



Version 01.06.2026

Questionnaire

Outreach gbMSM/TSM

Client questionnaire

Section «About me»		
What is your year of birth?	Four-digit number	■ ■ ■ ■
What is your postcode?	Four-digit number	■ ■ ■ ■
In which country were you born?	Selection from list	ISO 3166
Which Swiss residence permit do you have?	Single choice	<input type="radio"/> Swiss Citizenship <input type="radio"/> C or B permit <input type="radio"/> G permit <input type="radio"/> L permit <input type="radio"/> F, N or S permit <input type="radio"/> I have no residence permit. <input type="radio"/> I am a tourist. <input type="radio"/> I'm not sure.
What is your highest completed level of education?	Single choice	<input type="radio"/> No formal education <input type="radio"/> Compulsory primary education <input type="radio"/> Secondary level (e.g. apprenticeship, grammar school) <input type="radio"/> Tertiary level (bachelor's, master's, doctorate)
What is your current employment status? Multiple answers possible.	Multiple choice	<input type="checkbox"/> Employed full-time (≥80%) <input type="checkbox"/> Employed part-time (<80%) <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Student / in training <input type="checkbox"/> Retired (AHV, IV)
Today, you are:	Single choice with open text field	<input type="radio"/> Woman <input type="radio"/> Man <input type="radio"/> Non-binary / Genderqueer person <input type="radio"/> Other <u>please specify</u> <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.
What sex were you assigned at birth?	Single choice	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.
Today, this word best describes my sexuality:	Single choice with open text field	<input type="radio"/> Gay / Lesbian / Homosexual <input type="radio"/> Bisexual / Pansexual <input type="radio"/> Queer <input type="radio"/> Straight / Heterosexual <input type="radio"/> Demisexual / Asexual <input type="radio"/> Other <u>please specify</u> <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.

Section «Sexual health» (1/2)		
With whom have you had sex in the last 12 months? Multiple answers possible.	Multiple/single choice	<input type="checkbox"/> Cis men <input type="checkbox"/> Trans men <input type="checkbox"/> Cis women <input type="checkbox"/> Trans women <input type="checkbox"/> Non-binary / Genderqueer people <input type="radio"/> I'm not sure. <input type="radio"/> I didn't have sex.
How were you having sex in the last 12 months? Multiple answers possible.	Multiple/single choice with open text field	<input type="checkbox"/> Vaginal sex <input type="checkbox"/> Anal sex <input type="checkbox"/> Oral sex <input type="checkbox"/> Other <u>please specify</u> <input type="radio"/> I didn't have sex.
How many sexual partners have you had in the last 12 months?	Single choice	<input type="radio"/> 0-1 <input type="radio"/> 2-5 <input type="radio"/> 6-11 <input type="radio"/> 12 or more <input type="radio"/> I'm not sure.
Where did you meet your sexual partners in the last 12 months? Multiple answers possible.	Multiple/single choice with open text field	<input type="checkbox"/> The person is my (long-term) partner. <input type="checkbox"/> The person is a friend (colleague, sex buddy). <input type="checkbox"/> LGBTQ+ community centre, organisation or social group <input type="checkbox"/> LGBTQ+ café or bar <input type="checkbox"/> LGBTQ nightclub <input type="checkbox"/> Gay sauna <input type="checkbox"/> Sex club, sex party <input type="checkbox"/> Private sex party (e.g. in a flat) <input type="checkbox"/> Cruising (street, roadside service area, nature, lavatory) <input type="checkbox"/> Grindr <input type="checkbox"/> Scruff <input type="checkbox"/> Sniffies <input type="checkbox"/> Tinder <input type="checkbox"/> Other places or apps <u>please specify</u> <input type="radio"/> I didn't have sex.
Have you paid for sex?	Single choice	<input type="radio"/> Yes, in the past 12 months. <input type="radio"/> Yes, over a year ago. <input type="radio"/> No, never. <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.
Were you paid for sex?	Single choice	<input type="radio"/> Yes, in the past 12 months. <input type="radio"/> Yes, over a year ago. <input type="radio"/> No, never. <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.



Section «Sexual health» (2/2)		
Have you taken any medications in the last month? Multiple answers possible.	Multiple/single choice	<input type="checkbox"/> Antivirals (e.g. PrEP-pills) <input type="checkbox"/> Antibiotics (e.g. penicillin, doxycycline) <input type="radio"/> No. <input type="radio"/> I'm not sure.
Have you ever been diagnosed with HIV?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.
[If Yes] Are you comfortable with your HIV treatment?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I'm not sure.
[If No / I'm not sure. / I don't want to say.] When was your last HIV test?	Single choice	<input type="radio"/> I have never taken a test. <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within the last 5 years <input type="radio"/> More than 5 years ago <input type="radio"/> I'm not sure.
How do you protect yourself from HIV? Multiple answers possible.	Multiple/single choice	<input type="checkbox"/> I don't use protection. <input type="checkbox"/> I don't have penetrative sex (anal / vaginal). <input type="checkbox"/> Condom <input type="checkbox"/> HIV PrEP <input type="checkbox"/> My partner is undetectable. <input type="radio"/> I'm not sure.
Have you ever taken emergency treatment against HIV (HIV PEP)?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I'm not sure.
Section «Substance use»		
Have you smoked, snorted or injected substances in the last 12 months? Multiple answers possible.	Multiple/single choice	<input type="checkbox"/> Snorted <input type="checkbox"/> Injected <input type="checkbox"/> Smoked (except for tobacco and cannabis) <input type="radio"/> No
Have you used this substance in the last 12 months? Multiple answers possible.	Multiple/single choice with open text field	<input type="checkbox"/> Alcohol <input type="checkbox"/> Nicotine <input type="checkbox"/> Poppers <input type="checkbox"/> Cannabis (hashish, marijuana) <input type="checkbox"/> Synthetic cannabinoids (Spice, K2, herbal incense) <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack cocaine <input type="checkbox"/> Ecstasy (E, XTC, MDMA) <input type="checkbox"/> Amphetamine (speed) <input type="checkbox"/> Ketamine (special K) <input type="checkbox"/> GHB/GBL (liquid ecstasy) <input type="checkbox"/> Methamphetamine (crystal, meth, Tina, Pervitin, Ice) <input type="checkbox"/> Cathinones/Synthetic stimulants (3-MMC, mephedrone/4-MMC, 4-MEC, Alpha PhP, meow, methylone, bathsalts, monkey dust) <input type="checkbox"/> LSD (acid) <input type="checkbox"/> Heroin or other opioids (poppy straw, kompot, fentanyl) <input type="checkbox"/> Sedatives (Valium®, Rivotril®, Rohypnol®, Xanax®, Seduxen®, Phenazepam®) <input type="checkbox"/> Erectile function medication (Viagra®, Cialis®, Levitra®) <input type="checkbox"/> Anabolic steroids (testosterone) <input type="checkbox"/> Other <u>please specify</u> <input type="radio"/> I haven't used any substances in the last 12 months.



Consultant questionnaire

Section «About me»		
I have confirmed that there was no risk of HIV infection within the last 48 hours.	Single choice	<input type="radio"/> Yes <input type="radio"/> No
We addressed the following topics:	Multiple choice with open text field	<input type="checkbox"/> Test procedure <input type="checkbox"/> HIV: prevention, symptoms, testing <input type="checkbox"/> Other STI: prevention, symptoms, testing <input type="checkbox"/> Substance use <input type="checkbox"/> Other: <u>please specify</u>
I have clarified the vaccination status. The client is fully immunised against:	Multiple choice with open text field	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> HPV <input type="checkbox"/> Mpox <input type="checkbox"/> Meningococcal (4CMenB) <input type="checkbox"/> Other: <u>please specify</u>
I have clarified whether there is a previous syphilis infection.	Single choice with open text field	<input type="radio"/> Yes <u>please specify</u> <input type="radio"/> No
I proposed the following measures:	Multiple choice with open text field	<input type="checkbox"/> Vaccination Hepatitis A <input type="checkbox"/> Vaccination Hepatitis B <input type="checkbox"/> Vaccination HPV <input type="checkbox"/> Vaccination Mpox <input type="checkbox"/> HIV-PEP <input type="checkbox"/> HIV-PrEP <input type="checkbox"/> DoxyPEP <input type="checkbox"/> Empiric STI treatment <input type="checkbox"/> Contraception ordinary <input type="checkbox"/> Contraception emergency <input type="checkbox"/> Other: <u>please specify</u>
Based on the consultation, I recommend another screening. If a mobile number is provided, the client should receive a reminder SMS in:	Single choice	<input type="radio"/> 2 weeks <input type="radio"/> 4 weeks <input type="radio"/> 6 weeks <input type="radio"/> 2 months <input type="radio"/> 3 months <input type="radio"/> 6 months <input type="radio"/> 9 months <input type="radio"/> 12 months <input type="radio"/> No reminder useful
Internal remarks:	Open text field	
Tags	Multiple choice options specific to the location	<input type="checkbox"/> Tag X <input type="checkbox"/> Tag Y <input type="checkbox"/> Tag Z

