***EMERGE*ncy ID NET CRASHED Enrollment Survey**

*Instructions to site coordinator: This survey will be self-administered by participants 16 years of age or older. The**site coordinator will ask the participant if they prefer to complete the survey on a tablet, their phone, or on paper and facilitate completion. Please remind the participant that they can skip any question they don’t want to answer.*

*Instructions to participant: Please answer the questions below. All your answers will be kept confidential. You may skip any questions that you do not want to answer. You may ask the project coordinator for help at any time.*

1. Do you consider yourself to be:

Male

Female

Non-binary

Transgender man/trans man

Transgender woman/trans woman

Genderqueer/gender nonconforming neither exclusively male nor female

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decline to answer

1. Do you consider yourself to be:

Straight or heterosexual

Lesbian or gay

Bisexual

Queer, pansexual, and/or questioning

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

Decline to answer

1. In the ***last three months***, have you? *Please check all that apply*

Drank a lot of alcohol at once (5 drinks or more for men, 4 drinks or more for women on one occasion)

Smoked cigarettes, vape, chew any tobacco product

Used Marijuana or THC products (Smoke/joint/bong, gummies)

Injected any drugs

Used any of the following: Ecstasy, Molly, Ketamine, GHB, methamphetamine, cocaine

Used any of the following: Fentanyl, heroine, prescription opioid pills (Percocet, Vicodin, OxyContin, Methadone, Morphine, etc.)

Used “poppers”

None of the above

Decline to answer

1. Do you live with a male who has sex with men OR do you live with a transgender person who has sex with men?

Yes

No

Don’t know

Decline to answer

1. Have you had any sexual activity in the ***last*** ***three months***?

Yes

No (*if no, survey is complete*)

Decline to answer (*if decline, survey is complete*)

1. In the ***past three months***, how many people (partners) have you had sex with?

\_\_\_\_\_ number of partners

Decline to answer

1. Have you had any sexual activity with someone who had similar symptoms (fevers, fatigue, etc.) and/or rash as you ***in the last one month***?

Yes

No

Don’t know

Decline to answer

1. Do you have sex with:

Men

Women

Both men and women

Decline to answer

1. How often do you use condoms or dental dams when having any sexual activity?

Never

Sometimes

Always

Decline to answer

1. Have you engaged in anal sex in the ***last three months?***

Yes

No

Decline to answer

1. Have you engaged in oral sex in the last ***three months?***

Yes

No

Decline to answer

1. Sexual history for the last ***three months***, *please check all that apply*:

Have had group sex (2 or more partners simultaneously)

Have taken part in sex parties

Have met sexual partners through dating apps (i.e.Tinder, Grindr, etc.)

Given someone money, drugs, or a place to stay for sex

Got paid for or traded sex for money, drugs, a place to stay, or gifts

Had sexual activity after taking drugs (chemsex or “Party ‘n Play”)

Had sexual activity at a music festival/rave

Had sexual activity with an anonymous partner(s)

Shared sex toys with a partner

Traveled to another country and had any sexual activity with a new partner

Had sex with someone visiting from another country

Had sex with someone visiting from out of town

None of the above

Decline to answer

Comments (*please use this space to provide any thoughts you would like to add or questions*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for participating in this survey!