

Supplementary Material Appendices 1–3

Questionnaire 1 — self-reported adherence to PrEP

Adapted from Blumenthal J, Pasipanodya EC, Jain S et al. Comparing Self-Report Pre-Exposure Prophylaxis Adherence Questions to Pharmacologic Measures of Recent and Cumulative Pre-Exposure Prophylaxis Exposure. *Front Pharmacol*. 2019;10:721

1. In the last 1 month, how would you rate your ability to take all of your PrEP medications as prescribed?
Very poor; Poor; Fair; Good; Very Good; Excellent
2. In the last 1 month, how often did you take all of your PrEP medications as prescribed?
None, A Little, Sometimes, Most of the Time, All of the Time
3. In the last 1 month, what percent of the time were you able to take all of your PrEP medications as prescribed?
0-100%
4. In the last 1 month, you were able to take your PrEP medications on average:
7 pills a week; 4-6 pills a week; less than 4 pills a week
5. In the last 3 months, when was the last time you were not able to take our PrEP medications as prescribed?
Never; > 3 months ago. 1-3 months ago; 2-4 weeks ago; 1-2 weeks ago in the past week
6. In the last 1 month, how difficult was it for you to take your PrEP medications as prescribed?
Never; Rarely; Sometimes; Usually; Almost always; Always

Questionnaire 2 — survey questions

#	Question	Response categories
1.	Do you know your HIV Status?	<input type="checkbox"/> Yes, I am HIV-negative ⁽¹⁾ <input type="checkbox"/> Yes, I am HIV-positive ⁽²⁾ <input type="checkbox"/> No, I do not know ⁽³⁾
2.	Do you know your Syphilis Status?	<input type="checkbox"/> Yes, I have never contracted Syphilis ⁽¹⁾ <input type="checkbox"/> Yes, I have ever contracted Syphilis ⁽²⁾ <input type="checkbox"/> No, I do not know ⁽³⁾

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#	Question	Response categories
3.	How old are you?	[Open-ended response] Continuous integer variable
4.	How do you identify yourself ethnically?	<input type="checkbox"/> Chinese ⁽¹⁾ <input type="checkbox"/> Malay ⁽²⁾ <input type="checkbox"/> Indian ⁽³⁾ <input type="checkbox"/> Others ⁽⁴⁾ (please specify): _____
5.	What is your nationality?	Please select all that apply: <input type="checkbox"/> Singaporean ⁽¹⁾ <input type="checkbox"/> Singapore permanent resident ⁽²⁾ <input type="checkbox"/> Malaysian ⁽³⁾ <input type="checkbox"/> Others (please specify): ⁽⁴⁾ _____
6.	Please describe your highest attained education level:	<input type="checkbox"/> PSLE ⁽¹⁾ <input type="checkbox"/> N levels ⁽²⁾ <input type="checkbox"/> O levels ⁽³⁾ <input type="checkbox"/> A levels ⁽⁴⁾ <input type="checkbox"/> ITE diploma ⁽⁵⁾ <input type="checkbox"/> Polytechnic diploma ⁽⁶⁾ <input type="checkbox"/> University degree ⁽⁷⁾ <input type="checkbox"/> Postgraduate ⁽⁸⁾ <input type="checkbox"/> Prefer not to answer ⁽⁹⁾

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#	Question	Response categories
7.	What type of housing are you staying in?	<input type="checkbox"/> 1 Room HDB <input type="checkbox"/> 2 Room HDB <input type="checkbox"/> 3 Room HDB <input type="checkbox"/> 4 Room HDB <input type="checkbox"/> 5 Room HDB <input type="checkbox"/> Maisonette or other executive public housing <input type="checkbox"/> Condominium <input type="checkbox"/> Terrace, Bungalow, and other Private Landed Property <input type="checkbox"/> Others: _____
8.	What is your main/primary status?	<input type="checkbox"/> Full-time employment ⁽¹⁾ → go to question number 8 <input type="checkbox"/> Part-time employment ⁽²⁾ → go to question number 8 <input type="checkbox"/> Currently unemployed ⁽³⁾ <input type="checkbox"/> I am a student ⁽⁴⁾ <input type="checkbox"/> I have retired ⁽⁵⁾ <input type="checkbox"/> Not applicable ⁽⁶⁾

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#	Question	Response categories
9.	If you are a part-time or full-time employee, what is your current occupation? Please choose the option that best describes it:	<input type="checkbox"/> Legislators, senior officials, and managers ⁽¹⁾ <input type="checkbox"/> Professionals, Associate professionals and technicians ⁽²⁾ <input type="checkbox"/> Clerical workers ⁽³⁾ <input type="checkbox"/> Service workers and shop and market sales workers ⁽⁴⁾ <input type="checkbox"/> Agricultural and fishery workers ⁽⁵⁾ <input type="checkbox"/> Production craftsmen and related workers ⁽⁶⁾ <input type="checkbox"/> Plant and machine operators and assemblers ⁽⁷⁾ <input type="checkbox"/> Cleaners, labourers and related workers ⁽⁸⁾ <input type="checkbox"/> Workers not classifiable by occupation ⁽⁹⁾ <input type="checkbox"/> Uniformed group ⁽¹⁰⁾ <input type="checkbox"/> For other occupation, please specify: _____ ⁽¹¹⁾
10.	Please select your monthly income range:	<input type="checkbox"/> <1,000 SGD ⁽¹⁾ <input type="checkbox"/> 1,000- < 3,000 SGD ⁽²⁾ <input type="checkbox"/> 3,000-< 5,000 SGD ⁽³⁾ <input type="checkbox"/> 5,000-< 10,000 SGD ⁽⁴⁾ <input type="checkbox"/> 10,000-< 50,000 SGD ⁽⁵⁾ <input type="checkbox"/> ≥50,000 SGD ⁽⁶⁾ <input type="checkbox"/> Prefer not to answer ⁽⁷⁾
11.	What is your current marital status (including same sex relationships)?	<input type="checkbox"/> Single ⁽¹⁾ → go to question number 12 <input type="checkbox"/> Partnered ⁽²⁾ → go to question number 11 <input type="checkbox"/> Married ⁽³⁾ → go to question number 11 <input type="checkbox"/> Separated/Divorced ⁽⁴⁾ → go to question number 12 <input type="checkbox"/> Widowed ⁽⁵⁾ → go to question number 12

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#	Question	Response categories
12.	Please select the appropriate option?	<input type="checkbox"/> With single male partner ⁽¹⁾ <input type="checkbox"/> With multiple male partners ⁽²⁾ <input type="checkbox"/> With single female partner ⁽³⁾ <input type="checkbox"/> With multiple female partners ⁽⁴⁾ <input type="checkbox"/> With multiple male and female partners ⁽⁵⁾
13.	To whom of the following have you disclosed your sexual orientation to?	<p>Please select all that apply:</p> <input type="checkbox"/> Non-LGBTQ Family members ⁽¹⁾ <input type="checkbox"/> Non-LGBTQ Friends ⁽²⁾ <input type="checkbox"/> Non-LGBTQ Colleagues ⁽³⁾ <input type="checkbox"/> Other LGBTQ individuals ⁽⁴⁾ <input type="checkbox"/> Others (please specify): ⁽⁵⁾ _____ <input type="checkbox"/> I have not disclosed my sexual orientation to anyone ⁽⁶⁾
14.	At what age did you first have sexual experience involving oral sex?	<p>[Open-ended response]</p> <p>Continuous integer variable</p>
15.	At what age did you first have sexual experience involving anal sex?	<p>[Open-ended response]</p> <p>Continuous integer variable</p>

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#	Question	Response categories
16.	Where/how do you typically meet male sex partner(s)?	<p>Please select all that apply:</p> <p><input type="checkbox"/> Not applicable (Do not hook up) ⁽¹⁾</p> <p><input type="checkbox"/> Bars and clubs ⁽²⁾</p> <p><input type="checkbox"/> Saunas ⁽³⁾</p> <p><input type="checkbox"/> Public spaces (e.g. parks, gyms, restrooms) ⁽⁴⁾</p> <p><input type="checkbox"/> Private or home parties ⁽⁵⁾</p> <p><input type="checkbox"/> Through internet sites and chatrooms⁽⁶⁾ (If select, go to Q13)</p> <p><input type="checkbox"/> Through Smartphone Apps ⁽⁷⁾ (If select, go to Q13)</p> <p><input type="checkbox"/> Through friends ⁽⁸⁾</p> <p><input type="checkbox"/> Paid someone to have sex (e.g. escorts, masseurs) ⁽⁹⁾</p>
17.	<p><i>If Smartphone Apps OR Internet Sites and Chatrooms are selected</i></p> <p>Which of these smartphone apps or internet sites and chatrooms did you use?</p>	<p>Please select all that apply:</p> <p><input type="checkbox"/> Grindr ⁽¹⁾</p> <p><input type="checkbox"/> Jack'd ⁽²⁾</p> <p><input type="checkbox"/> Hornet ⁽³⁾</p> <p><input type="checkbox"/> Scruff ⁽⁴⁾</p> <p><input type="checkbox"/> Tinder ⁽⁵⁾</p> <p><input type="checkbox"/> Manhunt ⁽⁶⁾</p> <p><input type="checkbox"/> Recon ⁽⁷⁾</p> <p><input type="checkbox"/> BarebackRT ⁽⁸⁾</p> <p><input type="checkbox"/> Surge ⁽⁹⁾</p> <p><input type="checkbox"/> Growlr ⁽¹⁰⁾</p> <p><input type="checkbox"/> Others ⁽¹¹⁾ (please specify): _____</p>
Sexual Risk Behaviors (Section B)		

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#	Question	Response categories
18.	In the <u>past 6 months</u> , how many male partners did you have sex with (oral OR anal sex)?	<input type="checkbox"/> 0 ⁽¹⁾ <input type="checkbox"/> 1 ⁽²⁾ <input type="checkbox"/> 2-5 ⁽³⁾ <input type="checkbox"/> 6-9 ⁽⁴⁾ <input type="checkbox"/> 10-20 ⁽⁵⁾ <input type="checkbox"/> > 20 ⁽⁶⁾
19.	In the <u>past 6 months</u> , how many of these partners did you have unprotected (without condom) oral sex with?	<input type="checkbox"/> 0 ⁽¹⁾ <input type="checkbox"/> 1 ⁽²⁾ <input type="checkbox"/> 2-5 ⁽³⁾ <input type="checkbox"/> 6-9 ⁽⁴⁾ <input type="checkbox"/> 10-20 ⁽⁵⁾ <input type="checkbox"/> > 20 ⁽⁶⁾
20.	In the <u>past 6 months</u> , how many of these partners did you have unprotected (without condom) anal sex with?	<input type="checkbox"/> 0 ⁽¹⁾ <input type="checkbox"/> 1 ⁽²⁾ <input type="checkbox"/> 2-5 ⁽³⁾ <input type="checkbox"/> 6-9 ⁽⁴⁾ <input type="checkbox"/> 10-20 ⁽⁵⁾ <input type="checkbox"/> > 20 ⁽⁶⁾
21.	In the <u>past 6 months</u> , how many times did you engage in group sex (i.e. 3 persons or more)?	<input type="checkbox"/> 0 ⁽¹⁾ <input type="checkbox"/> 1 ⁽²⁾ <input type="checkbox"/> 2-5 ⁽³⁾ <input type="checkbox"/> 6-9 ⁽⁴⁾ <input type="checkbox"/> 10-20 ⁽⁵⁾ <input type="checkbox"/> > 20 ⁽⁶⁾

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#	Question	Response categories
22.	About how often did you use a condom when having anal sex with your <u>regular</u> male partner(s) in the <u>last 6 months</u> ?	<input type="checkbox"/> Not Applicable ⁽¹⁾ → go to question number 20 <input type="checkbox"/> Never ⁽²⁾ <input type="checkbox"/> Sometimes ⁽³⁾ <input type="checkbox"/> Always ⁽⁴⁾ → go to question number 20
23.	What were your reasons for not using condoms all the time with your <u>regular</u> male partner(s)? (Please tick all that apply)	Please tick all that apply: <input type="checkbox"/> No condoms were available ⁽¹⁾ <input type="checkbox"/> In a monogamous relationship ⁽²⁾ <input type="checkbox"/> We discussed our HIV status ⁽³⁾ <input type="checkbox"/> Feels better without a condom ⁽⁴⁾ <input type="checkbox"/> We know each other and have had sex a few times ⁽⁵⁾ <input type="checkbox"/> He looks healthy ⁽⁶⁾ <input type="checkbox"/> I was top so the risk is lower ⁽⁷⁾ <input type="checkbox"/> We pull out before we ejaculate ⁽⁸⁾ <input type="checkbox"/> I am on vitamins/supplements to prevent infections ⁽⁹⁾ <input type="checkbox"/> Cannot get hard with a condom on ⁽¹⁰⁾ <input type="checkbox"/> Was under the influence of alcohol/party drugs ⁽¹¹⁾ <input type="checkbox"/> I am on PrEP ⁽¹²⁾ <input type="checkbox"/> My partner is on (PrEP) ⁽¹³⁾ <input type="checkbox"/> My partner is HIV+ but has an undetectable viral load ⁽¹⁴⁾ <input type="checkbox"/> Others (please specify): ⁽¹⁵⁾ _____
24.	About how often did you use a condom when having anal sex with your <u>casual</u> male partner(s) in the <u>last 6 months</u> ?	<input type="checkbox"/> Not Applicable ⁽¹⁾ → go to question number 22 <input type="checkbox"/> Never ⁽²⁾ <input type="checkbox"/> Sometimes ⁽³⁾ <input type="checkbox"/> Always ⁽⁴⁾ → go to question number 22

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#	Question	Response categories
25.	<p>What were your reasons for not using condoms all the time with your <u>casual</u> male partner(s)?</p> <p>(Please tick all that apply)</p>	<p>Please tick all that apply:</p> <p><input type="checkbox"/> No condoms were available ⁽¹⁾</p> <p><input type="checkbox"/> In a monogamous relationship ⁽²⁾</p> <p><input type="checkbox"/> We discussed our HIV status ⁽³⁾</p> <p><input type="checkbox"/> Feels better without a condom ⁽⁴⁾</p> <p><input type="checkbox"/> We know each other and have had sex a few times ⁽⁵⁾</p> <p><input type="checkbox"/> He looks healthy ⁽⁶⁾</p> <p><input type="checkbox"/> I was top so the risk is lower ⁽⁷⁾</p> <p><input type="checkbox"/> We pull out before we ejaculate ⁽⁸⁾</p> <p><input type="checkbox"/> I am on vitamins/supplements to prevent infections ⁽⁹⁾</p> <p><input type="checkbox"/> Cannot get hard with a condom on ⁽¹⁰⁾</p> <p><input type="checkbox"/> Was under the influence of alcohol/party drugs ⁽¹¹⁾</p> <p><input type="checkbox"/> I am on PrEP ⁽¹²⁾</p> <p><input type="checkbox"/> My partner is on PrEP ⁽¹³⁾</p> <p><input type="checkbox"/> My partner is HIV+ but has an undetectable viral load ⁽¹⁴⁾</p> <p><input type="checkbox"/> Others (please specify): ⁽¹⁵⁾ _____</p>
Substance Use (Section C)		

#	Question	Response categories
26.	Have you ever used any of the following drugs or substances <i>during</i> sex?	<p>Please select all that apply:</p> <p><input type="checkbox"/> Not Applicable → go to question number 24</p> <p><input type="checkbox"/> Alcohol ⁽¹⁾</p> <p><input type="checkbox"/> Poppers (amyl nitrite) ⁽²⁾</p> <p><input type="checkbox"/> GHB / GBL (G water) ⁽³⁾</p> <p><input type="checkbox"/> Crystal methamphetamine (Cream, Ice) ⁽⁴⁾</p> <p><input type="checkbox"/> Marijuana ⁽⁵⁾</p> <p><input type="checkbox"/> Ketamine (K) ⁽⁶⁾</p> <p><input type="checkbox"/> Ecstasy ⁽⁷⁾</p> <p><input type="checkbox"/> Heroin ⁽⁸⁾</p> <p><input type="checkbox"/> Erectile dysfunction medication – e.g. Viagra ⁽⁹⁾</p>
27.	<u>In the past 6 months,</u> how many times did you have sex under the influence of any substances (e.g. alcohol, drugs, stimulants)	<p><input type="checkbox"/> 0 ⁽¹⁾</p> <p><input type="checkbox"/> 1 ⁽²⁾</p> <p><input type="checkbox"/> 2-5 ⁽³⁾</p> <p><input type="checkbox"/> 6-9 ⁽⁴⁾</p> <p><input type="checkbox"/> 10-20 ⁽⁵⁾</p> <p><input type="checkbox"/> > 20 ⁽⁶⁾</p>
HIV/STI Testing Behaviors (Section D)		
28.	When did you go for your last (most recent) voluntary HIV test?	<p><input type="checkbox"/> Never ⁽¹⁾</p> <p><input type="checkbox"/> In the last 6 months ⁽²⁾</p> <p><input type="checkbox"/> >6 to 12 months ago ⁽³⁾</p> <p><input type="checkbox"/> More than 1 year ago ⁽⁴⁾</p>

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#	Question	Response categories
29.	Where did you get your last (most recent) voluntary HIV test done?	<input type="checkbox"/> DSC clinic (Monday-Friday Daytime) ⁽¹⁾ <input type="checkbox"/> Action for AIDS (AFA) anonymous test site at DSC clinic (after office hours) ⁽²⁾ <input type="checkbox"/> Other anonymous test site(s) ⁽³⁾ <input type="checkbox"/> HIV testing project at bars/clubs/saunas in 2015 ⁽⁴⁾ <input type="checkbox"/> HIV testing project at bars/clubs/saunas in 2016 ⁽⁵⁾ <input type="checkbox"/> Private clinic ⁽⁶⁾ <input type="checkbox"/> Home Test kit ⁽⁷⁾ <input type="checkbox"/> Overseas (please specify Country): ⁽⁸⁾ _____ <input type="checkbox"/> Others (please specify): ⁽⁹⁾ _____
30.	When did you go for your last (most recent) voluntary Syphilis test?	<input type="checkbox"/> Never ⁽¹⁾ <input type="checkbox"/> In the last 6 months ⁽²⁾ <input type="checkbox"/> >6 to 12 months ago ⁽³⁾ <input type="checkbox"/> More than 1 year ago ⁽⁴⁾
31.	Where did you get your last (most recent) voluntary Syphilis test done?	<input type="checkbox"/> DSC clinic (Monday-Friday Daytime) ⁽¹⁾ <input type="checkbox"/> Action for AIDS (AFA) anonymous test site at DSC clinic (after office hours) ⁽²⁾ <input type="checkbox"/> AFA Mobile Testing Service ⁽⁵⁾ <input type="checkbox"/> Other anonymous test site(s) ⁽³⁾ <input type="checkbox"/> HIV testing project at bars/clubs/saunas in 2015 ⁽⁴⁾ <input type="checkbox"/> HIV testing project at bars/clubs/saunas in 2016 ⁽⁵⁾ <input type="checkbox"/> HIV testing project at bars/clubs/saunas in 2018 ⁽⁶⁾ <input type="checkbox"/> Private clinic ⁽⁷⁾ <input type="checkbox"/> Overseas (please specify country): ⁽⁸⁾ _____ <input type="checkbox"/> Others (please specify): ⁽⁹⁾ _____

#	Question	Response categories
32.	Which of the following sexually transmitted infections have you been diagnosed with in the past 6 months ?	<p>Please select all that apply:</p> <p><input type="checkbox"/> Not Applicable go to question number 29</p> <p><input type="checkbox"/> Gonorrhoea ⁽¹⁾</p> <p><input type="checkbox"/> Syphilis ⁽²⁾</p> <p><input type="checkbox"/> Chlamydia ⁽³⁾</p> <p><input type="checkbox"/> Genital Herpes ⁽⁴⁾</p> <p><input type="checkbox"/> Genital warts ⁽⁵⁾</p> <p>Others _____</p>
HIV Risk Perception and Complacency (Section E)		
33.	Because of HIV treatment drugs, HIV is a less serious threat than it used to be.	<p><input type="checkbox"/> Strongly Agree ⁽¹⁾</p> <p><input type="checkbox"/> Agree ⁽²⁾</p> <p><input type="checkbox"/> Disagree ⁽³⁾</p> <p><input type="checkbox"/> Strongly Disagree ⁽⁴⁾</p>
34.	I practice safe sex less often now because new medical treatments for HIV/AIDS have come along	<p><input type="checkbox"/> Strongly Agree ⁽¹⁾</p> <p><input type="checkbox"/> Agree ⁽²⁾</p> <p><input type="checkbox"/> Disagree ⁽³⁾</p> <p><input type="checkbox"/> Strongly Disagree ⁽⁴⁾</p>
Other HIV-Related Health Services		
35.	Have you heard of HIV Pre-Exposure Prophylaxis (PrEP)?	<p><input type="checkbox"/> Yes, I have taken it ⁽¹⁾ → go to Q32</p> <p><input type="checkbox"/> Yes, but I no longer take PrEP ⁽²⁾ → go to Q32</p> <p><input type="checkbox"/> Yes, I have heard of it but not taken it ⁽³⁾ → go to Q33</p> <p><input type="checkbox"/> No, I have never heard of it ⁽⁴⁾ → go to Q34</p>

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#	Question	Response categories
36.	If you have taken PrEP, where did you receive PrEP?	<input type="checkbox"/> Hospital in Singapore ⁽¹⁾ <input type="checkbox"/> GP Clinic ⁽²⁾ <input type="checkbox"/> Friend ⁽³⁾ <input type="checkbox"/> DSC Clinic ⁽⁴⁾ <input type="checkbox"/> Online ⁽⁵⁾ <input type="checkbox"/> Overseas (please specify country): ⁽⁷⁾ _____ <input type="checkbox"/> Others (please specify): ⁽⁸⁾ _____ → Go to Q34
37.	If you have heard of but not taken PrEP, where did you get information on PrEP from?	<input type="checkbox"/> Hospital in Singapore ⁽¹⁾ <input type="checkbox"/> GP Clinic ⁽²⁾ <input type="checkbox"/> Action for AIDS ⁽³⁾ <input type="checkbox"/> DSC Clinic ⁽⁴⁾ <input type="checkbox"/> Friend ⁽⁵⁾ <input type="checkbox"/> Online ⁽⁶⁾ <input type="checkbox"/> Overseas (please specify country): ⁽⁷⁾ _____ <input type="checkbox"/> Others (please specify): ⁽⁸⁾ _____
Internalized Stigma and Discrimination		
38.	I have tried to stop being attracted to men	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
39.	If someone offered me the chance to be completely heterosexual, I would accept the chance	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾

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#	Question	Response categories
40.	I wish I wasn't attracted to men	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
41.	I would like to get professional help in order to be less sexually attracted to men	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
42.	I feel that being attracted to men is a shortcoming for me	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
Single Item Self-Esteem Scale		
43.	I have high self-esteem	<input type="checkbox"/> Very untrue of me ⁽¹⁾ <input type="checkbox"/> Untrue of me ⁽²⁾ <input type="checkbox"/> Somewhat untrue of me ⁽³⁾ <input type="checkbox"/> Neutral ⁽⁴⁾ <input type="checkbox"/> Somewhat true of me ⁽⁵⁾ <input type="checkbox"/> True of me ⁽⁶⁾ <input type="checkbox"/> Very true of me ⁽⁷⁾
Patient Health Questionnaire-9 (Section F)		
Over the last 2 weeks, how often have you been bothered by any of the following problems?		

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#	Question	Response categories
44.	Little interest or pleasure in doing things?	<input type="checkbox"/> Not at all ⁽¹⁾ <input type="checkbox"/> Several days ⁽²⁾ <input type="checkbox"/> More than half the days ⁽³⁾ <input type="checkbox"/> Nearly every day ⁽⁴⁾
45.	Feeling down, depressed, or hopeless?	<input type="checkbox"/> Not at all ⁽¹⁾ <input type="checkbox"/> Several days ⁽²⁾ <input type="checkbox"/> More than half the days ⁽³⁾ <input type="checkbox"/> Nearly every day ⁽⁴⁾
46.	Trouble falling or staying asleep, or sleeping too much?	<input type="checkbox"/> Not at all ⁽¹⁾ <input type="checkbox"/> Several days ⁽²⁾ <input type="checkbox"/> More than half the days ⁽³⁾ <input type="checkbox"/> Nearly every day ⁽⁴⁾
47.	Feeling tired or having little energy?	<input type="checkbox"/> Not at all ⁽¹⁾ <input type="checkbox"/> Several days ⁽²⁾ <input type="checkbox"/> More than half the days ⁽³⁾ <input type="checkbox"/> Nearly every day ⁽⁴⁾
48.	Poor appetite or overeating?	<input type="checkbox"/> Not at all ⁽¹⁾ <input type="checkbox"/> Several days ⁽²⁾ <input type="checkbox"/> More than half the days ⁽³⁾ <input type="checkbox"/> Nearly every day ⁽⁴⁾

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#	Question	Response categories
49.	Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	<input type="checkbox"/> Not at all ⁽¹⁾ <input type="checkbox"/> Several days ⁽²⁾ <input type="checkbox"/> More than half the days ⁽³⁾ <input type="checkbox"/> Nearly every day ⁽⁴⁾
50.	Trouble concentrating on things, such as reading the newspaper or watching television?	<input type="checkbox"/> Not at all ⁽¹⁾ <input type="checkbox"/> Several days ⁽²⁾ <input type="checkbox"/> More than half the days ⁽³⁾ <input type="checkbox"/> Nearly every day ⁽⁴⁾
51.	Moving or speaking slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?	<input type="checkbox"/> Not at all ⁽¹⁾ <input type="checkbox"/> Several days ⁽²⁾ <input type="checkbox"/> More than half the days ⁽³⁾ <input type="checkbox"/> Nearly every day ⁽⁴⁾
52.	Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	<input type="checkbox"/> Not at all ⁽¹⁾ <input type="checkbox"/> Several days ⁽²⁾ <input type="checkbox"/> More than half the days ⁽³⁾ <input type="checkbox"/> Nearly every day ⁽⁴⁾
HIV Stigma Scale		
53.	If I were to get HIV, I would lose friends	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾

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#	Question	Response categories
54.	If I were to get HIV, people I care about would start avoiding me	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
55.	If I were to get HIV, telling someone else about my status would be risky	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
56.	If I were to get HIV, I would work hard to keep my HIV status a secret	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
57.	If I were to get HIV, I would be very careful who I tell that I have HIV	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
58.	If I were to get HIV, some people would avoid touching me	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾

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#	Question	Response categories
59.	If I were to get HIV, some people would avoid having sex with me	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
60.	Most people believe a person who has HIV is dirty	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
61.	Most people are uncomfortable around someone with HIV	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
62.	People with HIV are treated like outcasts	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
63.	If I were to get HIV, I would feel guilty	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾

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#	Question	Response categories
64.	If I were to get HIV, I would feel that I'm not as good a person as others	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
Anticipated PrEP Stigma (Calabrese et al., 2018)		
65.	People would assume I slept around if they knew I took PrEP	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
66.	People would think I am a bad person if they knew I took PrEP	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
67.	People would assume I am gay if they knew I took PrEP	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
68.	People would assume that I was HIV-positive if they knew I took PrEP	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾

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#	Question	Response categories
69.	I would feel ashamed to tell other people that I was taking PrEP	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
70.	My sexual partner(s) would approve of me taking PrEP	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
71.	My family would approve of me taking PrEP	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
72.	My friends would approve of me taking PrEP	<input type="checkbox"/> Strongly Agree ⁽¹⁾ <input type="checkbox"/> Agree ⁽²⁾ <input type="checkbox"/> Disagree ⁽³⁾ <input type="checkbox"/> Strongly Disagree ⁽⁴⁾
Pink Carpet Service		
73.	Have you used the Pink Carpet Service before?	<input type="checkbox"/> Yes, at the AFA Anonymous test site ⁽¹⁾ <input type="checkbox"/> Yes, at the Neil Rd outreach ⁽²⁾ → Go to next question 40 <input type="checkbox"/> No ⁽³⁾ → End survey
74.	From a scale of 1(Extremely Unsatisfied) to 5 (Extremely satisfied), how would you rate your overall experience at Pink Carpet Service?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

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#	Question	Response categories
75.	After going through the Pink Carpet service, do you think you are now better equipped to safeguard yourself from HIV/STIs?	<input type="checkbox"/> Yes ⁽¹⁾ <input type="checkbox"/> No ⁽²⁾ <input type="checkbox"/> Neutral ⁽³⁾

Questionnaire 3 — telehealth experience

1. What was your experience using telehealth for PrEP consult (Likert)

2. Was the doctor able to answer all your questions?

Yes

No, why? _____

3. If you had to attend in person, you would continue taking PrEP?

Yes

No, why? _____