

Appendix 1. Selected survey questions.

Sociodemographics

Choose the province where you are completing this survey:	<input type="checkbox"/> Ontario <input type="checkbox"/> British Columbia
What is your age (in years)?	
Where were you born?	<input type="checkbox"/> Canada <input type="checkbox"/> Another Country
Name of Province	<input type="checkbox"/> Alberta <input type="checkbox"/> British Columbia <input type="checkbox"/> Manitoba <input type="checkbox"/> New Brunswick <input type="checkbox"/> Newfoundland and Labrador <input type="checkbox"/> Northwest Territories <input type="checkbox"/> Nova Scotia <input type="checkbox"/> Nunavut <input type="checkbox"/> Ontario <input type="checkbox"/> Prince Edward Island <input type="checkbox"/> Quebec <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Yukon
For how many years in total have you lived in Canada?	
3. What is your immigration status?	<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident / landed immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee claimant waiting for decision by immigration authorities <input type="checkbox"/> Temporary worker <input type="checkbox"/> Student visa <input type="checkbox"/> Other

	<input type="checkbox"/> Prefer not to answer
What is the best term to describe your ethnicity?	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Indigenous/Aboriginal (First Nations/Metis/Inuit) <input type="checkbox"/> East Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Mixed background <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
What is the highest level of education you completed or are currently enrolled in?	<input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma <input type="checkbox"/> College diploma <input type="checkbox"/> Technical institute/Skilled trades certificate <input type="checkbox"/> University degree (Bachelor's) <input type="checkbox"/> Post-graduate degree (Master's/PhD/professional) <input type="checkbox"/> Prefer not to answer
In general what is your annual personal income before taxes?	<input type="checkbox"/> \$0 - \$20,000 <input type="checkbox"/> \$20,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$60,000 <input type="checkbox"/> \$60,001 - \$80,000 <input type="checkbox"/> More than \$80,000 <input type="checkbox"/> Prefer not to answer
What are the first three digits of your postal code?	
What sex were you assigned at birth, meaning on your original birth certificate?	<input type="checkbox"/> Male <input type="checkbox"/> Female

	<input type="checkbox"/> Prefer not to answer
Which best describes your current gender identity?	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Indigenous or other cultural gender minority identity (e.g. two-spirit) <input type="checkbox"/> Something else (e.g. gender fluid, non-binary) <input type="checkbox"/> Prefer not to answer
(If answers to the last 2 questions are different): What gender do you currently live as in your day-to-day life?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Sometimes male, sometimes female <input type="checkbox"/> Something other than male or female <input type="checkbox"/> Prefer not to answer
How would you describe your sexual orientation?	<input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight <input type="checkbox"/> Questioning <input type="checkbox"/> Queer <input type="checkbox"/> Asexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer

Are you currently in a sexual relationship with a regular partner? (can be an open or closed relationship)

- Yes
- No
- Prefer not to answer

If Yes: With a

- Man
- Woman
- Non-Binary person
- Polyamorous relationship
- Prefer not to answer

Is this relationship

- Open
- Closed
- Sometimes open sometimes closed
- Prefer not to answer

Do you have a primary care provider (eg. family doctor, nurse practitioner)?

- Yes
- No
- Prefer not to answer

How do you pay for prescription medication if you need it?

- Private insurance (eg. through work or a family member's benefits)
- Interim Federal Health program (for refugees or refugee claimants)
- Non-Insured Health Benefits program (for Indigenous people in Canada)
- BC Fair Pharmacare (including Plan G)
- Ontario Drug Benefits (eg. Trillium, ODSP, Ontario Works, OHIP Plus, age >65) - please note that this is NOT the same thing as OHIP, which covers healthcare but not medication costs. If you do not have private drug insurance and do not have one of the specific Ontario programs listed here you may not have any drug coverage.
- Out of pocket - I have no insurance plan for medications
- Other
- Prefer not to answer

PrEP indications

Have you ever used PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Prefer not to answer
If Yes, how many times?	
In the past, how many times have you had syphilis?	
In the past year, how many times have you had syphilis?	
In the past, how many times have you had chlamydia?	
In the past year, how many times have you had chlamydia?	
Have you ever had chlamydia in the rectum?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
In the past, how many times have you had gonorrhea?	
In the past year, how many times have you had gonorrhea?	
Have you ever had chlamydia in the rectum?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

HIRI-MSM questions

How many men (cis or trans) have you had anal sex with in the past 6 months?	
How many of your male (cis or trans) sex partners in the past 6 months were HIV-positive?	
In the past 6 months, how many times did you have receptive anal sex (you were the bottom) with a man without a condom?	
In the past 6 months, how many times did you have insertive anal sex (you were the top) with a man who was HIV-positive without a condom?	
In the past 6 months, have you used crystal methamphetamine (speed, ice, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Prefer not to answer
In the past 6 months, have you used poppers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

Have you ever used PrEP?

- No, never started it
- Yes, I started taking PrEP, but have stopped
- Yes, I am currently taking PrEP

Barriers and facilitators to PrEP uptake

Were any of the following part of the reason that you have never used PrEP? (check all that apply)

- I'm worried about side effects
- I didn't know where to get it
- I couldn't afford the medication cost
- I was diagnosed with HIV
- The healthcare provider I went to would not prescribe it to me
- I didn't feel I was at high enough risk for HIV
- I was worried about what others would think about me taking PrEP
- I don't think it is effective enough at preventing HIV
- It does not prevent other STIs
- I don't want to take a pill regularly
- I always use condoms for anal sex
- I can't be bothered
- No, there is no particular reason that I have never used PrEP
- Other reason (describe): _____

How would each of these things change how likely you are to go onto PrEP?

This would make me LESS likely to go on PrEP	This would not change how likely I am to go on PrEP	This would make me MORE likely to go on PrEP
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| a. Information I could bring to my doctor to help them learn about PrEP. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. A list of other providers in my area that prescribe PrEP. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. A short waiting time for my first PrEP appointment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. A written step-by-step guide to going onto PrEP. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Someone working with me to find a provider that prescribes PrEP. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Someone working with me to access the publicly funded PrEP program in my province. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. An online program that allows me to calculate my risk of HIV. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. A healthcare provider telling me that my risk for HIV is higher than I thought. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. A healthcare provider counselling me in detail about how well PrEP works. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. A healthcare provider counselling me in detail about the risk of PrEP side effects. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. A publicity campaign in my community promoting PrEP as a responsible choice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. More people in my community speaking publicly about their experiences taking PrEP. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. More people on social media and hookup apps disclosing that they are on PrEP. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |