to receive STI treatment or HIV testing.

__________________________

Q125. In the last 12 months have you received any material that provides information on HIV transmission and prevention?

01 Yes
00 No
98 Don't Know
99 Refuse to Answer
Biological and Behavioural Surveillance Survey among Men who have sex with Men (MSM) in [Country], Version 1, [date].

Section 11: Networks and size estimates

This is the final section of the survey. Questions in this section will ask about places and internet sites you have visited in the past.

Q126. Did you participate in the C-Change study about health care access conducted in [Country] in 2012?
   01 Yes
   02 No
   98 Don't Know
   99 Refuse to Answer

Q127. Have you ever had a profile on the website Adam4Adam that indicates that you live in [Country]?
   01 Yes
   02 No
   98 Don't Know
   99 Refuse to Answer

Q128. Did you log into your Adam4Adam account in March or April 2013?
   01 Yes
   00 No
   98 Don't Know
   99 Refuse to Answer

Q129. How many Adam4Adam profiles do you have that you logged onto in March or April 2013 that indicate that you live in [Country]?
   __ __
   98 Don't Know
   99 Refuse to Answer

End of Survey

Thank you for your participation.