Appendix 1: Study questionnaire

1. Year of birth: __________
2. Country of birth: __________
3. Year of immigration: __________
4. What is your religion? Jewish / Muslim / Christian / other: __________
5. How would you describe your relation to religion? Religious / Traditional / Secular
6. Are you currently in the relationship? Yes / No
7. If yes, how long? _______ years, _______ months
8. What is your education level? (mark with X the highest education):
   □ Primary/secondary
   □ High school with full matriculation
   □ Vocational professional diploma (not academic)
   □ Completed or I am currently studying toward Bachelor's degree
   □ Completed or I am currently studying toward Master's degree
   □ Completed or I am currently studying toward PhD degree
9. Are you currently in military service? Yes / No
10. Are you currently employed? Yes / No
11. What is your monthly income after tax (=net)? (mark the appropriate answer):
    Below 5000 NIS / Between 5001 to 10,000 NIS / between 10,001 to 15,000 NIS /
    Over 15,001 NIS / I do not work / I do not want to answer
12. What is your height in cm? _______
13. What is your weight in kg? _______
14. Do you currently smoke? Yes, I smoke ___ cigarettes a day during ___ years /
    Currently not, but I smoked in the past / I have not smoked ever
15. Have you been diagnosed with chronic illnesses, such as diabetes, hypertension, high level of
    blood lipids, etc.? Yes / No
16. If yes, specify the name of the chronic disease: __________
17. Do you use protein powder (=pollen sold in gyms and also soluble in the liquid) in order to
    increase muscle volume? Yes / No
18. If yes, who recommended you for taking the protein powder you take? (You can fill more
    than one answer): Doctor / Dietician / Alternative healer / Gym instructor / Personal
    initiative /
    Other: __________
19. How do you define your diet? (mark all applicable):
   □ I eat what I want
   □ I try to minimize the amount of calories
   □ I try to minimize the amount of fat
   □ I try to minimize the amount of sugar
   □ I try to minimize the amount of salt

20. Are you currently on a diet to: losing weight / keeping weight / weight gain / I am not going on a diet at all

21. How many cups of the following beverages you drink during an average day?
   □ _______ cups of coffee
   □ _______ cups of water/soda
   □ _______ cups of diet drinks
   □ _______ cups of juices/ sweet drinks (not diet)

22. What to you use to sweeten you hot/cold beverages? sugar / sweetener / sugar-free and without saccharin

23. Which kind of milk do you use for you hot/cold beverages? 5% / 3% / 1% / I do not use milk at all / I do not care what milk to use

24. Do you usually eat or buy products that are marked "diet" or "light"?
   Always / Often / Rarely / Never

25. How often do you eat vegetables? Every day / Often / Rarely / Never

26. How often do you eat fruits? Every day / Often / Rarely / Never

27. Do you eat sweets every day (such as candies, chocolates, savory snacks, cakes, cookies, etc.)? Daily / Often / Rarely / Never

28. How much are you satisfied from your body posture today?
   Very much / Largely / Slightly / Not at all

29. These questions are asked to evaluate your conceived preferences, if you had an hypothetical possibility to choose between wealth and various statements about your body type. For example, if you rather be rich than smooth, then check "rich" in the appropriate line. Please mark your choice for each of the statements:

<table>
<thead>
<tr>
<th>Rich</th>
<th>Or</th>
<th>An optimal body weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rich</td>
<td>Or</td>
<td>A smooth body</td>
</tr>
<tr>
<td>Rich</td>
<td>Or</td>
<td>A muscular body</td>
</tr>
</tbody>
</table>
30. If you could change one physical organ in your body, which would have you changed? _______

What is the desired look for this organ of the body/ appearance for you? _______

31. On average, how many times were you practicing in the gym in the last six months?
   Once a month or less / Twice to thrice a month / Once- thrice a week / 
   Thrice a week / Four times a week or more

32. How long on average length of your average workout in the gym?
   Up to an hour / Two hours / Up to three hours / Over three hours

33. Please mark your most commonly training practice (Mark X in the appropriate place for any type of training):

<table>
<thead>
<tr>
<th></th>
<th>Train every time</th>
<th>Often train</th>
<th>Rarely train</th>
<th>Never train</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerobic exercise (such as running,</td>
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<tr>
<td>cycling, swimming, spinning, kick</td>
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<tr>
<td>boxing)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Anaerobic exercise (like weight lifting,</td>
<td></td>
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<td></td>
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<tr>
<td>strength)</td>
<td></td>
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<td></td>
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<tr>
<td>Stretching, yoga, Feldenkrais, Pilates</td>
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</tbody>
</table>

34. What is the purpose of training in the gym? (Mark X in the appropriate place for each purpose):
35. How much do you enjoy training in the gym? Very much / largely / slightly / not at all

36. Have you used the scalp hair grow preparations in the last six months (drugs, creams, sprays, hair transplant surgery)? Yes / No

37. Have you removed body hair in any area (except for shaving the face) in the last six months? Yes / No

38. Have you used moisturizing cream after shaving or after bathing in the last six months? Yes / No

39. Where have you bought clothes in the last six months?
   - I did not buy clothes in the last six months
   - I bought whatever works, regardless of specific store
   - I bought in designer clothes stores
   - I bought in clothes firm networks (such as ZARA, Pull and Bear, etc.)

40. Have you ever tried to increase your muscle mass by using anabolic steroid? Yes / No
   (If you have indicated you have not used steroids, continue to question 44).

41. Have you used anabolic steroids in the last six months?
   - I used once only / I have used on a weekly basis / I used every day
42. If yes, what is the reason for using anabolic steroids? (Mark all relevant answers):
   - □ To look bigger and stronger
   - □ To look more sexually attractive
   - □ To look healthier
   - □ For medical reasons
   - □ Improving physical fitness
   - □ Other ______________

43. If yes, have you experienced any side effects associated with anabolic steroids in the last six months? (Mark all applicable options):
   - Facial sores (acne)
   - Headache
   - Mood changes (fatigue, irritability, aggression)
   - Reduction in testicular size
   - Changes in erection
   - Other: ____________________

44. Have you used drugs in the last six months? Yes / No (If not, continue to question 47).

45. If yes, what type of drugs have you used in the last six months? (You can mark more than one answer):
   - □ Sleep medication and sedatives
   - □ Cannabis, marijuana
   - □ LSD, mushrooms
   - □ GHB, PCP, Ketamine
   - □ Cocaine, crack, speed, ecstasy, amphetamines, Tina, Gathinon
   - □ Opium, morphine, codeine, heroin, methadone
   - □ Glues, paint removers, poppers, sprays, gases
   - □ Viagra / Cialis / Levitra
   - □ Other: _______________

46. How often do you use drugs?
   - Daily
   - Once or twice a week
   - Once- twice a month
   - Once- twice in the last six months

47. How often do you drink alcohol in the last six months (not including wine for Kiddush)?
   - Once a day
   - Once or twice a week
   - Once- twice a month
   - Once- twice in the last six months
   - I have not drink alcohol
   (If not, continue to question 49)

48. How often have got you drunk in the last six months?
   - Once a day
   - Once or twice a week
   - Once- twice a month
   - Once- twice in last six months
   - I have never got drunk

49. Have you had sex under the influence of drugs or alcohol in the last six months?
   - Always
   - Sometimes
   - Never
50. How often do you go out at night (such as bars, clubs, etc.)?
   Once a week or less / once-twice a week / three times a week or more

51. I use the internet (except work or using e-mail) to look for (Mark with X to 3 relevant answers):
   □ Social networks
   □ Sexual partner search
   □ Information on safe sex
   □ Health Services and information about AIDS and safe sex
   □ Information about drugs
   □ Information about anabolic steroids
   □ Information about bodybuilding culture
   □ Other: ___________________

52. Have you suffered from depression or suicidal thoughts in the last six months?  Yes / No

53. How many times have you felt that you do not have someone close to you in your surrounding?  Never / Rarely / Often / Always

54. How many times have you felt that other people do not understand you?
   Never / Rarely / Often / Always

55. Do you feel part of the circle of friends? Never / Rarely / Often / Always

56. HIV can be passed from person to person in the following ways (Mark with X correct answers you think. You can select more than one answer):
   □ From mother to newborn
   □ Unprotected sexual intercourse
   □ Using of common dishes or utensils
   □ Through blood and its products from HIV infected person
   □ Through kiss with HIV infected person
   □ Use of used syringes
   □ Through mosquito bite that had bitten an HIV infected person before

57. Please check for right or wrong for the following statements:
   - Anal/vaginal sex without a condom is more dangerous than oral sex. Right/ Wrong
   - Insertive oral sex is a safe practice regarding HIV infections. Right/ Wrong
   - Fingering a partner is a safe sex regarding HIV-transmission. Right/ Wrong
   - Body massage is a safe practice regarding STD. Right/ Wrong
58. When last have you been tested for HIV?  In the last three months / In the last six months / In the last year / Over one year ago / I have never done HIV test

59. What was the last HIV test result?  Positive / Negative / I do not want to answer

60. Have you ever been diagnosed with sexually transmitted disease (such as syphilis, gonorrhea, genital herpes, etc.)?   Yes / No

61. If yes, specify the name of the disease: ____________

62. With whom have you had sex in the last six months?  Women / Men / Women and men /
   I have not had sex (If you have not had sex in last six months, continue to question 70).
   (sex= oral, vaginal or anal contact)

63. If you have regularly sex with women, have you ever experience in sex with man? Yes / No

64. With how many sexual partners have you had sexual contact during the last six months?
   1 / 2-5 / 6-10 / 11-20 / more than 20

65. Have you had a steady sexual partner in the last six months?  Yes / No

66. If yes, have you had casual sexual intercourse while concomitantly have a steady partner?  Yes / No

67. In the following questions you will be asked about sex practices you are normally perform.
   If you are in steady relationship, please mark your answers in the left column. If you have only casual partners, please complete the right column. If you have sex with both steady and casual partners, please complete both columns.

<table>
<thead>
<tr>
<th>Questions</th>
<th>With steady partner</th>
<th>With casual partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the gender of your sexual partner?</td>
<td>Man / Women / Man and women</td>
<td>Man / Women / Man and women</td>
</tr>
<tr>
<td>Did you know HIV status of your sexual partner?</td>
<td>Yes / No</td>
<td>All of them / some of them / none of them</td>
</tr>
<tr>
<td>If yes, what is HIV status of your sexual partner?</td>
<td>Positive / Negative / I do not want to answer</td>
<td>Positive / Negative / I do not want to answer</td>
</tr>
<tr>
<td>Have you used condom during anal intercourse in the last six months? (You can check more than one response)</td>
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<td>----------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>□ I did not had anal sex</td>
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<td></td>
</tr>
<tr>
<td>□ Yes, I have always used</td>
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<td></td>
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<tr>
<td>□ I have used sometimes</td>
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<td></td>
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<tr>
<td>□ I have not used because I did not think it is necessary</td>
<td></td>
<td></td>
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<tr>
<td>□ I have not used because the condom was not available</td>
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<tr>
<td>□ I have not used because the condom reduce pleasure</td>
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<tr>
<td>□ I have not used because my partner did not want</td>
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<tr>
<td>□ I have not used because I do not have an erection with condom</td>
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<tr>
<td>□ I have not used for other reason: ____________</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>During anal intercourse, what position do you prefer mostly?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Top</td>
</tr>
<tr>
<td>□ Bottom</td>
</tr>
<tr>
<td>□ Both top and bottom</td>
</tr>
<tr>
<td>□ I did not have any anal intercourse</td>
</tr>
</tbody>
</table>
68. Have you engaged in group sex (more than one sexual partner) in the last six months? Yes / No

69. Have you had sex in the gym? Yes / No

70. If yes, with how many partners? _________

71. Have you ever seen somebody had sex in the gym? Yes / No

72. Have you ever paid for sex? Yes / No

73. Have you ever been paid for sex? Yes / No

74. Where do you usually find your sexual partners? (You can check more than one response)
   Clubs / Pubs and bars / Internet / Parks / Gym / Private parties / Through friends

    Please find below several statements. Please check if they are correct or wrong:

75. Because of the availability of the new drug treatments for AIDS, I reduced the use of a condom during sexual intercourse. Agree / Disagree / I do not know
76. I believe that new treatments for HIV cause the HIV-infected patients to be less infectious.  
Agree / Disagree / I do not know

77. If I find out that I am HIV-infected, I will think about committing suicide.  Yes / No

78. I can imagine a relationship with HIV-infected partner.  Yes / No

79. Sometimes I am so horny that I do not use a condom.  Yes / no

80. Most of my friends use condom during sexual intercourse.  Yes / No

81. Do you think you are at high risk for HIV acquisition? Not at risk / At low risk / At high risk

82. Please evaluate how you feel with each of the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Absolutely disagree (1)</th>
<th>Moderately agree (3)</th>
<th>Agree very much (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My excessive sexual appetite had led me to perform sexual contacts outside of my steady relationship</td>
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<td></td>
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<tr>
<td>I am too preoccupation with sex and it disrupts my life</td>
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<td></td>
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<tr>
<td>My sexual appetite affects my ability to manage daily life</td>
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<tr>
<td>I often think about sex also during work</td>
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<tr>
<td>I feel that the thoughts about sex are more powerful than me</td>
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<tr>
<td>I do not think I can find sexual partners with as sexual appetite as mine</td>
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