

# 2017 Annual Questionnaire

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## Start of Block: Introduction

### INTRO

#### **Welcome to the 2017 Annual Questionnaire!**

#### **PLEASE READ THIS**

The PRIDE Study 2017 Annual Questionnaire is a comprehensive survey of your physical, mental, and social health and well-being.

We understand that this survey is long. We estimate that it will take 30-45 minutes to complete. The exact time it takes may vary depending on the answers you give to each question. While we recommend that you complete the survey in one sitting, you can start the survey and finish it later by selecting "Save and Exit" in the upper-right corner.

Many of the questions are standard questions routinely asked in national health surveys. In some cases, we have modified these questions. While these questions may not use perfectly appropriate language for LGBTQ communities, it is important that we use these questions so that we can make comparisons to the overall US population. Some questions are similar to items in the "My Profile" and "My Health" sections of The PRIDE Study. We apologize for what seems like a duplicated question, but asking it again is important for these comparisons to the overall US population.

Your survey answers will be kept confidential. Your honest answers will help us as we study LGBTQ health in order to improve the health and well-being of our communities. Please do your best to answer every question, but you may skip questions that feel too uncomfortable to answer.

To help protect your privacy, we have obtained a National Institutes of Health Certificate of Confidentiality. We can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings (for example, if there is a court subpoena).

## End of Block: Introduction

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## Start of Block: Mental Health

MENTALHEALTH\_INTRO This section is meant to give us a sense of your **general mental health** by asking about specific diagnoses, conditions, symptoms, and behaviors. Many of these questions are standard questions routinely asked in national health surveys. Your honest

answers will help us as we study LGBTQ health in The PRIDE Study in order to improve the health and well-being of our communities. Your answers will be kept confidential. Please do your best to answer every question, but you may skip questions that feel too uncomfortable to answer. This section should take about 10-15 minutes to complete.

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DEP Has a mental health professional or physician EVER told you that you have depression?

- Yes (1)
  - No (0)
  - I don't know (88)
- 

*Display This Question:*

*If DEP = Yes*



DEP\_AGE At what age were you first told by a mental health professional or physician that you had depression? If you are not sure, please provide your best guess.

---



BPD Has a mental health professional or physician EVER told you that you have Bipolar Disorder?

- Yes (1)
  - No (0)
  - I don't know (88)
-

Display This Question:

If BPD = Yes



BPD\_AGE At what age were you first told by a mental health professional or physician that you had Bipolar Disorder? If you are not sure, please provide your best guess.

---



ANX Has a mental health professional or physician EVER told you that you have an anxiety disorder (any)?

- Yes (1)
- No (0)
- I don't know (88)

Display This Question:

If ANX = Yes



ANX\_AGE At what age were you first told by a mental health professional or physician that you had an anxiety disorder? If you are not sure, please provide your best guess.

---



GAD Has a mental health professional or physician EVER told you that you have Generalized Anxiety Disorder?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*  
If GAD = Yes



GAD\_AGE At what age were you first told by a mental health professional or physician that you had Generalized Anxiety Disorder? If you are not sure, please provide your best guess.

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PTSD Has a mental health professional or physician EVER told you that you have Post-Traumatic Stress Disorder (PTSD)?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*  
If PTSD = Yes



PTSD\_AGE At what age were you first told by a mental health professional or physician that you had PTSD? If you are not sure, please provide your best guess.

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PANIC Has a mental health professional or physician EVER told you that you have Agoraphobia or Panic Disorder?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If PANIC = Yes*



PANIC\_AGE At what age were you first told by a mental health professional or physician that you had Agoraphobia or Panic Disorder? If you are not sure, please provide your best guess.

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SOCPHOB Has a mental health professional or physician EVER told you that you have Social Phobia or Social Anxiety Disorder?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If SOCPHOB = Yes*



SOCPHOB\_AGE At what age were you first told by a mental health professional or physician that you had Social Phobia or Social Anxiety Disorder? If you are not sure, please provide your best guess.

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PSYCHOTIC Has a mental health professional or physician EVER told you that you have Schizophrenia or a psychotic disorder?

- Yes (1)
- No (0)
- I don't know (88)

*Display This Question:*  
If PSYCHOTIC = Yes



PSYCHOTIC\_AGE At what age were you first told by a mental health professional or physician that you had Schizophrenia or a psychotic disorder? If you are not sure, please provide your best guess.

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OCD Has a mental health professional or physician EVER told you that you have Obsessive Compulsive Disorder (OCD)?

- Yes (1)
- No (0)
- I don't know (88)

Display This Question:

If OCD = Yes



OCD\_AGE At what age were you first told by a mental health professional or physician that you had OCD? If you are not sure, please provide your best guess.

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TIC Has a mental health professional or physician EVER told you that you have Chronic Tic Disorder or Tourette Syndrome?

- Yes (1)
- No (0)
- I don't know (88)

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Page Break



TRICHO Has a mental health professional or physician EVER told you that you have Trichotillomania (hair pulling disorder)?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If TRICHO = Yes*



TRICHO\_AGE At what age were you first told by a mental health professional or physician that you had Trichotillomania (hair pulling disorder)? If you are not sure, please provide your best guess.

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SKINPICK Has a mental health professional or physician EVER told you that you have chronic skin picking or Excoriation Disorder?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If SKINPICK = Yes*





SKINPICK\_AGE At what age were you first told by a mental health professional or physician that you had chronic skin picking or Excoriation Disorder? If you are not sure, please provide your best guess.

---



BDD Has a mental health professional or physician EVER told you that you have Body Dysmorphic Disorder (BDD)?

- Yes (1)
- No (0)
- I don't know (88)

*Display This Question:*

*If BDD = Yes*



BDD\_AGE At what age were you first told by a mental health professional or physician that you had BDD? If you are not sure, please provide your best guess.

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ADD Has a mental health professional or physician EVER told you that you have Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)?

- Yes (1)
- No (0)
- I don't know (88)

Display This Question:

If ADD = Yes



ADD\_AGE At what age were you first told by a mental health professional or physician that you had ADD or ADHD? If you are not sure, please provide your best guess.

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PERSONALITY Has a mental health professional or physician EVER told you that you have a personality disorder such as Borderline Personality Disorder or Narcissistic Personality Disorder?

- Yes (1)
- No (0)
- I don't know (88)

Display This Question:

If PERSONALITY = Yes



PERSONALITY\_AGE At what age were you first told by a mental health professional or physician that you had a personality disorder? If you are not sure, please provide your best guess.

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AUD Has a mental health professional or physician EVER told you that you have alcoholism or Alcohol Use Disorder?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If AUD = Yes*



AUD\_AGE At what age were you first told by a mental health professional or physician that you had alcoholism or Alcohol Use Disorder? If you are not sure, please provide your best guess.

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SUD Has a mental health professional or physician EVER told you that you have a drug or Substance Use Disorder (other than nicotine or alcohol)?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If SUD = Yes*



SUD\_AGE At what age were you first told by a mental health professional or physician that you had a drug or Substance Use Disorder? If you are not sure, please provide your best guess.

---



EATINGDO Has a mental health professional or physician EVER told you that you have an eating disorder such as Anorexia or Bulimia?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If EATINGDO = Yes*



EATINGDO\_AGE At what age were you first told by a mental health professional or physician that you had an eating disorder? If you are not sure, please provide your best guess.

---



ASD Has a mental health professional or physician EVER told you that you have Autism Spectrum Disorder or Asperger's Syndrome?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If ASD = Yes*



ASD\_AGE At what age were you first told by a mental health professional or physician that you have Autism Spectrum Disorder or Asperger's Syndrome? If you are not sure, please provide your best guess.

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SLEEPDO Has a mental health professional or physician EVER told you that you have Insomnia or another sleep disorder?

- Yes (1)
- No (0)
- I don't know (88)

*Display This Question:*  
If SLEEPDO = Yes



SLEEPDO\_AGE At what age were you first told by a mental health professional or physician that you had insomnia or another sleep disorder? If you are not sure, please provide your best guess.

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HYPPOCHOND Has a mental health professional or physician EVER told you that you have Hypochondriasis or Illness Anxiety Disorder?

- Yes (1)
- No (0)
- I don't know (88)

Display This Question:

If HYPOCHOND = Yes



HYPOCHOND\_AGE At what age were you first told by a mental health professional or physician that you had Hypochondriasis or Illness Anxiety Disorder? If you are not sure, please provide your best guess.

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PROB\_INTRO **Problems You May Have Had**

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PROB\_ANXIETY Have you EVER thought that you had a problem with anxiety?

- I have never had this problem (0)
  - Yes, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



PROB\_DEPRESSION Have you EVER thought that you had depression?

- I have never had this problem (0)
  - Yes, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



PROB\_EATING Have you EVER thought that you had an eating disorder or a problem with eating?

- I have never had this problem (0)
  - Yes, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



PROB\_ALCOHOL Have you EVER thought that you had a problem with alcohol use?

- I have never had this problem (0)
  - Yes, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



PROB\_SUBST Have you EVER thought that you had a problem with drug or substance use (other than alcohol)?

- I have never had this problem (0)
  - Yes, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



PROB\_HAIRPULL Have you EVER thought that you had a problem with pulling out your hair?

- I have never had this problem (0)
  - Yes, but not now (1)
  - Yes, and I think I still have this problem (2)
- 





PROB\_SKINPICK Have you EVER thought that you had a problem with picking at your skin to the point it caused damage?

- I have never had this problem (0)
  - Yes, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



MED\_MENTAL Which of the following best describes your use of medications for stress or mental health problems?

- I have never taken medication for these reasons (0)
  - I used to take medication for at least one of these reasons (1)
  - I currently take medication for at least one of these reasons (2)
- 



MED\_SUBST Which of the following best describes your use of medications for substance use problems?

- I have never taken medication for this reason (0)
  - I used to take medication for this reason (1)
  - I currently take medication for this reason (2)
- 



COUNSEL\_MENTAL Which of the following best describes your use of psychotherapy/counseling for stress or mental health problems?

- I have never been in psychotherapy/counseling for these reasons (0)
  - I used to be in psychotherapy/counseling for at least one of these reasons (1)
  - I am currently in psychotherapy/counseling for at least one of these reasons (2)
- 



COUNSEL\_SUBST Which of the following best describes your use of psychotherapy/counseling for substance use problems?

- I have never been in psychotherapy/counseling for this reason (0)
  - I used to be in psychotherapy/counseling for this reason (1)
  - I am currently in psychotherapy/counseling for this reason (2)
- 

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HEALTH\_INTRO Your Health

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PHQ1 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Little interest or pleasure in doing things**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



PHQ2 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Feeling down, depressed, or hopeless**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



PHQ3 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Trouble falling or staying asleep**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



PHQ4 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Feeling tired or having little energy**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



PHQ5 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Poor appetite or overeating**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



PHQ6 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Feeling bad about yourself - or that you are a failure or have let yourself or your family down**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



PHQ7 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Trouble concentrating on things, such as reading the newspaper or watching television**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



PHQ8 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Moving or speaking so slowly that other people could have noticed - or being so fidgety or restless that you have been moving around a lot more than usual**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
-



PHQ9 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Thoughts that you would be better off dead or of hurting yourself in some way**

- Not at all (0)
- Several days (1)
- More than half the days (2)
- Nearly every day (3)

---

*Display This Question:*  
*If PHQ9 = Several days*  
*Or PHQ9 = More than half the days*  
*Or PHQ9 = Nearly every day*

SUICIDE\_RESOURCES We at The PRIDE Study value the health and mental health of sexual and gender minority people like you. Suicide has taken too many of us. We sincerely urge you to get help, as we know that things can get better with help. Please consider reaching out for services in your area, and also consider calling 1-800-273-8255 to talk with someone. Go to the emergency room or call 911 if you are in crisis and don't know where to get help. The PRIDE Study team cares about you and the health of our community.

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Page Break



GAD1 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Feeling nervous, anxious, or on edge**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



GAD2 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Not being able to stop or control worrying**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



GAD3 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Worrying too much about different things**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
-



GAD4 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Trouble relaxing**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



GAD5 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Being so restless that it's hard to sit still**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
- 



GAD6 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Becoming easily annoyed or irritable**

- Not at all (0)
  - Several days (1)
  - More than half the days (2)
  - Nearly every day (3)
-





GAD7 Over the last 2 weeks, how often have you been bothered by the following problem:  
**Feeling afraid as if something awful might happen**

- Not at all (0)
- Several days (1)
- More than half the days (2)
- Nearly every day (3)

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Page Break \_\_\_\_\_

X→

PCL1 In the past month, how much have you been bothered by the following problem:  
Repeated, disturbing *memories, thoughts, or images* of a stressful experience from the past?

- Not at all (1)
  - A little bit (2)
  - Moderately (3)
  - Quite a bit (4)
  - Extremely (5)
- 

X→

PCL2 In the past month, how much have you been bothered by the following problem:  
Feeling *very upset when something reminded* you of a stressful experience from the past?

- Not at all (1)
  - A little bit (2)
  - Moderately (3)
  - Quite a bit (4)
  - Extremely (5)
- 

X→

PCL3 In the past month, how much have you been bothered by the following problem:  
Avoided *activities or situations* because they *reminded you* of a stressful experience from the past?

- Not at all (1)
  - A little bit (2)
  - Moderately (3)
  - Quite a bit (4)
  - Extremely (5)
- 



PCL4 In the past month, how much have you been bothered by the following problem:  
Feeling *distant* or *cut off* from other people?

- Not at all (1)
  - A little bit (2)
  - Moderately (3)
  - Quite a bit (4)
  - Extremely (5)
- 



PCL5 In the past month, how much have you been bothered by the following problem:  
Feeling *irritable* or having *angry outbursts*?

- Not at all (1)
  - A little bit (2)
  - Moderately (3)
  - Quite a bit (4)
  - Extremely (5)
- 



PCL6 In the past month, how much have you been bothered by the following problem:  
Having *difficulty concentrating*?

- Not at all (1)
  - A little bit (2)
  - Moderately (3)
  - Quite a bit (4)
  - Extremely (5)
- 

TRAUMA\_INTRO Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example: a serious accident or fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone be killed or seriously injured, having a loved one die through homicide or suicide.

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TRAUMA Have you ever experienced this kind of event?

Yes (1)

No (0)

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ERQ\_INTRO We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:

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#### ERQ\_SCALE

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ERQ1 When I want to feel more *positive* emotion (such as joy or amusement), I *change what I'm thinking about*.

- 1 Strongly Disagree (1)
  - 2 (2)
  - 3 (3)
  - 4 Neutral (4)
  - 5 (5)
  - 6 (6)
  - 7 Strongly Agree (7)
- 



ERQ2 I keep my emotions to myself.

- 1 Strongly Disagree (1)
  - 2 (2)
  - 3 (3)
  - 4 Neutral (4)
  - 5 (5)
  - 6 (6)
  - 7 Strongly Agree (7)
- 



ERQ3 When I want to feel less *negative* emotion (such as sadness or anger), I *change what I'm thinking about*.

- 1 Strongly Disagree (1)
  - 2 (2)
  - 3 (3)
  - 4 Neutral (4)
  - 5 (5)
  - 6 (6)
  - 7 Strongly Agree (7)
- 



ERQ4 When I am feeling *positive* emotions, I am careful not to express them.

- 1 Strongly Disagree (1)
  - 2 (2)
  - 3 (3)
  - 4 Neutral (4)
  - 5 (5)
  - 6 (6)
  - 7 Strongly Agree (7)
- 



ERQ5 When I'm faced with a stressful situation, I make myself *think about it* in a way that helps me stay calm.

- 1 Strongly Disagree (1)
  - 2 (2)
  - 3 (3)
  - 4 Neutral (4)
  - 5 (5)
  - 6 (6)
  - 7 Strongly Agree (7)
- 





ERQ6 I control my emotions by *not expressing them*.

- 1 Strongly Disagree (1)
  - 2 (2)
  - 3 (3)
  - 4 Neutral (4)
  - 5 (5)
  - 6 (6)
  - 7 Strongly Agree (7)
- 



ERQ7 When I want to feel more *positive* emotion, I *change the way I'm thinking* about the situation.

- 1 Strongly Disagree (1)
  - 2 (2)
  - 3 (3)
  - 4 Neutral (4)
  - 5 (5)
  - 6 (6)
  - 7 Strongly Agree (7)
- 



ERQ8 I control my emotions by changing the way I think about the situation I'm in.

- 1 Strongly Disagree (1)
- 2 (2)
- 3 (3)
- 4 Neutral (4)
- 5 (5)
- 6 (6)
- 7 Strongly Agree (7)



ERQ9 When I am feeling *negative* emotions, I make sure not to express them.

- 1 Strongly Disagree (1)
- 2 (2)
- 3 (3)
- 4 Neutral (4)
- 5 (5)
- 6 (6)
- 7 Strongly Agree (7)



ERQ10 When I want to feel less *negative* emotion, I *change the way I'm thinking* about the situation.

1 Strongly Disagree (1)

2 (2)

3 (3)

4 Neutral (4)

5 (5)

6 (6)

7 Strongly Agree (7)

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Page Break

AAQ\_INTRO You will find a list of statements below. Please rate how true each statement is for you by selecting one option per question.

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X→

AAQ1 My painful experiences and memories make it difficult for me to live a life that I would value.

- Never true (1)
  - Very seldom true (2)
  - Seldom true (3)
  - Sometimes true (4)
  - Frequently true (5)
  - Almost always true (6)
  - Always true (7)
- 

X→

AAQ2 I'm afraid of my feelings.

- Never true (1)
  - Very seldom true (2)
  - Seldom true (3)
  - Sometimes true (4)
  - Frequently true (5)
  - Almost always true (6)
  - Always true (7)
- 



AAQ3 I worry about not being able to control my worries and feelings.

- Never true (1)
  - Very seldom true (2)
  - Seldom true (3)
  - Sometimes true (4)
  - Frequently true (5)
  - Almost always true (6)
  - Always true (7)
- 



AAQ4 My painful memories prevent me from having a fulfilling life.

- Never true (1)
  - Very seldom true (2)
  - Seldom true (3)
  - Sometimes true (4)
  - Frequently true (5)
  - Almost always true (6)
  - Always true (7)
- 



AAQ5 Emotions cause problems in my life.

- Never true (1)
  - Very seldom true (2)
  - Seldom true (3)
  - Sometimes true (4)
  - Frequently true (5)
  - Almost always true (6)
  - Always true (7)
- 



AAQ6 It seems like most people are handling their lives better than I am.

- Never true (1)
  - Very seldom true (2)
  - Seldom true (3)
  - Sometimes true (4)
  - Frequently true (5)
  - Almost always true (6)
  - Always true (7)
- 



AAQ7 Worries get in the way of my success.

- Never true (1)
  - Very seldom true (2)
  - Seldom true (3)
  - Sometimes true (4)
  - Frequently true (5)
  - Almost always true (6)
  - Always true (7)
- 

Page Break



SELFHARM Have you ever purposefully physically harmed or injured yourself (for example, cutting or burning yourself)?

- Yes (1)
  - No (0)
- 

*Display This Question:*

*If SELFHARM = Yes*



SELFHARM\_LAST When was the last time you purposefully physically harmed or injured yourself?

- More than 1 year ago (0)
  - More than a month ago but less than a year ago (1)
  - Within the past month (2)
- 



SBQ1 Have you ever thought about or attempted to kill yourself?

- Never (0)
  - It was just a brief passing thought. (1)
  - I have had a plan at least once to kill myself but did not try to do it. (2)
  - I have had a plan at least once to kill myself and really wanted to die. (3)
  - I have attempted to kill myself, but did not want to die. (4)
  - I have attempted to kill myself, and really hoped to die. (5)
-



Display This Question:

*If SBQ1 = It was just a brief passing thought.*

*Or SBQ1 = I have had a plan at least once to kill myself but did not try to do it.*

*Or SBQ1 = I have had a plan at least once to kill myself and really wanted to die.*

*Or SBQ1 = I have attempted to kill myself, but did not want to die.*

*Or SBQ1 = I have attempted to kill myself, and really hoped to die.*



SBQ2 How often have you thought about killing yourself in the past year?

- Never (0)
  - Rarely (1 time) (1)
  - Sometimes (2 times) (2)
  - Often (3-4 times) (3)
  - Very often (5 or more times) (4)
- 



SBQ3 Have you ever told someone that you were going to commit suicide, or that you might do it?

- No. (0)
  - Yes, at one time, but did not really want to die. (1)
  - Yes, at one time, and really wanted to die. (2)
  - Yes, more than once, but did not want to do it. (3)
  - Yes, more than once, and really wanted to do it. (4)
-

Display This Question:

If SBQ1 = I have attempted to kill myself, but did not want to die.

Or SBQ1 = I have attempted to kill myself, and really hoped to die.



SBQ4 When was the last time you attempted to kill yourself?

- Within the past year (2)
  - 1-5 years ago (1)
  - More than 5 years ago (0)
- 



SBQ5 How likely is it that you will attempt suicide someday?

- Never (0)
  - No chance at all (1)
  - Rather unlikely (2)
  - Unlikely (3)
  - Likely (4)
  - Rather likely (5)
  - Very likely (6)
- 

SUICIDE\_RESOURCES2 We at The PRIDE Study value the health and mental health of sexual and gender minority people like you. Suicide has taken too many of us. We sincerely urge you to get help, as we know that things can get better with help. Please consider reaching out for services in your area, and also consider calling 1-800-273-8255 to talk with someone. Go to the emergency room or call 911 if you are in crisis and don't know where to get help. The PRIDE Study team cares about you and the health of our community.

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Page Break

---

X→

SMOKE\_EVER Have you ever tried cigarette smoking, even one or two puffs?

- Yes (1)
- No (0)

---

*Display This Question:*

If SMOKE\_EVER = Yes

X→

SMOKER Have you smoked at least 100 cigarettes in your entire life?

- Yes (1)
- No (0)

---

*Display This Question:*

If SMOKE\_EVER = Yes

X→

SMOKE\_NOW Do you now smoke cigarettes every day, some days, or not at all?

- Every day (2)
- Some days (1)
- Not at all (0)

---

*Display This Question:*

If SMOKE\_EVER = Yes

X→

SMOKE\_LAST When was the last time you smoked a cigarette, even one or two puffs?

- Within the past 24 hours (8)
- Within the past 7 days (7)
- Within the past 30 days (6)
- Within the past 3 months (5)
- Within the past 6 months (4)
- Within the past 1 year (3)
- Within the past 5 years (2)
- Within the past 15 years (1)
- More than 15 years ago (0)

-----

*Display This Question:*

*If SMOKE\_NOW = Every day  
Or SMOKE\_NOW = Some days*



CIGSDAY On average, about how many cigarettes a day do you now smoke?

---

-----

*Display This Question:*

*If SMOKE\_NOW = Every day  
Or SMOKE\_NOW = Some days*



TTFC How long after waking do you smoke your first cigarette?

- Within 5 minutes (3)
- 5-30 minutes (2)
- 31-60 minutes (1)
- After 60 minutes (0)

---

*Display This Question:*

*If SMOKE\_NOW = Every day  
Or SMOKE\_NOW = Some days*



SMOKE\_QUITYEAR During the past 12 months, have you stopped smoking for 24 hours or more? (Do not count times when you weren't allowed to smoke, like if you were in a hospital or in jail.)

- Yes (1)
- No (0)

---

*Display This Question:*

*If SMOKE\_NOW = Every day  
Or SMOKE\_NOW = Some days*



QUITHOW In any previous quit attempts, which of the following methods/resources have you used to help you quit? (Check all that apply.)

- Quit "cold turkey" (1)
- Gradually cut down (2)
- Stop smoking class/program for a fee (3)
- Stop smoking class/program (no fee) (4)
- Advice or counseling from a doctor, nurse, psychologist, or other health professional (5)
- Telephone hotline (6)
- Hypnosis (7)
- Acupuncture (8)
- Nicotine gum (9)
- Nicotine patch (10)
- Nicotine spray (11)
- Nicotine inhaler (12)
- Nicotine lozenge (13)
- Zyban, Wellbutrin, or bupropion for smoking cessation (14)
- Chantix or varenicline (15)

- E-cigarette (e.g., vaping, hookah pen) with nicotine (16)
  - E-cigarette (e.g., vaping, hookah pen) without nicotine (17)
  - Internet (please specify website) (18)
- 
- Never tried to quit (0)
  - Other (please specify) (19)
- 

*Display This Question:*

*If SMOKE\_NOW = Every day*

*Or SMOKE\_NOW = Some days*

X→

QUITWANT How interested are you in quitting smoking in the near future?

- Not at all interested (0)
- Somewhat interested (1)
- Very interested (2)
- Extremely interested (3)

X→



NONCIG In the past month, have you used any tobacco or nicotine products OTHER THAN cigarettes? (Check all that apply.)

- Blunt (with another substance) (1)
  - Blunt (without any other substance) (2)
  - Bidi (3)
  - Chewing tobacco ("chew") (4)
  - Other cigars with tobacco inside (e.g., cigarillos, little cigars, bidis) (5)
  - Other cigars with another substance (e.g., cigarillos, little cigars, bidis) (6)
  - Dip (7)
  - E-cigarette or vape device with nicotine (8)
  - Nicotine replacement products (e.g., patch, gum, lozenge) (9)
  - Snuff (10)
  - Snus (11)
  - E-cigarette or vape device without nicotine (12)
  - Other tobacco product (please specify) (13)
- 
- No other tobacco product (0)
-



ALC5 How long has it been since you last had 5 or more drinks on one occasion?

- Within the past 30 days (3)
- More than 30 days ago but within the past 12 months (2)
- More than 12 months ago (1)
- Never had 5 or more drinks on one occasion (0)

---

*Display This Question:*

*If ALC5 = Within the past 30 days*



ALC5\_DAYS In the past 30 days, on how many days have you had 5 or more drinks on one occasion?

---



ALC4 How long has it been since you last had 4 or more drinks on one occasion?

- Within the past 30 days (3)
- More than 30 days ago but within the past 12 months (2)
- More than 12 months ago (1)
- Never had 4 or more drinks on one occasion (0)

---

*Display This Question:*

*If ALC4 = Within the past 30 days*



ALC4\_DAYS In the past 30 days, on how many days have you had 4 or more drinks on one occasion?

---



AUDITC1 How often did you have a drink containing alcohol in the past year?

- Never (0)
- Monthly or less (1)
- 2-4 times a month (2)
- 2-3 times a week (3)
- 4 or more times a week (4)

*Display This Question:*

*If AUDITC1 = Monthly or less  
Or AUDITC1 = 2-4 times a month  
Or AUDITC1 = 2-3 times a week  
Or AUDITC1 = 4 or more times a week*



AUDITC2 How many drinks did you have on a typical day when you were drinking in the past year?

- 1 or 2 (0)
- 3 or 4 (1)
- 5 or 6 (2)
- 7 to 9 (3)
- 10 or more (4)

Display This Question:

*If AUDITC1 = Monthly or less*

*Or AUDITC1 = 2-4 times a month*

*Or AUDITC1 = 2-3 times a week*

*Or AUDITC1 = 4 or more times a week*



AUDITC3 How often do you have six or more drinks on one occasion in the past year?

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

Display This Question:

*If AUDITC1 = Monthly or less*

*Or AUDITC1 = 2-4 times a month*

*Or AUDITC1 = 2-3 times a week*

*Or AUDITC1 = 4 or more times a week*



AUDITC4 How often during the last year have you found that you were not able to stop drinking once you had started?

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

*Display This Question:*

*If AUDITC1 = Monthly or less*

*Or AUDITC1 = 2-4 times a month*

*Or AUDITC1 = 2-3 times a week*

*Or AUDITC1 = 4 or more times a week*



AUDITC5 How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

---

*Display This Question:*

*If AUDITC1 = Monthly or less*

*Or AUDITC1 = 2-4 times a month*

*Or AUDITC1 = 2-3 times a week*

*Or AUDITC1 = 4 or more times a week*



AUDITC6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

---

*Display This Question:*

*If AUDITC1 = Monthly or less*

*Or AUDITC1 = 2-4 times a month*

*Or AUDITC1 = 2-3 times a week*

*Or AUDITC1 = 4 or more times a week*



AUDITC7 How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

---

*Display This Question:*

*If AUDITC1 = Monthly or less*

*Or AUDITC1 = 2-4 times a month*

*Or AUDITC1 = 2-3 times a week*

*Or AUDITC1 = 4 or more times a week*



AUDITC8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never (0)
  - Less than monthly (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or almost daily (4)
- 



AUDITC9 Have you or someone else been injured as a result of your drinking?

- No (0)
  - Yes, but not in the last year (2)
  - Yes, during the last year (4)
- 



AUDITC10 Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

- No (0)
  - Yes, but not in the last year (2)
  - Yes, during the last year (4)
- 

Page Break





DRUGS\_LIFETIME In your LIFETIME, which of the following substances have you ever used?  
(Check all that apply.)

- I have never used any substances (0)
  - Cannabis (marijuana, pot, grass, hash, etc.) (1)
  - Cocaine (coke, crack, etc.) (2)
  - Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) (3)
  - Methamphetamine (speed, crystal meth, tina, ice, etc.) (4)
  - Inhalants (nitrous oxide, glue, gas, paint thinner, etc.) **not** including inhaled nitrates (poppers) (5)
  - Inhaled nitrates (poppers) (6)
  - Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.) (7)
  - GHB (G, gamma-hydroxybutyric acid) (8)
  - Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) (9)
  - Street opioids (heroin, opium, etc.) (10)
  - Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) (11)
  - MDMA (Ecstasy or Molly) (12)
  - Other (please list only 1 drug) (13)
-

Other (please list only 1 drug) (14)

---

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Page Break

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Display This Question:

If DRUGS\_LIFETIME = Cannabis (marijuana, pot, grass, hash, etc.)



CAN\_LASTUSE How long has it been since you **last** used cannabis (marijuana, pot, grass, hash, etc.)?

- Within the past 30 days (0)
- More than 30 days ago but within the past 12 months (1)
- More than 12 months ago (2)

Display This Question:

If CAN\_LASTUSE = Within the past 30 days



CAN\_DAYS In the past 30 days, on how many days have you used cannabis (marijuana, pot, grass, hash, etc.)?

---

Display This Question:

If CAN\_LASTUSE = Within the past 30 days

Or CAN\_LASTUSE = More than 30 days ago but within the past 12 months



CAN\_FREQ In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If CAN\_FREQ = Once or Twice  
Or CAN\_FREQ = Monthly  
Or CAN\_FREQ = Weekly  
Or CAN\_FREQ = Daily or Almost Daily*



CAN\_ANYMD Was **any** of your cannabis (marijuana, pot, grass, hash, etc.) use in the past three months recommended or prescribed by a doctor or other health care professional?

- Yes (1)
- No (0)

---

*Display This Question:*

*If CAN\_ANYMD = Yes*



CAN\_ALLMD Was **all** of your cannabis (marijuana, pot, grass, hash, etc.) use in the past three months used exactly as prescribed or recommended by a doctor or other health care professional?

- Yes (1)
- No (0)

---

*Display This Question:*

*If CAN\_FREQ = Once or Twice*

*Or CAN\_FREQ = Monthly*

*Or CAN\_FREQ = Weekly*

*Or CAN\_FREQ = Daily or Almost Daily*



CAN\_URGE In the past 3 months, how often have you had a strong desire or urge to use cannabis (marijuana, pot, grass, hash, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If CAN\_FREQ = Once or Twice*

*Or CAN\_FREQ = Monthly*

*Or CAN\_FREQ = Weekly*

*Or CAN\_FREQ = Daily or Almost Daily*



CAN\_PROBS During the past 3 months, how often has your use of cannabis (marijuana, pot, grass, hash, etc.) led to health, social, legal or financial problems?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If CAN\_FREQ = Once or Twice  
Or CAN\_FREQ = Monthly  
Or CAN\_FREQ = Weekly  
Or CAN\_FREQ = Daily or Almost Daily*



CAN\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of cannabis (marijuana, pot, grass, hash, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Cannabis (marijuana, pot, grass, hash, etc.)*



CAN\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of cannabis (marijuana, pot, grass, hash, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Cannabis (marijuana, pot, grass, hash, etc.)*



CAN\_STOP Have you ever tried and failed to control, cut down or stop using cannabis (marijuana, pot, grass, hash, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Cocaine (coke, crack, etc.)*



COKE\_LASTUSE How long has it been since you **last** used cocaine (coke, crack, etc.)?

- Within the past 30 days (0)
- More than 30 days ago but within the past 12 months (1)
- More than 12 months ago (2)

---

*Display This Question:*

*If COKE\_LASTUSE = Within the past 30 days*



COKE\_DAYS In the past 30 days, on how many days have you used cocaine (coke, crack, etc.)?

---

*Display This Question:*  
If COKE\_LASTUSE = Within the past 30 days  
Or COKE\_LASTUSE = More than 30 days ago but within the past 12 months



COKE\_FREQ In the past three months, how often have you used cocaine (coke, crack, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

*Display This Question:*  
If COKE\_FREQ = Once or Twice  
Or COKE\_FREQ = Monthly  
Or COKE\_FREQ = Weekly  
Or COKE\_FREQ = Daily or Almost Daily





COKE\_URGE In the past 3 months, how often have you had a strong desire or urge to use cocaine (coke, crack, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If COKE\_FREQ = Once or Twice  
Or COKE\_FREQ = Monthly  
Or COKE\_FREQ = Weekly  
Or COKE\_FREQ = Daily or Almost Daily*



COKE\_PROBS During the past 3 months, how often has your use of cocaine (coke, crack, etc.) led to health, social, legal or financial problems?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If COKE\_FREQ = Once or Twice

Or COKE\_FREQ = Monthly

Or COKE\_FREQ = Weekly

Or COKE\_FREQ = Daily or Almost Daily



COKE\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of cocaine (coke, crack, etc.)?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
- 

Display This Question:

If DRUGS\_LIFETIME = Cocaine (coke, crack, etc.)



COKE\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of cocaine (coke, crack, etc.)?

- No, never (0)
  - Yes, but not in the past 3 months (1)
  - Yes, in the past 3 months (2)
- 

Display This Question:

If DRUGS\_LIFETIME = Cocaine (coke, crack, etc.)



COKE\_STOP Have you ever tried and failed to control, cut down or stop using cocaine (coke, crack, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Cocaine (coke, crack, etc.)*



COKE\_INJECT Have you ever used cocaine (coke, crack, etc.) by injection?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)*



STIM\_LASTUSE How long has it been since you **last** used prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?

- Within the past 30 days (0)
- More than 30 days ago but within the past 12 months (1)
- More than 12 months ago (2)

---

*Display This Question:*

*If STIM\_LASTUSE = Within the past 30 days*



STIM\_DAYS In the past 30 days, on how many days have you used prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?

---

*Display This Question:*

*If STIM\_LASTUSE = Within the past 30 days*

*Or STIM\_LASTUSE = More than 30 days ago but within the past 12 months*



STIM\_FREQ In the past three months, how often have you used prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

*Display This Question:*

*If STIM\_FREQ = Once or Twice*

*Or STIM\_FREQ = Monthly*

*Or STIM\_FREQ = Weekly*

*Or STIM\_FREQ = Daily or Almost Daily*



STIM\_ANYMD Was **any** of your prescription stimulant (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) use in the past three months prescribed by a doctor or other health care professional?

- Yes (1)
- No (0)

Display This Question:

If STIM\_ANYMD = Yes



STIM\_ALLMD Was **all** of your prescription stimulant (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) use in the past three months used exactly as prescribed by a doctor or other health care professional?

Yes (1)

No (0)

---

Display This Question:

If STIM\_FREQ = Once or Twice

Or STIM\_FREQ = Monthly

Or STIM\_FREQ = Weekly

Or STIM\_FREQ = Daily or Almost Daily



STIM\_URGE In the past 3 months, how often have you had a strong desire or urge to use prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?

Never (0)

Once or Twice (1)

Monthly (2)

Weekly (3)

Daily or Almost Daily (4)

---

Display This Question:

If STIM\_FREQ = Once or Twice

Or STIM\_FREQ = Monthly

Or STIM\_FREQ = Weekly

Or STIM\_FREQ = Daily or Almost Daily



STIM\_PROBS During the past 3 months, how often has your use of prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) led to health, social, legal or financial problems?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

Display This Question:

If STIM\_FREQ = Once or Twice

Or STIM\_FREQ = Monthly

Or STIM\_FREQ = Weekly

Or STIM\_FREQ = Daily or Almost Daily



STIM\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)*



STIM\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)*



STIM\_STOP Have you ever tried and failed to control, cut down or stop using prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

Display This Question:

If DRUGS\_LIFETIME = Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)



STIM\_INJECT Have you ever used prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) by injection?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

Display This Question:

If DRUGS\_LIFETIME = Methamphetamine (speed, crystal meth, tina, ice, etc.)



METH\_LASTUSE How long has it been since you **last** used methamphetamine (speed, crystal meth, tina, ice, etc.)?

- Within the past 30 days (0)
- More than 30 days ago but within the past 12 months (1)
- More than 12 months ago (2)

---

Display This Question:

If METH\_LASTUSE = Within the past 30 days



METH\_DAYS In the past 30 days, on how many days have you used methamphetamine (speed, crystal meth, tina, ice, etc.)?

---



Display This Question:

If METH\_LASTUSE = Within the past 30 days

And METH\_LASTUSE = More than 30 days ago but within the past 12 months



METH\_FREQ In the past three months, how often have you used methamphetamine (speed, crystal meth, tina, ice, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

Display This Question:

If METH\_FREQ = Once or Twice

Or METH\_FREQ = Monthly

Or METH\_FREQ = Weekly

Or METH\_FREQ = Daily or Almost Daily



METH\_URGE In the past 3 months, how often have you had a strong desire or urge to use methamphetamine (speed, crystal meth, tina, ice, etc.)?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

*Display This Question:*

*If METH\_FREQ = Once or Twice*

*Or METH\_FREQ = Monthly*

*Or METH\_FREQ = Weekly*

*Or METH\_FREQ = Daily or Almost Daily*



METH\_PROBS During the past 3 months, how often has your use of methamphetamine (speed, crystal meth, tina, ice, etc.) led to health, social, legal or financial problems?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If METH\_FREQ = Once or Twice*

*Or METH\_FREQ = Monthly*

*Or METH\_FREQ = Weekly*

*Or METH\_FREQ = Daily or Almost Daily*



METH\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of methamphetamine (speed, crystal meth, tina, ice, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

Display This Question:

If DRUGS\_LIFETIME = Methamphetamine (speed, crystal meth, tina, ice, etc.)



METH\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of methamphetamine (speed, crystal meth, tina, ice, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

Display This Question:

If DRUGS\_LIFETIME = Methamphetamine (speed, crystal meth, tina, ice, etc.)



METH\_STOP Have you ever tried and failed to control, cut down or stop using methamphetamine (speed, crystal meth, tina, ice, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

Display This Question:

If DRUGS\_LIFETIME = Methamphetamine (speed, crystal meth, tina, ice, etc.)



METH\_INJECT Have you ever used methamphetamine (speed, crystal meth, tina, ice, etc.) by injection?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)  
<u><strong>not</strong></u> including inhaled nitrates (poppers)*



INHALE\_LASTUSE How long has it been since you **last** used inhalants (nitrous oxide, glue, gas, paint thinner, etc.) **not** including inhaled nitrates (poppers)?

- Within the past 30 days (0)
- More than 30 days ago but within the past 12 months (1)
- More than 12 months ago (2)

---

*Display This Question:*

*If INHALE\_LASTUSE = Within the past 30 days*



INHALE\_DAYS In the past 30 days, on how many days have you used inhalants (nitrous oxide, glue, gas, paint thinner, etc.) **not** including inhaled nitrates (poppers)?

---

---

*Display This Question:*

*If INHALE\_LASTUSE = Within the past 30 days  
Or INHALE\_LASTUSE = More than 30 days ago but within the past 12 months*



INHALE\_FREQ In the past three months, how often have you used inhalants (nitrous oxide, glue, gas, paint thinner, etc.) **not** including inhaled nitrates (poppers)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If INHALE\_FREQ = Once or Twice  
Or INHALE\_FREQ = Monthly  
Or INHALE\_FREQ = Weekly  
Or INHALE\_FREQ = Daily or Almost Daily*



INHALE\_URGE In the past 3 months, how often have you had a strong desire or urge to use inhalants (nitrous oxide, glue, gas, paint thinner, etc.) **not** including inhaled nitrates (poppers)?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If INHALE\_FREQ = Once or Twice

Or INHALE\_FREQ = Monthly

Or INHALE\_FREQ = Weekly

Or INHALE\_FREQ = Daily or Almost Daily

X→

INHALE\_PROBS During the past 3 months, how often has your use of inhalants (nitrous oxide, glue, gas, paint thinner, etc.) **not** including inhaled nitrates (poppers) led to health, social, legal or financial problems?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

Display This Question:

If INHALE\_FREQ = Once or Twice

Or INHALE\_FREQ = Monthly

Or INHALE\_FREQ = Weekly

Or INHALE\_FREQ = Daily or Almost Daily

X→

INHALE\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of inhalants (nitrous oxide, glue, gas, paint thinner, etc.) **not** including inhaled nitrates (poppers)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*  
If DRUGS\_LIFETIME = Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)  
<u><strong>not</strong></u> including inhaled nitrates (poppers)



INHALE\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of inhalants (nitrous oxide, glue, gas, paint thinner, etc.) **not** including inhaled nitrates (poppers)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*  
If DRUGS\_LIFETIME = Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)  
<u><strong>not</strong></u> including inhaled nitrates (poppers)



INHALE\_STOP Have you ever tried and failed to control, cut down or stop using inhalants (nitrous oxide, glue, gas, paint thinner, etc.) **not** including inhaled nitrates (poppers)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Inhaled nitrates (poppers)*



POP\_LASTUSE How long has it been since you **last** used inhaled nitrates (poppers)?

- Within the past 30 days (0)
- More than 30 days ago but within the past 12 months (1)
- More than 12 months ago (2)

---

*Display This Question:*

*If POP\_LASTUSE = Within the past 30 days*



POP\_DAYS In the past 30 days, on how many days have you used inhaled nitrates (poppers)?

---

---

*Display This Question:*

*If POP\_LASTUSE = Within the past 30 days*

*Or POP\_LASTUSE = More than 30 days ago but within the past 12 months*





POP\_FREQ In the past three months, how often have you used inhaled nitrates (poppers)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If POP\_FREQ = Once or Twice  
Or POP\_FREQ = Monthly  
Or POP\_FREQ = Weekly  
Or POP\_FREQ = Daily or Almost Daily*



POP\_URGE In the past 3 months, how often have you had a strong desire or urge to use inhaled nitrates (poppers)?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If POP\_FREQ = Once or Twice

Or POP\_FREQ = Monthly

Or POP\_FREQ = Weekly

Or POP\_FREQ = Daily or Almost Daily



POP\_PROBS During the past 3 months, how often has your use of inhaled nitrates (poppers) led to health, social, legal or financial problems?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

Display This Question:

If POP\_FREQ = Once or Twice

Or POP\_FREQ = Monthly

Or POP\_FREQ = Weekly

Or POP\_FREQ = Daily or Almost Daily



POP\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of inhaled nitrates (poppers)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

Display This Question:

If POP\_FREQ = Once or Twice

Or POP\_FREQ = Monthly

Or POP\_FREQ = Weekly

Or POP\_FREQ = Daily or Almost Daily

X→

POP\_ACTIV During the past 3 months, during what activities have you used inhaled nitrates (poppers)? (Check all that apply.)

- Sexual activity with yourself (for example, masturbation) (0)
- Sexual activity with another person (1)
- Dancing or clubbing (2)
- Other activities (3)

---

Display This Question:

If DRUGS\_LIFETIME = Inhaled nitrates (poppers)

X→

POP\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of inhaled nitrates (poppers)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

Display This Question:

If DRUGS\_LIFETIME = Inhaled nitrates (poppers)

X→

POP\_STOP Have you ever tried and failed to control, cut down or stop using inhaled nitrates (poppers)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Inhaled nitrates (poppers)*



POP\_PDE5INHIB Have you ever used inhaled nitrates (poppers) in the 24 hours after you took a medication intended to give people stronger erections (for example, Viagra, Cialis, or Levitra)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)*



SED\_LASTUSE How long has it been since you **last** used sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)?

- Within the past 30 days (0)
  - More than 30 days ago but within the past 12 months (1)
  - More than 12 months ago (2)
-

Display This Question:

If *SED\_LASTUSE* = Within the past 30 days



*SED\_DAYS* In the past 30 days, on how many days have you used sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)?

---

Display This Question:

If *SED\_LASTUSE* = Within the past 30 days

Or *SED\_LASTUSE* = More than 30 days ago but within the past 12 months



*SED\_FREQ* In the past three months, how often have you used sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

Display This Question:

If *SED\_FREQ* = Once or Twice

Or *SED\_FREQ* = Monthly

Or *SED\_FREQ* = Weekly

Or *SED\_FREQ* = Daily or Almost Daily



SED\_ANYMD Was **any** of your sedative or sleeping pill (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.) use in the past three months prescribed by a doctor or other health care professional?

- Yes (1)
- No (0)

---

*Display This Question:*  
If SED\_ANYMD = Yes



SED\_ALLMD Was **all** of your sedative or sleeping pill (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.) use in the past three months used exactly as prescribed by a doctor or other health care professional?

- Yes (1)
- No (0)

---

*Display This Question:*  
If SED\_FREQ = Once or Twice  
Or SED\_FREQ = Monthly  
Or SED\_FREQ = Weekly  
Or SED\_FREQ = Daily or Almost Daily



SED\_URGE In the past 3 months, how often have you had a strong desire or urge to use sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*  
If SED\_FREQ = Once or Twice  
Or SED\_FREQ = Monthly  
Or SED\_FREQ = Weekly  
Or SED\_FREQ = Daily or Almost Daily



SED\_PROBS During the past 3 months, how often has your use of sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.) led to health, social, legal or financial problems?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If *SED\_FREQ* = Once or Twice

Or *SED\_FREQ* = Monthly

Or *SED\_FREQ* = Weekly

Or *SED\_FREQ* = Daily or Almost Daily



*SED\_FAIL* During the past 3 months, how often have you failed to do what was normally expected of you because of your use of sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
- 

Display This Question:

If *DRUGS\_LIFETIME* = Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)



*SED\_CONCERN* Has a friend or relative or anyone else ever expressed concern about your use of sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)?

- No, never (0)
  - Yes, but not in the past 3 months (1)
  - Yes, in the past 3 months (2)
-



Display This Question:

If DRUGS\_LIFETIME = Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)



SED\_STOP Have you ever tried and failed to control, cut down or stop using sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

Display This Question:

If DRUGS\_LIFETIME = Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.)



SED\_INJECT Have you ever used sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.) by injection?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

Display This Question:

If DRUGS\_LIFETIME = GHB (G, gamma-hydroxybutyric acid)



GHB\_LASTUSE How long has it been since you **last** used GHB (G, gamma-hydroxybutyric acid)?

- Within the past 30 days (0)
- More than 30 days ago but within the past 12 months (1)
- More than 12 months ago (2)

---

*Display This Question:*

*If GHB\_LASTUSE = Within the past 30 days*



GHB\_DAYS In the past 30 days, on how many days have you used GHB (G, gamma-hydroxybutyric acid)?

---

---

*Display This Question:*

*If GHB\_LASTUSE = Within the past 30 days*

*Or GHB\_LASTUSE = More than 30 days ago but within the past 12 months*



GHB\_FREQ In the past three months, how often have you used GHB (G, gamma-hydroxybutyric acid)?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If GHB\_FREQ = Once or Twice

Or GHB\_FREQ = Monthly

Or GHB\_FREQ = Weekly

Or GHB\_FREQ = Daily or Almost Daily



GHB\_ANYMD Was **any** of your GHB (G, gamma-hydroxybutyric acid) use in the past three months prescribed by a doctor or other health care professional?

Yes (1)

No (0)

---

Display This Question:

If GHB\_ANYMD = Yes



GHB\_ALLMD Was **all** of your GHB (G, gamma-hydroxybutyric acid) use in the past three months used exactly as prescribed by a doctor or other health care professional?

Yes (1)

No (0)

---

Display This Question:

If GHB\_FREQ = Once or Twice

Or GHB\_FREQ = Monthly

Or GHB\_FREQ = Weekly

Or GHB\_FREQ = Daily or Almost Daily



GHB\_URGE In the past 3 months, how often have you had a strong desire or urge to use GHB (G, gamma-hydroxybutyric acid)?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
- 

*Display This Question:*

*If GHB\_FREQ = Once or Twice  
Or GHB\_FREQ = Monthly  
Or GHB\_FREQ = Weekly  
Or GHB\_FREQ = Daily or Almost Daily*



GHB\_PROBS During the past 3 months, how often has your use of GHB (G, gamma-hydroxybutyric acid) led to health, social, legal or financial problems?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If GHB\_FREQ = Once or Twice

Or GHB\_FREQ = Monthly

Or GHB\_FREQ = Weekly

Or GHB\_FREQ = Daily or Almost Daily

X→

GHB\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of GHB (G, gamma-hydroxybutyric acid)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

Display This Question:

If DRUGS\_LIFETIME = GHB (G, gamma-hydroxybutyric acid)

X→

GHB\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of GHB (G, gamma-hydroxybutyric acid)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

Display This Question:

If DRUGS\_LIFETIME = GHB (G, gamma-hydroxybutyric acid)

X→

GHB\_STOP Have you ever tried and failed to control, cut down or stop using GHB (G, gamma-hydroxybutyric acid)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)*



HALL\_LASTUSE How long has it been since you **last** used hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- Within the past 30 days (0)
- More than 30 days ago but within the past 12 months (1)
- More than 12 months ago (2)

---

*Display This Question:*

*If HALL\_LASTUSE = Within the past 30 days*



HALL\_DAYS In the past 30 days, on how many days have you used hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

---

---

*Display This Question:*

*If HALL\_LASTUSE = Within the past 30 days*

*Or HALL\_LASTUSE = More than 30 days ago but within the past 12 months*



HALL\_FREQ In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If HALL\_FREQ = Once or Twice  
Or HALL\_FREQ = Monthly  
Or HALL\_FREQ = Weekly  
Or HALL\_FREQ = Daily or Almost Daily*



HALL\_ANYMD Was **any** of your hallucinogen (LSD, acid, mushrooms, PCP, Special K, etc.) use in the past three months prescribed by a doctor or other health care professional?

- Yes (1)
- No (0)

---

*Display This Question:*

*If HALL\_ANYMD = Yes*



HALL\_ALLMD Was **all** of your hallucinogen (LSD, acid, mushrooms, PCP, Special K, etc.) use in the past three months used exactly as prescribed by a doctor or other health care professional?

- Yes (1)
- No (0)

---

*Display This Question:*

*If HALL\_FREQ = Once or Twice*

*Or HALL\_FREQ = Monthly*

*Or HALL\_FREQ = Weekly*

*Or HALL\_FREQ = Daily or Almost Daily*

X→

HALL\_URGE In the past 3 months, how often have you had a strong desire or urge to use hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If HALL\_FREQ = Once or Twice*

*Or HALL\_FREQ = Monthly*

*Or HALL\_FREQ = Weekly*

*Or HALL\_FREQ = Daily or Almost Daily*

X→



HALL\_PROBS During the past 3 months, how often has your use of hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) led to health, social, legal or financial problems?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If HALL\_FREQ = Once or Twice  
Or HALL\_FREQ = Monthly  
Or HALL\_FREQ = Weekly  
Or HALL\_FREQ = Daily or Almost Daily*



HALL\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)*



HALL\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)*



HALL\_STOP Have you ever tried and failed to control, cut down or stop using hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Street opioids (heroin, opium, etc.)*



HEROIN\_LASTUSE How long has it been since you **last** used street opioids (heroin, opium, etc.)?

- Within the past 30 days (0)
  - More than 30 days ago but within the past 12 months (1)
  - More than 12 months ago (2)
-

Display This Question:

If HEROIN\_LASTUSE = Within the past 30 days



HEROIN\_DAYS In the past 30 days, on how many days have you used street opioids (heroin, opium, etc.)?

---

Display This Question:

If HEROIN\_LASTUSE = Within the past 30 days

Or HEROIN\_LASTUSE = More than 30 days ago but within the past 12 months



HEROIN\_FREQ In the past three months, how often have you used street opioids (heroin, opium, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

Display This Question:

If HEROIN\_FREQ = Once or Twice

Or HEROIN\_FREQ = Monthly

Or HEROIN\_FREQ = Weekly

Or HEROIN\_FREQ = Daily or Almost Daily



HEROIN\_URGE In the past 3 months, how often have you had a strong desire or urge to use street opioids (heroin, opium, etc.)?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
- 

*Display This Question:*

*If HEROIN\_FREQ = Once or Twice  
Or HEROIN\_FREQ = Monthly  
Or HEROIN\_FREQ = Weekly  
Or HEROIN\_FREQ = Daily or Almost Daily*



HEROIN\_PROBS During the past 3 months, how often has your use of street opioids (heroin, opium, etc.) led to health, social, legal or financial problems?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If HEROIN\_FREQ = Once or Twice  
Or HEROIN\_FREQ = Monthly  
Or HEROIN\_FREQ = Weekly  
Or HEROIN\_FREQ = Daily or Almost Daily



HEROIN\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of street opioids (heroin, opium, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

Display This Question:

If DRUGS\_LIFETIME = Street opioids (heroin, opium, etc.)



HEROIN\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of street opioids (heroin, opium, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

Display This Question:

If DRUGS\_LIFETIME = Street opioids (heroin, opium, etc.)



HEROIN\_STOP Have you ever tried and failed to control, cut down or stop using street opioids (heroin, opium, etc.)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Street opioids (heroin, opium, etc.)*



HEROIN\_INJECT Have you ever used street opioids (heroin, opium, etc.) by injection?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)*



NARC\_LASTUSE How long has it been since you **last** used prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?

- Within the past 30 days (0)
  - More than 30 days ago but within the past 12 months (1)
  - More than 12 months ago (2)
-

Display This Question:

If NARC\_LASTUSE = Within the past 30 days



NARC\_DAYS In the past 30 days, on how many days have you used prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?

---

Display This Question:

If NARC\_LASTUSE = Within the past 30 days

Or NARC\_LASTUSE = More than 30 days ago but within the past 12 months



NARC\_FREQ In the past three months, how often have you used prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

Display This Question:

If NARC\_FREQ = Once or Twice

Or NARC\_FREQ = Monthly

Or NARC\_FREQ = Weekly

Or NARC\_FREQ = Daily or Almost Daily



NARC\_ANYMD Was **any** of your prescription opioid (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) use in the past three months prescribed by a doctor or other health care professional?

- Yes (1)
- No (0)

---

*Display This Question:*  
If NARC\_ANYMD = Yes



NARC\_ALLMD Was **all** of your prescription opioid (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) use in the past three months used exactly as prescribed by a doctor or other health care professional?

- Yes (1)
- No (0)

---

*Display This Question:*  
If NARC\_FREQ = Once or Twice  
Or NARC\_FREQ = Monthly  
Or NARC\_FREQ = Weekly  
Or NARC\_FREQ = Daily or Almost Daily





NARC\_URGE In the past 3 months, how often have you had a strong desire or urge to use prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*  
If NARC\_FREQ = Once or Twice  
Or NARC\_FREQ = Monthly  
Or NARC\_FREQ = Weekly  
Or NARC\_FREQ = Daily or Almost Daily



NARC\_PROBS During the past 3 months, how often has your use of prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) led to health, social, legal or financial problems?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If NARC\_FREQ = Once or Twice

Or NARC\_FREQ = Monthly

Or NARC\_FREQ = Weekly

Or NARC\_FREQ = Daily or Almost Daily



NARC\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

Display This Question:

If DRUGS\_LIFETIME = Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)



NARC\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?

- No, never (0)
  - Yes, but not in the past 3 months (1)
  - Yes, in the past 3 months (2)
-

Display This Question:

If DRUGS\_LIFETIME = Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)



NARC\_STOP Have you ever tried and failed to control, cut down or stop using prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?

- No, never (0)
  - Yes, but not in the past 3 months (1)
  - Yes, in the past 3 months (2)
- 

Display This Question:

If DRUGS\_LIFETIME = Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)



NARC\_INJECT Have you ever used prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) by injection?

- No, never (0)
  - Yes, but not in the past 3 months (1)
  - Yes, in the past 3 months (2)
- 

Display This Question:

If DRUGS\_LIFETIME = MDMA (Ecstasy or Molly)



MDMA\_LASTUSE How long has it been since you **last** used MDMA (Molly or ecstasy)?

- Within the past 30 days (0)
- More than 30 days ago but within the past 12 months (1)
- More than 12 months ago (2)

---

*Display This Question:*

*If MDMA\_LASTUSE = Within the past 30 days*



MDMA\_DAYS In the past 30 days, on how many days have you used MDMA (Molly or ecstasy)?

---

---

*Display This Question:*

*If MDMA\_LASTUSE = Within the past 30 days*

*Or MDMA\_LASTUSE = More than 30 days ago but within the past 12 months*



MDMA\_FREQ In the past three months, how often have you used MDMA (Molly or ecstasy)?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If MDMA\_FREQ = Once or Twice

Or MDMA\_FREQ = Monthly

Or MDMA\_FREQ = Weekly

Or MDMA\_FREQ = Daily or Almost Daily



MDMA\_ANYMD Was **any** of your MDMA (Molly or ecstasy) use in the past three months recommended or prescribed by a doctor or other health care professional?

Yes (1)

No (0)

---

Display This Question:

If MDMA\_ANYMD = Yes



MDMA\_ALLMD Was **all** of your MDMA (Molly or ecstasy) use in the past three months used exactly as prescribed or recommended by a doctor or other health care professional?

Yes (1)

No (0)

---

Display This Question:

If MDMA\_FREQ = Once or Twice

Or MDMA\_FREQ = Monthly

Or MDMA\_FREQ = Weekly

Or MDMA\_FREQ = Daily or Almost Daily



MDMA\_URGE In the past 3 months, how often have you had a strong desire or urge to use MDMA (Molly or ecstasy)?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
- 

*Display This Question:*

*If MDMA\_FREQ = Once or Twice  
Or MDMA\_FREQ = Monthly  
Or MDMA\_FREQ = Weekly  
Or MDMA\_FREQ = Daily or Almost Daily*



MDMA\_PROBS During the past 3 months, how often has your use of MDMA (Molly or ecstasy) led to health, social, legal or financial problems?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If MDMA\_FREQ = Once or Twice

Or MDMA\_FREQ = Monthly

Or MDMA\_FREQ = Weekly

Or MDMA\_FREQ = Daily or Almost Daily

X→

MDMA\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of MDMA (Molly or ecstasy)?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

Display This Question:

If DRUGS\_LIFETIME = MDMA (Ecstasy or Molly)

X→

MDMA\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of MDMA (Molly or ecstasy)?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

Display This Question:

If DRUGS\_LIFETIME = MDMA (Ecstasy or Molly)

X→

MDMA\_STOP Have you ever tried and failed to control, cut down or stop using MDMA (Molly or ecstasy)?

- No, never (0)
  - Yes, but not in the past 3 months (1)
  - Yes, in the past 3 months (2)
- 

*Display This Question:*

*If DRUGS\_LIFETIME = MDMA (Ecstasy or Molly)*



MDMA\_INJECT Have you ever used MDMA (Molly or ecstasy) by injection?

- No, never (0)
  - Yes, but not in the past 3 months (1)
  - Yes, in the past 3 months (2)
- 

Page Break

---



Display This Question:

If DRUGS\_LIFETIME = Other (please list only 1 drug)

And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty



OTDRUG1\_LASTUSE How long has it been since you **last** used  
\${DRUGS\_LIFETIME/ChoiceTextEntryValue/11}?

- Within the past 30 days (0)
- More than 30 days ago but within the past 12 months (1)
- More than 12 months ago (2)

Display This Question:

If OTDRUG1\_LASTUSE = Within the past 30 days

And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty



OTDRUG1\_DAYS In the past 30 days, on how many days have you used  
\${DRUGS\_LIFETIME/ChoiceTextEntryValue/11}?

---

Display This Question:

If OTDRUG1\_LASTUSE = Within the past 30 days

Or OTDRUG1\_LASTUSE = More than 30 days ago but within the past 12 months

And If

If In your LIFETIME, which of the following substances have you ever used? (Check all that apply.)  
Other (please list only 1 drug) Is Not Empty



OTDRUG1\_FREQ In the past three months, how often have you used  
\${DRUGS\_LIFETIME/ChoiceTextEntryValue/11}?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*  
If OTDRUG1\_FREQ = Once or Twice  
Or OTDRUG1\_FREQ = Monthly  
Or OTDRUG1\_FREQ = Weekly  
Or OTDRUG1\_FREQ = Daily or Almost Daily  
And If  
If In your LIFETIME, which of the following substances have you ever used? (Check all that apply.)  
Other (please list only 1 drug) Is Not Empty



OTDRUG1\_ANYMD Was **any** of your \${DRUGS\_LIFETIME/ChoiceTextEntryValue/11} use in  
the past three months recommended or prescribed by a doctor or other health care  
professional?

- Yes (1)
- No (0)

---

*Display This Question:*  
If OTDRUG1\_ANYMD = Yes  
And And In your LIFETIME, which of the following substances have you ever used? (Check all that  
apply.) Other (please list only 1 drug) Is Not Empty



OTDRUG1\_ALLMD Was **all** of your  $\{\text{DRUGS\_LIFETIME/ChoiceTextEntryValue/11}\}$  use in the past three months used exactly as prescribed or recommended by a doctor or other health care professional?

- Yes (1)
- No (0)

---

*Display This Question:*

*If OTDRUG1\_FREQ = Once or Twice  
Or OTDRUG1\_FREQ = Monthly  
Or OTDRUG1\_FREQ = Weekly  
Or OTDRUG1\_FREQ = Daily or Almost Daily*

*And If*

*If In your LIFETIME, which of the following substances have you ever used? (Check all that apply.)  
Other (please list only 1 drug) Is Not Empty*



OTDRUG1\_URGE In the past 3 months, how often have you had a strong desire or urge to use  $\{\text{DRUGS\_LIFETIME/ChoiceTextEntryValue/11}\}$ ?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

Display This Question:

If OTDRUG1\_FREQ = Once or Twice

Or OTDRUG1\_FREQ = Monthly

Or OTDRUG1\_FREQ = Weekly

Or OTDRUG1\_FREQ = Daily or Almost Daily

And If

If In your LIFETIME, which of the following substances have you ever used? (Check all that apply.)  
Other (please list only 1 drug) Is Not Empty



OTDRUG1\_PROBS During the past 3 months, how often has your use of  
\${DRUGS\_LIFETIME/ChoiceTextEntryValue/11} led to health, social, legal or financial  
problems?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

Display This Question:

If OTDRUG1\_FREQ = Once or Twice

Or OTDRUG1\_FREQ = Monthly

Or OTDRUG1\_FREQ = Weekly

Or OTDRUG1\_FREQ = Daily or Almost Daily

And If

If In your LIFETIME, which of the following substances have you ever used? (Check all that apply.)  
Other (please list only 1 drug) Is Not Empty



OTDRUG1\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of  $\{\text{DRUGS\_LIFETIME/ChoiceTextEntryValue/11}\}$ ?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*  
If DRUGS\_LIFETIME = Other (please list only 1 drug)  
And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty



OTDRUG1\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of  $\{\text{DRUGS\_LIFETIME/ChoiceTextEntryValue/11}\}$ ?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*  
If DRUGS\_LIFETIME = Other (please list only 1 drug)  
And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty



OTDRUG1\_STOP Have you ever tried and failed to control, cut down or stop using \${DRUGS\_LIFETIME/ChoiceTextEntryValue/11}?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Other (please list only 1 drug)*

*And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty*



OTDRUG1\_INJECT Have you ever used \${DRUGS\_LIFETIME/ChoiceTextEntryValue/11} by injection?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

*Display This Question:*

*If DRUGS\_LIFETIME = Other (please list only 1 drug)*

*And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty*



OTDRUG2\_LASTUSE How long has it been since you **last** used \${DRUGS\_LIFETIME/ChoiceTextEntryValue/12}?

- Within the past 30 days (0)
  - More than 30 days ago but within the past 12 months (1)
  - More than 12 months ago (2)
-

Display This Question:

If OTDRUG2\_LASTUSE = Within the past 30 days

And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty



OTDRUG2\_DAYS In the past 30 days, on how many days have you used  
\${DRUGS\_LIFETIME/ChoiceTextEntryValue/12}?

---

Display This Question:

If OTDRUG2\_LASTUSE = Within the past 30 days

Or OTDRUG2\_LASTUSE = More than 30 days ago but within the past 12 months

And If

If In your LIFETIME, which of the following substances have you ever used? (Check all that apply.)  
Other (please list only 1 drug) Is Not Empty



OTDRUG2\_FREQ In the past three months, how often have you used  
\${DRUGS\_LIFETIME/ChoiceTextEntryValue/12}?

- Never (0)
  - Once or Twice (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or Almost Daily (4)
-

Display This Question:

If OTDRUG2\_FREQ = Once or Twice

Or OTDRUG2\_FREQ = Monthly

Or OTDRUG2\_FREQ = Weekly

Or OTDRUG2\_FREQ = Daily or Almost Daily

And If

If In your LIFETIME, which of the following substances have you ever used? (Check all that apply.)  
Other (please list only 1 drug) Is Not Empty



OTDRUG2\_ANYMD Was **any** of your \${DRUGS\_LIFETIME/ChoiceTextEntryValue/12} use in the past three months recommended or prescribed by a doctor or other health care professional?

Yes (1)

No (0)

Display This Question:

If OTDRUG2\_ANYMD = Yes

And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty



OTDRUG2\_ALLMD Was **all** of your \${DRUGS\_LIFETIME/ChoiceTextEntryValue/12} use in the past three months used exactly as prescribed or recommended by a doctor or other health care professional?

Yes (1)

No (0)



Display This Question:

If OTDRUG2\_FREQ = Once or Twice

Or OTDRUG2\_FREQ = Monthly

Or OTDRUG2\_FREQ = Weekly

Or OTDRUG2\_FREQ = Daily or Almost Daily

And If

If In your LIFETIME, which of the following substances have you ever used? (Check all that apply.)  
Other (please list only 1 drug) Is Not Empty



OTDRUG2\_URGE In the past 3 months, how often have you had a strong desire or urge to use  
\${DRUGS\_LIFETIME/ChoiceTextEntryValue/12}?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

Display This Question:

If OTDRUG2\_FREQ = Once or Twice

Or OTDRUG2\_FREQ = Monthly

Or OTDRUG2\_FREQ = Weekly

Or OTDRUG2\_FREQ = Daily or Almost Daily

And If

If In your LIFETIME, which of the following substances have you ever used? (Check all that apply.)  
Other (please list only 1 drug) Is Not Empty



OTDRUG2\_PROBS During the past 3 months, how often has your use of  $\{\text{DRUGS\_LIFETIME/ChoiceTextEntryValue/12}\}$  led to health, social, legal or financial problems?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

---

*Display This Question:*

*If OTDRUG2\_FREQ = Once or Twice  
Or OTDRUG2\_FREQ = Monthly  
Or OTDRUG2\_FREQ = Weekly  
Or OTDRUG2\_FREQ = Daily or Almost Daily*

*And If*

*If In your LIFETIME, which of the following substances have you ever used? (Check all that apply.)  
Other (please list only 1 drug) Is Not Empty*



OTDRUG2\_FAIL During the past 3 months, how often have you failed to do what was normally expected of you because of your use of  $\{\text{DRUGS\_LIFETIME/ChoiceTextEntryValue/12}\}$ ?

- Never (0)
- Once or Twice (1)
- Monthly (2)
- Weekly (3)
- Daily or Almost Daily (4)

Display This Question:

If DRUGS\_LIFETIME = Other (please list only 1 drug)

And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty



OTDRUG2\_CONCERN Has a friend or relative or anyone else ever expressed concern about your use of \${DRUGS\_LIFETIME/ChoiceTextEntryValue/12}?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

Display This Question:

If DRUGS\_LIFETIME = Other (please list only 1 drug)

And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty



OTDRUG2\_STOP Have you ever tried and failed to control, cut down or stop using \${DRUGS\_LIFETIME/ChoiceTextEntryValue/12}?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

Display This Question:

If DRUGS\_LIFETIME = Other (please list only 1 drug)

And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other (please list only 1 drug) Is Not Empty



OTDRUG2\_INJECT Have you ever used \${DRUGS\_LIFETIME/ChoiceTextEntryValue/12} by injection?

- No, never (0)
- Yes, but not in the past 3 months (1)
- Yes, in the past 3 months (2)

---

Page Break

SUICIDE\_RESOURCES3 We at The PRIDE Study value the health and well-being of sexual and gender minority people like you. For some people discussing their mental health can raise strong emotions or even thoughts of hurting yourself, and it may be helpful to talk about those feelings. We sincerely urge you to get help. Please consider reaching out for services in your area, and also consider calling 1-800-273-8255 to talk with someone. Go to the emergency room or call 911 if you are in crisis and don't know where to get help. The PRIDE Study team cares about you and the health of our communities!

End of Block: Mental Health

---

Start of Block: Social Health

SOCIALHEALTH\_INTRO This section is meant to give us a sense of your **social health**, or understanding how you are doing with your relationships to the people and communities around you. We ask questions about employment and housing, how you interact with various people who you meet or know, etc. Some of these questions are standard questions routinely asked in national surveys. Your honest answers will help us understand the overall health of our communities. Your answers will be kept confidential. Please do your best to answer every question, but you may skip questions that feel too uncomfortable to answer. This section should take about 10 minutes to complete.

-----

EMPLOY\_INTRO **Employment**

-----



WORK Do you currently work one or more paid jobs?

- Yes (1)
  - No (0)
- 

*Display This Question:*  
If WORK = Yes



HOURSWK In a typical week, how many hours do you work at your paid job(s)?

- 1-10 (0)
  - 11-20 (1)
  - 21-30 (2)
  - 31-40 (3)
  - 41-50 (4)
  - 51-60 (5)
  - 61+ (6)
- 



STUDENT Are you currently a student?

- Yes (1)
  - No (0)
- 

Page Break

---

PROMIS\_INTRO Please respond to each item by selecting one option.

---



PROMIS\_EMOSUPP1 I have someone who will listen to me when I need to talk.

- Never (0)
  - Rarely (1)
  - Sometimes (2)
  - Usually (3)
  - Always (4)
- 



PROMIS\_EMOSUPP2 I have someone to confide in or talk to about myself or my problems.

- Never (0)
  - Rarely (1)
  - Sometimes (2)
  - Usually (3)
  - Always (4)
- 



PROMIS\_EMOSUPP3 I have someone who makes me feel appreciated.

- Never (0)
  - Rarely (1)
  - Sometimes (2)
  - Usually (3)
  - Always (4)
- 



PROMIS\_EMOSUPP4 I have someone to talk with when I have a bad day.

- Never (0)
  - Rarely (1)
  - Sometimes (2)
  - Usually (3)
  - Always (4)
- 



PROMIS\_SOCISO1 I feel left out.

- Never (0)
- Rarely (1)
- Sometimes (2)
- Usually (3)
- Always (4)





PROMIS\_SOCISO2 I feel that people barely know me.

- Never (0)
- Rarely (1)
- Sometimes (2)
- Usually (3)
- Always (4)



PROMIS\_SOCISO3 I feel isolated from others.

- Never (0)
- Rarely (1)
- Sometimes (2)
- Usually (3)
- Always (4)



PROMIS\_SOCISO4 I feel that people are around me but not with me.

- Never (0)
- Rarely (1)
- Sometimes (2)
- Usually (3)
- Always (4)

-----  
Page Break \_\_\_\_\_

REL\_INTRO The next questions are about romantic or intimate relationships. Please think about how things are right now.



RELATIONSHIP Are you currently in a relationship?

- Yes (1)
- No (0)

*Display This Question:*  
If RELATIONSHIP = Yes



REL\_TYPE Which of the following best describes your current romantic relationship(s)?

- I am in a romantic relationship with one person (0)
- I am in a romantic relationship with two or more people (polyamorous) (1)
- Other (2) \_\_\_\_\_

*Display This Question:*  
If RELATIONSHIP = Yes



PARTNER\_GENDER Please select the gender(s) of your partner(s). (Check all that apply.)

- Genderqueer (0)
  - Man (1)
  - Transgender Man (2)
  - Transgender Woman (3)
  - Woman (4)
  - Another Gender Identity (5)
- 

-----  
*Display This Question:*  
If RELATIONSHIP = Yes



REL\_SATIS In general, how satisfied are you with your current romantic relationship(s)?

- Very dissatisfied (0)
- Dissatisfied (1)
- Neutral (2)
- Satisfied (3)
- Very satisfied (4)

-----  
*Display This Question:*  
If RELATIONSHIP = Yes



REL\_AGREEMENT Which of the following scenarios best describes the current agreement that you have with your romantic partner(s)?

- We cannot have any sex with an outside partner (0)
- We can have sex with outside partners but with some restrictions (1)
- We can have sex with outside partners without any restrictions (2)
- We do not have an agreement (3)
- I have different agreements with different partners (4)

---

Page Break

### STIGMA\_INTRO Experiences in Society

The next questions are about experiences with violence, harassment, and discrimination that you may have had throughout your life. These questions will help us know more about LGBTQ people's experiences and challenges. You may be asked if some experiences were due to your sexual orientation (the gender of people you are attracted to), gender identity (the gender you identify as), gender expression (how you outwardly express your gender), or race/ethnicity. This may be hard to know for sure. Please make your best judgment.

---



EVHARASS Have you EVER experienced harassment or name calling from strangers in public?

- Yes (1)
- No (0)

---

*Display This Question:*

*If EVHARASS = Yes*



EVHARASSY Was any of this harassment or name calling from strangers in public due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

Display This Question:

If EVHARASS = Yes

X→

YRHARASS In the PAST YEAR, have you experienced harassment or name calling from strangers in public?

Yes (1)

No (0)

Display This Question:

If YRHARASS = Yes

X→

YRHARASSY Was any of this harassment or name calling that occurred in the PAST YEAR due to your ... (Check all that apply)

Sexual orientation (1)

Gender identity (2)

Gender expression (3)

Race and/or ethnicity (4)

None of the above (0)

X→

EVATTACK Have you EVER been physically attacked or deliberately injured?

Yes (1)

No (0)

---

Display This Question:

If EVATTACK = Yes

X→

EVATTACKY Were any of these physical attacks or injuries due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

Display This Question:

If EVATTACK = Yes

X→

YRATTACK In the PAST YEAR, have you been physically attacked or deliberately injured?

- Yes (1)
- No (0)

---

Display This Question:

If YRATTACK = Yes

X→



YRATTACKY Were any of these physical attacks or injuries that occurred in the PAST YEAR due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)



EVDV Have you EVER experienced physical violence from a romantic partner?

- Yes (1)
- No (0)

---

*Display This Question:*  
If EVDV = Yes



EVDVY Was any of this physical violence from a romantic partner due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

*Display This Question:*

*If EVDV = Yes*

X→

YRDV In the PAST YEAR, have you experienced physical violence from a romantic partner?

- Yes (1)
- No (0)

---

*Display This Question:*

*If YRDV = Yes*

X→

YRDVY Was any of this physical violence from a romantic partner that occurred in the PAST YEAR due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)



EVSA Have you EVER experienced unwanted sexual contact?

- Yes (1)
- No (0)

---

*Display This Question:*  
If EVSA = Yes



EVSA Was any of this unwanted sexual contact due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

*Display This Question:*  
If EVSA = Yes



AGESA How old were you when this unwanted sexual contact occurred? (Check all that apply.)

- Child (0-12 years) (1)
- Adolescent (12-17 years) (2)
- Adult (18+ years) (3)

---

*Display This Question:*  
If EVSA = Yes



YRSA In the PAST YEAR, have you experienced unwanted sexual contact?

- Yes (1)
- No (0)

Display This Question:

If YRSA = Yes

X→

YRSAY Was any of this unwanted sexual contact that occurred in the PAST YEAR due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

X→

EVJOBDISC Have you EVER been treated unfairly at work or when applying/interviewing for a job?

- Yes (1)
- No (0)

Display This Question:

If EVJOBDISC = Yes

X→

EVJOBDISC Was any of this unfair treatment in employment due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

*Display This Question:*

*If EVJOBDISC = Yes*

X→

YRJOBDISC In the PAST YEAR, have you been treated unfairly at work or when applying/interviewing for a job?

- Yes (1)
- No (0)

---

*Display This Question:*

*If YRJOBDISC = Yes*

X→

YRJOBDISCY Was any of this unfair treatment at work or while applying for jobs in the PAST YEAR due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)



EVHOUSDISC Have you EVER been treated unfairly while trying to rent an apartment or buy a home, or been unfairly evicted from your residence?

- Yes (1)
- No (0)

---

*Display This Question:*

*If EVHOUSDISC = Yes*



EVHOUSDISCY Was any of this unfair treatment in housing/eviction due to your ...  
(Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

*Display This Question:*  
If EVHOUSDISC = Yes



YRHOUSDISC In the PAST YEAR, have you been treated unfairly while trying to rent an apartment or buy a home, or been unfairly evicted from your residence?

- Yes (1)
- No (0)

---

*Display This Question:*  
If YRHOUSDISC = Yes





YRHOUSDISCY Was any of this unfair treatment in housing/eviction in the PAST YEAR due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)



EVSERVDISC Have you EVER received poorer service than other people in restaurants, stores, other businesses or agencies?

- Yes (1)
- No (0)

---

*Display This Question:*

*If EVSERVDISC = Yes*



EVSERVDISCY Was any of the poorer service due to your... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

*Display This Question:*  
If EVSERVDISC = Yes



YRSERVDISC In the PAST YEAR, have you received poorer service than other people in restaurants, stores, other businesses or agencies?

- Yes (1)
- No (0)

---

*Display This Question:*  
If YRSERVDISC = Yes



YRSERVDISCY Was any of this poorer service in the PAST YEAR due to your ...  
(Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)



EVSCHDISC Have you EVER been treated unfairly while you were a student at school or in another educational setting?

- Yes (1)
- No (0)

---

*Display This Question:*  
If EVSCHDISC = Yes



EVSCHDISCY Was any of this unfair treatment in educational settings due to your ...  
(Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

*Display This Question:*  
If EVSCHDISC = Yes



YRSCHDISC In the PAST YEAR, have you been treated unfairly while you were a student at school or in another educational setting?

- Yes (1)
- No (0)

---

*Display This Question:*  
If YRSCHDISC = Yes



YRSCHDISCY Was any of this unfair treatment in educational settings in the PAST YEAR due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)



EVMED Have you EVER been denied or given lower quality medical care?

- Yes (1)
- No (0)

---

*Display This Question:*  
If EVMED = Yes



EVMEDY Was any of this discrimination in a medical setting due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

*Display This Question:*

*If EVMED = Yes*

X→

YRMED In the PAST YEAR, have you been denied or given lower quality medical care?

- Yes (1)
- No (0)

---

*Display This Question:*

*If YRMED = Yes*

X→

YRMEDY Was any of this discrimination in a medical setting in the PAST YEAR due to your ...  
(Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)



EVMENTAL Have you EVER been denied or given lower quality mental health care?

- Yes (1)
- No (0)

---

*Display This Question:*  
If EVMENTAL = Yes



EVMENTALY Was any of this discrimination in a mental health setting due to your ...  
(Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

*Display This Question:*  
If EVMENTAL = Yes



YRMENTAL In the PAST YEAR, have you been denied or given lower quality mental health care?

- Yes (1)
- No (0)

---

*Display This Question:*  
If YRMENTAL = Yes





YRMENTALY Was any of this discrimination in a mental health setting in the PAST YEAR due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)



EVPOLICE Have you EVER experienced unfair treatment or harassment from the police or another law enforcement officer?

- Yes (1)
- No (0)

---

*Display This Question:*  
If EVPOLICE = Yes



EVPOLICEY Was any of this unfair treatment or harassment from a law enforcement officer due to ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

*Display This Question:*

*If EVPOLICE = Yes*



YRPOLICE In the PAST YEAR, have you experienced unfair treatment or harassment from the police or another law enforcement officer?

- Yes (1)
- No (0)

---

*Display This Question:*

*If YRPOLICE = Yes*



YRPOLICEY Was any of this unfair treatment or harassment from a law enforcement officer in the PAST YEAR due to your ... (Check all that apply)

- Sexual orientation (1)
- Gender identity (2)
- Gender expression (3)
- Race and/or ethnicity (4)
- None of the above (0)

---

Page Break

CYOA\_INTRO To better customize the rest of your survey, we have 3 available versions of remaining questions. Each version has the same questions, but with customized language. Please choose the option that you think is best for you.

---



CYOA I would like to complete a survey designed for:

- Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.) (0)
  - Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.) (1)
  - People who identify as both sexual and gender minority (2)
- 

Page Break

---

Display This Question:

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*

COMMUNITIES\_INTRO The next questions are about your views about communities that you have lived in.

---

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



ACCEPTSM\_WAS Overall, how accepting of sexual minority people was the community in which you were raised?

- Extremely accepting (4)
  - Accepting (3)
  - Neutral (2)
  - Unaccepting (1)
  - Extremely unaccepting (0)
- 

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



ACCEPTSM\_NOW Overall, how accepting of sexual minority people is the community in which you currently live?

- Extremely accepting (4)
- Accepting (3)
- Neutral (2)
- Unaccepting (1)
- Extremely unaccepting (0)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



SAFESM\_WAS Overall, how safe for sexual minority people was the community in which you were raised?

- Extremely safe (4)
- Safe (3)
- Neutral (2)
- Unsafe (1)
- Extremely unsafe (0)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



SAFESM\_NOW Overall, how safe for sexual minority people is the community in which you currently live?

- Extremely safe (4)
- Safe (3)
- Neutral (2)
- Unsafe (1)
- Extremely unsafe (0)

---

*Display This Question:*  
If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)  
Or CYOA = People who identify as both sexual and gender minority



ACCEPTGM\_WAS Overall, how accepting of gender minority people was the community in which you were raised?

- Extremely accepting (4)
- Accepting (3)
- Neutral (2)
- Unaccepting (1)
- Extremely unaccepting (0)

---

*Display This Question:*  
If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)  
Or CYOA = People who identify as both sexual and gender minority



ACCEPTGM\_NOW Overall, how accepting of gender minority people is the community in which you currently live?

- Extremely accepting (4)
- Accepting (3)
- Neutral (2)
- Unaccepting (1)
- Extremely unaccepting (0)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



SAFEGBM\_WAS Overall, how safe for gender minority people was the community in which you were raised?

- Extremely safe (4)
- Safe (3)
- Neutral (2)
- Unsafe (1)
- Extremely unsafe (0)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*





SAFEGM\_NOW Overall, how safe for gender minority people is the community in which you currently live?

- Extremely safe (4)
- Safe (3)
- Neutral (2)
- Unsafe (1)
- Extremely unsafe (0)

-----  
Page Break \_\_\_\_\_

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*

IHS\_INTRO To what extent do you agree or disagree with the following statements?

---

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_SM1 I wish I weren't gay/lesbian/bisexual/sexual minority.

- Disagree strongly (1)
  - Disagree somewhat (2)
  - Neither agree nor disagree (3)
  - Agree somewhat (4)
  - Agree strongly (5)
- 

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_SM2 I have tried to stop being attracted to people of the same gender in general.

- Disagree strongly (1)
- Disagree somewhat (2)
- Neither agree nor disagree (3)
- Agree somewhat (4)
- Agree strongly (5)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_SM3 If someone offered me the chance to be completely heterosexual, I would accept the chance.

- Disagree strongly (1)
- Disagree somewhat (2)
- Neither agree nor disagree (3)
- Agree somewhat (4)
- Agree strongly (5)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_SM4 I feel that being gay/lesbian/bisexual/sexual minority is a personal shortcoming for me.

- Disagree strongly (1)
- Disagree somewhat (2)
- Neither agree nor disagree (3)
- Agree somewhat (4)
- Agree strongly (5)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_SM5 I would like to get professional help in order to change my sexual orientation from gay/lesbian/bisexual/sexual minority to heterosexual.

- Disagree strongly (1)
- Disagree somewhat (2)
- Neither agree nor disagree (3)
- Agree somewhat (4)
- Agree strongly (5)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_SM6 I am proud of my sexual orientation.

- Disagree strongly (1)
- Disagree somewhat (2)
- Neither agree nor disagree (3)
- Agree somewhat (4)
- Agree strongly (5)

-----  
Page Break \_\_\_\_\_

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*

IHS\_INTRO2 To what extent do you agree or disagree with the following statements?

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_GM1 I wish I weren't transgender or gender minority.

- Disagree strongly (1)
  - Disagree somewhat (2)
  - Neither agree nor disagree (3)
  - Agree somewhat (4)
  - Agree strongly (5)
- 

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_GM2 In general, I have tried to stop identifying with a gender that differs from my assigned sex at birth.

- Disagree strongly (1)
- Disagree somewhat (2)
- Neither agree nor disagree (3)
- Agree somewhat (4)
- Agree strongly (5)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_GM3 If someone offered me the chance to be completely non-transgender, I would accept the chance.

- Disagree strongly (1)
- Disagree somewhat (2)
- Neither agree nor disagree (3)
- Agree somewhat (4)
- Agree strongly (5)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_GM4 I feel that being transgender or gender minority is a personal shortcoming for me.

- Disagree strongly (1)
- Disagree somewhat (2)
- Neither agree nor disagree (3)
- Agree somewhat (4)
- Agree strongly (5)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



IHS\_GM5 I would like to get professional help in order to change my gender from transgender/gender minority to non-transgender.

- Disagree strongly (1)
- Disagree somewhat (2)
- Neither agree nor disagree (3)
- Agree somewhat (4)
- Agree strongly (5)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*





IHS\_GM6 I am proud of my gender.

- Disagree strongly (1)
- Disagree somewhat (2)
- Neither agree nor disagree (3)
- Agree somewhat (4)
- Agree strongly (5)

-----  
Page Break \_\_\_\_\_

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM1 What percent of the people in this group do you think are aware of your sexual orientation (meaning they are aware of whether you consider yourself straight, gay, etc.)?

**Members of your immediate family (for example, parents and siblings)**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

---

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM2 What percent of the people in this group do you think are aware of your sexual orientation (meaning they are aware of whether you consider yourself straight, gay, etc.)?

**Members of your extended family (for example, aunts, uncles, grandparents, cousins)**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM3 What percent of the people in this group do you think are aware of your sexual orientation (meaning they are aware of whether you consider yourself straight, gay, etc.)?

**People you socialize with (for example, friends and acquaintances)**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

---

*Display This Question:*  
*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*  
*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM4 What percent of the people in this group do you think are aware of your sexual orientation (meaning they are aware of whether you consider yourself straight, gay, etc.)?

**People at your work/school (for example, coworkers, supervisors, instructors, students)**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

---

*Display This Question:*  
*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*  
*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM5 What percent of the people in this group do you think are aware of your sexual orientation (meaning they are aware of whether you consider yourself straight, gay, etc.)?

**Strangers (for example, someone you have a casual conversation with in line at the store)**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

---

*Display This Question:*  
*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*  
*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM6 What percent of the people in this group do you think are aware of your sexual orientation (meaning they are aware of whether you consider yourself straight, gay, etc.)?

**Health care providers**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

-----  
Page Break \_\_\_\_\_

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM7 How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g., not talking about your significant other, changing your mannerisms) when interacting with members of this group?

**Members of your immediate family (for example, parents and siblings)**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

---

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*





NOS\_SM8 How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g., not talking about your significant other, changing your mannerisms) when interacting with members of this group?

**Members of your extended family (for example, aunts, uncles, grandparents, cousins)**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM9 How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g., not talking about your significant other, changing your mannerisms) when interacting with members of this group?

**People you socialize with (for example, friends and acquaintances)**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM10 How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g., not talking about your significant other, changing your mannerisms) when interacting with members of this group?

**People at your work/school (for example, coworkers, supervisors, instructors, students)**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM11 How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g., not talking about your significant other, changing your mannerisms) when interacting with members of this group?

**Strangers (for example, someone you have a casual conversation with in line at the store)**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

---

*Display This Question:*  
*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*  
*Or CYOA = People who identify as both sexual and gender minority*



NOS\_SM12 How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g., not talking about your significant other, changing your mannerisms) when interacting with members of this group?

**Health care providers**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

-----  
Page Break \_\_\_\_\_

Display This Question:

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_GM1 What percent of the people in this group do you think are aware of your gender identity (meaning they are aware of your gender or gender expression)?

**Members of your immediate family (for example, parents and siblings)**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

---

Display This Question:

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_GM2 What percent of the people in this group do you think are aware of your gender identity (meaning they are aware of your gender or gender expression)?

**Members of your extended family (for example, aunts, uncles, grandparents, cousins)**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_GM3 What percent of the people in this group do you think are aware of your gender identity (meaning they are aware of your gender or gender expression)?

**People you socialize with (for example, friends and acquaintances)**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*





NOS\_GM4 What percent of the people in this group do you think are aware of your gender identity (meaning they are aware of your gender or gender expression)?

**People at your work/school (for example, coworkers, supervisors, instructors, students)**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_GM5 What percent of the people in this group do you think are aware of your gender identity (meaning they are aware of your gender or gender expression)?

**Strangers (for example, someone you have a casual conversation with in line at the store)**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

---

*Display This Question:*  
*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*  
*Or CYOA = People who identify as both sexual and gender minority*



NOS\_GM6 What percent of the people in this group do you think are aware of your gender identity (meaning they are aware of your gender or gender expression)?

**Health care providers**

- 0% (0)
- 10% (1)
- 20% (2)
- 30% (3)
- 40% (4)
- 50% (5)
- 60% (6)
- 70% (7)
- 80% (8)
- 90% (9)
- 100% (10)

-----  
Page Break \_\_\_\_\_

Display This Question:

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_GM7 How often do you avoid talking about topics related to or otherwise indicating your gender or gender identity (e.g., not correcting people when they use a name or pronoun that is not accurate for you) when interacting with members of this group?

**Members of your immediate family (for example, parents and siblings)**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

---

Display This Question:

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_GM8 How often do you avoid talking about topics related to or otherwise indicating your gender or gender identity (e.g., not correcting people when they use a name or pronoun that is not accurate for you) when interacting with members of this group?

**Members of your extended family (for example, aunts, uncles, grandparents, cousins)**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

---

*Display This Question:*  
*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*  
*Or CYOA = People who identify as both sexual and gender minority*



NOS\_GM9 How often do you avoid talking about topics related to or otherwise indicating your gender or gender identity (e.g., not correcting people when they use a name or pronoun that is not accurate for you) when interacting with members of this group?

**People you socialize with (for example, friends and acquaintances)**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_GM10 How often do you avoid talking about topics related to or otherwise indicating your gender or gender identity (e.g., not correcting people when they use a name or pronoun that is not accurate for you) when interacting with members of this group?

**People at your work/school (for example, coworkers, supervisors, instructors, students)**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



NOS\_GM11 How often do you avoid talking about topics related to or otherwise indicating your gender or gender identity (e.g., not correcting people when they use a name or pronoun that is not accurate for you) when interacting with members of this group?

**Strangers (for example, someone you have a casual conversation with in line at the store)**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

---

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*





NOS\_GM12 How often do you avoid talking about topics related to or otherwise indicating your gender or gender identity (e.g., not correcting people when they use a name or pronoun that is not accurate for you) when interacting with members of this group?

**Health care providers**

- 0 Never (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 Half the time (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Always (10)

-----  
Page Break \_\_\_\_\_

RELIGION\_INTRO The next questions are about your experiences with spiritual and/or religious groups.

---

RAISED\_REL Were you raised with spiritual or religious involvement?

Yes (1)

No (2)

---

*Display This Question:*

*If RAISED\_REL = Yes*

*And If*

*CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



RELACCEPT\_SM\_RAISED How accepting of sexual minority people was the religious community in which you were raised?

Very accepting (4)

Somewhat accepting (3)

Neutral (2)

Somewhat rejecting (1)

Very rejecting (0)

---

Display This Question:

If RAISED\_REL = Yes

And If

CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)

Or CYOA = People who identify as both sexual and gender minority



RELACCEPT\_GM\_RAISED How accepting of gender minority people was the religious community in which you were raised?

- Very accepting (4)
  - Somewhat accepting (3)
  - Neutral (2)
  - Somewhat rejecting (1)
  - Very rejecting (0)
- 



RELIGIOUS Are you currently spiritual or religious?

- Yes (1)
  - No (0)
- 

Display This Question:

If RELIGIOUS = Yes

And If

CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)

Or CYOA = People who identify as both sexual and gender minority



RELACCEPT\_SM\_NOW How accepting of sexual minority people is your current spiritual or religious community?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)

---

*Display This Question:*  
If RELIGIOUS = Yes  
And If  
CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)  
Or CYOA = People who identify as both sexual and gender minority



RELACCEPT\_GM\_NOW How accepting of gender minority people is your current spiritual or religious community?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)

---

*Display This Question:*  
If RELIGIOUS = Yes



RELIGION What is your current religious or spiritual identity? (Check all that apply.)

- Agnostic (1)
- Atheist (2)
- Baha'i (3)
- Buddhist (4)
- Christian (5)
- Confucianist (6)
- Druid (7)
- Hindu (8)
- Jain (9)
- Jehovah's Witness (10)
- Jewish - Conservative (11)
- Jewish - Orthodox (12)
- Jewish - Reform (13)
- Muslim - Ahmadi (14)
- Muslim - Shi'ite (15)
- Muslim - Sufi (16)

- Muslim - Sunni (17)
  - Native American Traditional Practitioner or Ceremonial (18)
  - Pagan (19)
  - Rastafarian (20)
  - Scientologist (21)
  - Secular Humanist (22)
  - Shinto (23)
  - Sikh (24)
  - Taoist (25)
  - Tenrikyo (26)
  - Wiccan (27)
  - Spiritual, but no religious affiliation (28)
  - No affiliation (0)
  - A religious affiliation or spiritual identity not listed above (please specify) (29)
- 

*Display This Question:*

*If RELIGION = Christian*

X→

CHRISTIAN Please select your Christian affiliation.

- African Methodist Episcopal (1)
- African Methodist Episcopal Zion (2)
- Assembly of God (3)
- Baptist (4)
- Catholic/Roman Catholic (5)
- Church of Christ (6)
- Church of God in Christ (7)
- Christian Orthodox (8)
- Christian Methodist Episcopal (9)
- Christian Reformed Church (CRC) (10)
- Episcopalian (11)
- Evangelical (12)
- Greek Orthodox (13)
- Lutheran (14)
- Mennonite (15)
- Moravian (16)
- Nondenominational Christian (17)
- Pentecostal (18)
- Presbyterian (19)
- Protestant (20)
- Protestant Reformed Church (21)

- Quaker (22)
  - Reformed Church of America (RCA) (23)
  - Russian Orthodox (24)
  - Seventh Day Adventist (25)
  - The Church of Jesus Christ of Latter-day Saints (26)
  - United Methodist (27)
  - Unitarian Universalist (28)
  - United Church of Christ (29)
  - A Christian affiliation not listed above (please specify) (30)
- 

-----  
Page Break



Display This Question:

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*

PARENTSACCEPT\_INTRO The next questions about how your parent(s) reacted to learning about your identity.

---

Display This Question:

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



ACCPAST\_GM\_P1 When your parent(s) initially learned about your gender identity, how accepting were they?

Mother or Parent 1

- Very accepting (4)
  - Somewhat accepting (3)
  - Neutral (2)
  - Somewhat rejecting (1)
  - Very rejecting (0)
  - Does not/did not know about my gender identity (88)
- 

Display This Question:

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



ACCPAST\_GM\_P2 When your parent(s) initially learned about your gender identity, how accepting were they?

Father or Parent 2

- Very accepting (4)
  - Somewhat accepting (3)
  - Neutral (2)
  - Somewhat rejecting (1)
  - Very rejecting (0)
  - Does not/did not know about my gender identity (88)
- 

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



ACCNOW\_GM\_P1 In your most recent interactions with your parent(s), how accepting were they of your gender identity?

Mother or Parent 1

- Very accepting (4)
  - Somewhat accepting (3)
  - Neutral (2)
  - Somewhat rejecting (1)
  - Very rejecting (0)
  - Does not/did not know about my gender identity (88)
-

*Display This Question:*

*If CYOA = Gender minority people (for example: transgender, genderqueer, questioning your gender identity, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



ACCNOW\_GM\_P2 In your most recent interactions with your parent(s), how accepting were they of your gender identity?

Father or Parent 2

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)
- Does not/did not know about my gender identity (88)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



ACCPAST\_SM\_P1 When your parent(s) initially learned about your sexual orientation, how accepting were they?

Mother or Parent 1

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)
- Does not/did not know about my sexual orientation (88)

---

*Display This Question:*

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



ACCPAST\_SM\_P2 When your parent(s) initially learned about your sexual orientation, how accepting were they?

Father or Parent 2

- Very accepting (4)
  - Somewhat accepting (3)
  - Neutral (2)
  - Somewhat rejecting (1)
  - Very rejecting (0)
  - Does not/did not know about my sexual orientation (88)
-

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



ACCNOW\_SM\_P1 In your most recent interactions with your parent(s), how accepting were they of your sexual orientation?

Mother or Parent 1

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)
- Does not/did not know about my sexual orientation (88)

---

Display This Question:

*If CYOA = Sexual minority people (for example: lesbian, gay, bisexual, queer, questioning your sexual orientation, asexual, etc.)*

*Or CYOA = People who identify as both sexual and gender minority*



ACCNOW\_SM\_P2 In your most recent interactions with your parent(s), how accepting were they of your sexual orientation?

Father or Parent 2

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)
- Does not/did not know about my sexual orientation (88)

End of Block: Social Health

---

Start of Block: Physical Health

PHYSICALHEALTH\_INTRO This section is meant to give us a sense of your **physical health**. We ask questions about your physical activity, sex life, health insurance, cancer screening, vaccinations, pregnancies, complementary and integrative health, and vitamins and minerals. Many of these questions are standard questions routinely asked in national health surveys. Your honest answers will help us as we study LGBTQ health in The PRIDE Study in order to improve the health and well-being of our communities. Your answers will be kept confidential. Please do your best to answer every question, but you may skip questions that feel too uncomfortable to answer. This section should take about 10-15 minutes to complete.

---



PROMIS1 In general, would you say your health is...

- Excellent (5)
  - Very good (4)
  - Good (3)
  - Fair (2)
  - Poor (1)
- 



PROMIS2 In general, would you say your quality of life is...

- Excellent (5)
  - Very good (4)
  - Good (3)
  - Fair (2)
  - Poor (1)
- 



PROMIS3 In general, how would you rate your physical health?

- Excellent (5)
- Very good (4)
- Good (3)
- Fair (2)
- Poor (1)

---

X→

PROMIS4 In general, how would you rate your mental health, including your mood and your ability to think?

- Excellent (5)
  - Very good (4)
  - Good (3)
  - Fair (2)
  - Poor (1)
- 

X→

PROMIS5 In general, how would you rate your satisfaction with your social activities and relationships?

- Excellent (5)
  - Very good (4)
  - Good (3)
  - Fair (2)
  - Poor (1)
- 

X→



PROMIS6 In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)...

- Excellent (5)
  - Very good (4)
  - Good (3)
  - Fair (2)
  - Poor (1)
- 



PROMIS7 To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- Completely (5)
  - Mostly (4)
  - Moderately (3)
  - A little (2)
  - Not at all (1)
- 



PROMIS8 In the PAST 7 DAYS, how often have you been bothered by emotional problems, such as feeling anxious, depressed or irritable?

- Never (5)
  - Rarely (4)
  - Sometimes (3)
  - Often (2)
  - Always (1)
- 



PROMIS9 In the PAST 7 DAYS, how would you rate your fatigue on average?

- None (5)
  - Mild (4)
  - Moderate (3)
  - Severe (2)
  - Very severe (1)
- 



PROMIS10 In the PAST 7 DAYS, how would you rate your pain on average?

- 0 No pain (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 Worst pain imaginable (10)

-----  
Page Break \_\_\_\_\_

## PA\_INTRO Physical Activity

---



VIG\_DAYS How many days per week do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate? Examples include aerobics, tennis, bicycling up hills, and running.

- 0 (0)
  - 1 (1)
  - 2 (2)
  - 3 (3)
  - 4 (4)
  - 5 (5)
  - 6 (6)
  - 7 (7)
- 

*Display This Question:*

If VIG\_DAYS = 1  
Or VIG\_DAYS = 2  
Or VIG\_DAYS = 3  
Or VIG\_DAYS = 4  
Or VIG\_DAYS = 5  
Or VIG\_DAYS = 6  
Or VIG\_DAYS = 7



VIG\_MINS About how long (in minutes) do you do these vigorous leisure-time physical activities each time?

---



MOD\_DAYS How many days per week do you do LIGHT OR MODERATE leisure-time physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate? Examples include walking, golf, moving boxes, and gardening.

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

---

*Display This Question:*

*If MOD\_DAYS = 1  
Or MOD\_DAYS = 2  
Or MOD\_DAYS = 3  
Or MOD\_DAYS = 4  
Or MOD\_DAYS = 5  
Or MOD\_DAYS = 6  
Or MOD\_DAYS = 7*



MOD\_MINS About how long (in minutes) do you do these light or moderate leisure-time physical activities each time?

---



WEIGHTS\_DAYS How many days per week do you do leisure-time physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

---

Page Break

## HCACCESS\_INTRO Healthcare Access

---



PLACESICK Is there a place that you USUALLY go to when you are sick or need advice about your health?

- Yes (1)
  - No (0)
  - I don't know (88)
- 

*Display This Question:*

*If PLACESICK = Yes*



PLACESICK\_KIND What kind of place do you go to most often – a clinic, doctor's office, emergency room, or some other place?

- Clinic or health center (1)
  - Doctor's office or HMO (2)
  - Hospital emergency room (3)
  - Hospital outpatient department (4)
  - Some other place (5)
  - I don't go to one place most often (6)
  - I don't know (88)
-

Display This Question:

If PLACESICK = Yes



PLACEROUTINE Is that the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

- Yes (1)
- No (0)
- I don't know (88)

Display This Question:

If PLACEROUTINE = No



PLACEROUTINE\_KIND What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

- I don't get routine or preventative care anywhere (0)
- Clinic or health center (1)
- Doctor's office or HMO (2)
- Hospital emergency room (3)
- Hospital outpatient department (4)
- Some other place (5)
- I don't go to one place most often (6)
- I don't know (88)





TROUBLEFIND DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?

- Yes (1)
  - No (0)
  - I haven't tried to see a doctor or provider in the past 12 months. (2)
- 



VISIT\_LASTYEAR During the past 12 months, have you seen or talked to any health care provider (general doctor, obstetrician/gynecologist, nurse practitioner, physician assistant or midwife) about your own health?

- Yes (1)
  - No (0)
  - I don't know (88)
- 



PCP Do you have a primary care provider (PCP)?

- Yes (1)
  - No (0)
  - I don't know (88)
- 



UNINSUR In the PAST 12 MONTHS, was there any time when you did NOT have ANY health insurance or coverage? In other words, were you uninsured for any time during the previous 12 months?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*  
If UNINSUR = Yes



UNINSUR\_MONTHS In the PAST 12 MONTHS, about how many months were you without coverage?

- Less than one month (0)
  - 1 month (1)
  - 2 months (2)
  - 3 months (3)
  - 4 months (4)
  - 5 months (5)
  - 6 months (6)
  - 7 months (7)
  - 8 months (8)
  - 9 months (9)
  - 10 months (10)
  - 11 months (11)
  - 12 months (12)
- 



INSURANCE Are you CURRENTLY covered by any health insurance or health coverage plan?

- Yes (1)
  - No (0)
  - I don't know (88)
-

Display This Question:

If INSURANCE = Yes



INSURANCE\_TYPE Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (If you have more than one insurance/coverage plans, please select your primary insurance/coverage plan.)

- Insurance through my current or former employer or union (1)
- Insurance through someone else's current or former employer or union (2)
- Insurance purchased through HealthCare.gov or another health insurance marketplace (sometimes called "Obamacare" or the "Affordable Care Act") (3)
- Insurance purchased directly from an insurance company (4)
- Medicare (for people 65 and older or people with certain disabilities) (5)
- Medicaid (government-assistance plan for those with low incomes or a disability) (6)
- TRICARE or other military health care (7)
- Veterans Affairs (VA) (8)
- Indian Health Service (9)
- Other (10) \_\_\_\_\_



INSUR\_COMPARE In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?

- Better (2)
- Worse (0)
- About the same (1)
- I don't know (88)



DELAYCARE In the last 12 months, were you **delayed** in getting **medical** care, tests, or treatments that you or a doctor believed necessary?

- Yes (1)
- No (0)

---

*Display This Question:*  
If DELAYCARE = Yes



DELAYCARE\_WHY Which of these best describes the **main** reason you were **delayed** in getting **medical** care, tests, or treatments you or a doctor believed necessary?

- I couldn't afford care (0)
- My insurance company wouldn't approve, cover, or pay for care (1)
- Doctor refused to accept the insurance plan (2)
- Problems getting to doctor's office (3)
- I speak a different language (4)
- I couldn't get time off work or school (5)
- I don't know where to go to get care (6)
- I was refused services (7)
- I couldn't get child care (8)
- I didn't have time or took too long (9)
- Other (10) \_\_\_\_\_



NOCARE In the last 12 months, were you **unable to obtain medical** care, tests, or treatments that you or a doctor believed necessary?

- Yes (1)
- No (0)

*Display This Question:*  
If NOCARE = Yes



NOCARE\_WHY Which of these best describes the **main** reason you were unable to get **medical** care, tests, or treatments you or a doctor believed necessary?

- I couldn't afford care (0)
  - My insurance company wouldn't approve, cover, or pay for care (1)
  - Doctor refused to accept the insurance plan (2)
  - Problems getting to doctor's office (3)
  - I speak a different language (4)
  - I couldn't get time off work or school (5)
  - I don't know where to go to get care (6)
  - I was refused services (7)
  - I couldn't get child care (8)
  - I didn't have time or took too long (9)
  - Other (10) \_\_\_\_\_
- 

OOP\_INTRO The next questions are about money that you have spent out of pocket on medical care.

---



OOP In the PAST 12 MONTHS, about how much did you spend **in total** for medical care and dental care? Please include copays, coinsurance, prescription medications, etc. Please do NOT include your monthly health insurance premiums, over-the-counter drugs, or costs that you will be reimbursed for.

- Zero (0)
- Less than \$500 (1)
- \$500 - \$1,999 (2)
- \$2,000 - \$2,999 (3)
- \$3,000 - \$4,999 (4)
- \$5,000 or more (5)
- I don't know (88)

*Display This Question:*

- If OOP = Less than \$500*
- Or OOP = \$500 - \$1,999*
- Or OOP = \$2,000 - \$2,999*
- Or OOP = \$3,000 - \$4,999*
- Or OOP = \$5,000 or more*
- Or OOP = I don't know*



BORROW In the PAST 12 MONTHS, did you borrow money to pay for health care? Please do NOT count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for.

- Yes (1)
- No (0)





OOP\_RX In the PAST 12 MONTHS, about how much did you spend for **prescription medications**?

- Zero (0)
  - Less than \$500 (1)
  - \$500 - \$1,999 (2)
  - \$2,000 - \$2,999 (3)
  - \$3,000 - \$4,999 (4)
  - \$5,000 or more (5)
  - I don't know (88)
- 



SPECIALIST In the PAST 12 MONTHS, are you under the care of any of the following specialists? (Check all that apply.)

- I do not see a specialist (0)
- Allergist or immunologist (allergy doctor) (1)
- Cardiologist (heart doctor) (2)
- Dermatologist (skin doctor) (3)
- Endocrinologist (hormone doctor) (4)
- Gastroenterologist (digestive doctor) (5)
- Hemataologist (blood doctor) (6)
- Hepatologist (liver doctor) (7)
- Oncologist (cancer doctor) (8)
- Nephrologist (kidney doctor) (9)
- Neurologist (brain and nerve doctor) (10)
- Neurosurgeon (brain and spine surgeon) (11)
- Gynecologist (reproductive and genital/urinary doctor) (12)
- Ophthalmologist (eye doctor) (13)
- Otorhinolaryngologist (ear, nose, and throat doctor) (14)
- Plastic surgeon (repair, reconstruction, and physical replacement surgeon) (15)

- Podiatrist (foot doctor) (16)
  - Psychiatric nurse practitioner (17)
  - Psychiatrist (mental health doctor) (18)
  - Psychologist, psychotherapist, or other mental health counselor (19)
  - Pulmonologist (lung doctor) (20)
  - Rheumatologist (joint and inflammation doctor) (21)
  - Speech/language therapist (22)
  - Urologist (genital/urinary health doctor) (23)
  - Someone not listed here (24)
- 

-----  
Page Break

CANCER\_INTRO **Cancer Screening**

---



ORGANS Cancer screening should be based on organs that people currently have. To appropriate ask you about cancer screening, which of the following organs do you have? (Check all that apply.)

- Breasts or breast tissue (0)
  - Cervix (you likely have this if you have a uterus or womb) (1)
  - Prostate (you likely have this if you were assigned male sex at birth) (2)
- 

Page Break

Display This Question:

If ORGANS = Cervix (you likely have this if you have a uterus or womb)



PAP\_EVER Have you EVER HAD a Pap smear or Pap test?

- Yes (1)
- No (0)
- I don't know (88)

---

Display This Question:

If ORGANS = Cervix (you likely have this if you have a uterus or womb)



PAP\_LAST How long has it been since your last Pap smear or Pap test?

- A year ago or less (0)
- More than 1 year but not more than 2 years ago (1)
- More than 2 years but not more than 3 years ago (2)
- More than 3 years but not more than 5 years ago (3)
- Over 5 years ago (4)
- I don't know (88)

---

Display This Question:

If PAP\_LAST = Over 5 years ago



NOPAP5YR\_WHY What is the most important reason you have NOT had a Pap test in the LAST 5 YEARS?

- No reason/never thought about it (0)
- Didn't need it/didn't know I needed this type of test (1)
- Doctor didn't order it/didn't say I needed it (2)
- Haven't had any problems (3)
- Put it off/didn't get around to it (4)
- Too expensive/no insurance/cost (5)
- Too painful, unpleasant, or embarrassing (6)
- Had a hysterectomy (7)
- Don't have a doctor (8)

---

*Display This Question:*  
If PAP\_EVER = No



NEVERPAP\_WHY What is the most important reason you have NEVER had a Pap test?

- No reason/never thought about it (0)
- Didn't need it/didn't know I needed this type of test (1)
- Doctor didn't order it/didn't say I needed it (2)
- Haven't had any problems (3)
- Put it off/didn't get around to it (4)
- Too expensive/no insurance/cost (5)
- Too painful, unpleasant, or embarrassing (6)
- Had a hysterectomy (7)
- Don't have a doctor (8)

*Display This Question:*

*If PAP\_LAST = A year ago or less  
Or PAP\_LAST = More than 1 year but not more than 2 years ago  
Or PAP\_LAST = More than 2 years but not more than 3 years ago*



PAP\_ABNL3YR Have you had a Pap smear or Pap test in the LAST 3 YEARS where the results were NOT normal?

- Yes (1)
- No (0)
- I don't know (88)

*Display This Question:*

*If ORGANS = Cervix (you likely have this if you have a uterus or womb)*



HPV\_HEARD Have you ever heard of HPV? HPV stands for human papillomavirus.

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If HPV\_HEARD = Yes*



HPV\_RECENTPAP Did you have HPV test with your most recent Pap?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If HPV\_HEARD = Yes*



HPV\_ABNL3YR Have you had a HPV test in the LAST 3 YEARS where the results were NOT normal?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*

*If ORGANS = Breasts or breast tissue*





MAMMO\_EVER Have you EVER HAD a mammogram?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*  
If MAMMO\_EVER = Yes



MAMMO\_LAST How long has it been since your last mammogram?

- A year ago or less (0)
- More than 1 year but not more than 2 years ago (1)
- More than 2 years but not more than 3 years ago (2)
- More than 3 years but not more than 5 years ago (3)
- Over 5 years ago (4)
- I don't know (88)

---

*Display This Question:*  
If MAMMO\_EVER = Yes



MAMMO\_6YR How many mammograms have you had in the LAST 6 YEARS?

---

Display This Question:

If How many mammograms have you had in the LAST 6 YEARS? Text Response Is Greater Than or Equal to 1



MAMMO\_ABNL6YR Have you had a mammogram in the LAST 6 YEARS where the results were NOT normal?

- Yes (1)
- No (2)
- I don't know (88)

Display This Question:

If ORGANS = Prostate (you likely have this if you were assigned male sex at birth)



PSA\_EVER Have you EVER HAD a PSA test? A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

- Yes (1)
- No (0)
- I don't know (88)

Display This Question:

If PSA\_EVER = Yes



PSA\_LAST How long has it been since your last PSA test?

- A year ago or less (0)
- More than 1 year but not more than 2 years ago (1)
- More than 2 years but not more than 3 years ago (2)
- More than 3 years but not more than 5 years ago (3)
- Over 5 years ago (4)
- I don't know (88)

---

*Display This Question:*  
If PSA\_EVER = Yes



PSA\_SUGGEST Who first suggested the PSA test?

- I did (0)
- My doctor did (1)
- Someone else (2)
- I don't know (88)

---

*Display This Question:*  
If PSA\_EVER = Yes



PSA\_5YR How many PSA tests have you had in the LAST 5 years?

---

Display This Question:

If PSA\_EVER = Yes

X→

PSA\_ADVANT Did a doctor EVER talk with you about the advantages of the PSA test?

- Yes (1)
  - No (0)
  - I don't know (88)
- 

X→

COLON\_DISCUSS Have you and your doctor or other health professional ever DISCUSSED getting a test to check for colon cancer?

- Yes (1)
  - No (0)
  - I don't know (88)
- 

X→

COLON\_TEST Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.

A blood stool test or occult blood test, also known as the fecal immunochemical (FIT) test, determines whether you have blood in your stool or bowel movement. These tests can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home. Before a sigmoidoscopy or colonoscopy, you are asked to take a medication that causes diarrhea.

Have you EVER HAD any of these tests for colon cancer? (Check all that apply.)

- None of these (0)
- Blood stool test (FIT test) (1)
- Sigmoidoscopy (2)
- Colonoscopy (3)

---

*Display This Question:*  
*If COLON\_TEST = Blood stool test (FIT test)*



FIT\_LAST How long has it been since your last blood stool test (FIT test)?

- A year ago or less (0)
- More than 1 year but not more than 2 years ago (1)
- More than 2 years but not more than 3 years ago (2)
- More than 3 years but not more than 5 years ago (3)
- More than 5 years ago but not more than 10 years (4)
- Over 10 years ago (5)
- I don't know (88)

---

*Display This Question:*

*If COLON\_TEST = Sigmoidoscopy*



SIG\_LAST How long has it been since your last sigmoidoscopy?

- A year ago or less (0)
  - More than 1 year but not more than 2 years ago (1)
  - More than 2 years but not more than 3 years ago (2)
  - More than 3 years but not more than 5 years ago (3)
  - More than 5 years ago but not more than 10 years (4)
  - Over 10 years ago (5)
  - I don't know (88)
-

Display This Question:

If COLON\_TEST = Colonoscopy



COLO\_LAST How long has it been since your last colonoscopy?

- A year ago or less (0)
- More than 1 year but not more than 2 years ago (1)
- More than 2 years but not more than 3 years ago (2)
- More than 3 years but not more than 5 years ago (3)
- More than 5 years ago but not more than 10 years (4)
- Over 10 years ago (5)
- I don't know (88)

---

Page Break

BLDDONATE\_INTRO **Blood Donation**

---



BLOOD\_DONATE Have you donated blood in the last 12 months?

Yes (1)

No (0)

---

SLEEP\_INTRO **Sleep**

---



SLEEP On average, how many hours of sleep do you get in a 24-hour period? (Please round to the nearest whole hour.)

\_\_\_\_\_

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ORALHEALTH\_INTRO **Oral Health**

---





DENT\_VISIT About how long has it been since you **last** visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 6 months or less (0)
- More than 6 months, but not more than 1 year ago (1)
- More than 1 year, but not more than 2 years ago (2)
- More than 2 years, but not more than 3 years ago (3)
- More than 3 years, but not more than 5 years ago (4)
- More than 5 years ago (5)
- Never have been to dentist (6)

---

*Display This Question:*

*If DENT\_VISIT = 6 months or less*

*Or DENT\_VISIT = More than 6 months, but not more than 1 year ago*

*Or DENT\_VISIT = More than 1 year, but not more than 2 years ago*

*Or DENT\_VISIT = More than 2 years, but not more than 3 years ago*

*Or DENT\_VISIT = More than 3 years, but not more than 5 years ago*

*Or DENT\_VISIT = More than 5 years ago*



DENTIST\_WHY What was the main reason you **last** visited the dentist?

- I went in on my own for check-up, examination, or cleaning (0)
- I was called in by the dentist for check-up, examination, or cleaning (1)
- Something was wrong, bothering, or hurting me (2)
- I went for treatment of a condition that dentist discovered at earlier check-up or examination (3)
- Other (4) \_\_\_\_\_

*Display This Question:*

*If DENT\_VISIT = More than 6 months, but not more than 1 year ago*

*Or DENT\_VISIT = More than 1 year, but not more than 2 years ago*

*Or DENT\_VISIT = More than 2 years, but not more than 3 years ago*

*Or DENT\_VISIT = More than 3 years, but not more than 5 years ago*

*Or DENT\_VISIT = More than 5 years ago*

*Or DENT\_VISIT = Never have been to dentist*



DENTCARE\_NO During the past 12 months, was there a time when you needed dental care but could not get it at that time?

Yes (1)

No (0)

---

*Display This Question:*

*If DENTCARE\_NO = Yes*



DENTCARE\_UNABLE What were the reasons that you could not get the dental care you needed? (Check all that apply.)

- I could not afford the cost (0)
- I did not want to spend the money (1)
- Insurance did not cover recommended procedures (2)
- Dental office is too far away (3)
- Dental office is not open at convenient times (4)
- Another dentist recommended not doing it (5)
- I was afraid or do not like dentists (6)
- I was unable to take time off from work or school (7)
- I was too busy (8)
- I did not think anything serious was wrong/expected dental problems to go away (9)
- Other (10) \_\_\_\_\_



MOUTH PAIN How often during the last year have you had painful aching anywhere in your mouth? Would you say...?

- Very often (4)
  - Fairly often (3)
  - Occasionally (2)
  - Hardly ever (1)
  - Never (0)
- 

GUMHEALTH\_INTRO The next questions will ask about the condition of your teeth and some factors related to gum health. Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth.

---



GUMDZ Do you think you might have gum disease?

- Yes (1)
  - No (0)
- 



DENT\_OVERALL Overall, how would you rate the health of your teeth and gums? Would you say...?

- Excellent (4)
- Very good (3)
- Good (2)
- Fair (1)
- Poor (0)



BRUSH How many times you brush your teeth in one day?

---



ORCAEXAM Have you ever had an exam for oral cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

- Yes (1)
- No (0)

---

Page Break

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## SEXBEH\_INTRO **Sexual Behavior**

The next set of questions mentions body organs. The organs mentioned refer to the organs you **currently** have. We are asking these questions to get a comprehensive look at your health. We know that people refer to their organs differently, and we have tried to use the medical terms as well as commonly used non-medical terms. We know that this will not accurately reflect the diversity of our communities, but we hope it gets us closer to some critical health understanding.

---



VAGINA Do you have a vagina or front hole?

- Yes (1)
  - No (0)
- 



PENIS Do you have a penis or phallus? (This refers to your anatomy, not a sex toy.)

- Yes (1)
  - No (0)
- 

Page Break

---



SEX\_EVER Have you **ever** engaged in **any** kind of sexual activity with another person?

Yes (1)

No (0)

---

*Display This Question:*

*If SEX\_EVER = Yes*

*And VAGINA = Yes*



VAGSEX\_VAG Have you **ever** had receptive vaginal / front hole sex? This means a penis/phallus in your vagina/front hole.

Yes (1)

No (0)

---

*Display This Question:*

*If SEX\_EVER = Yes*

*And PENIS = Yes*



VAGSEX\_PEN Have you **ever** had insertive vaginal / front hole sex? This means putting your penis/phallus in someone's vagina/front hole.

Yes (1)

No (0)

---

*Display This Question:*

*If SEX\_EVER = Yes*

*And VAGINA = Yes*



VAGSEX\_SCI Have you **ever** had vagina/front hole sex where your vagina/front hole is touching another person's vagina/front hole?

Yes (1)

No (0)

---

*Display This Question:*

If SEX\_EVER = Yes



ORAL\_GIVE Have you **ever performed** oral sex? This means putting your mouth on another person's genitals. (Check all that apply.)

Yes, on a person with a penis / phallus (1)

Yes, on a person with a vagina / front hole (2)

No (0)

---

*Display This Question:*

If SEX\_EVER = Yes



ORAL\_GET Have you **ever received** oral sex? This means someone put their mouth on your genitals.

Yes (1)

No (0)



Display This Question:

If SEX\_EVER = Yes

And VAGINA = Yes

X→

ANAL\_VAG Have you **ever** had anal sex? This means contact between a penis/phallus and your anus or butt.

Yes (1)

No (0)

Display This Question:

If SEX\_EVER = Yes

And PENIS = Yes

X→

ANAL\_PEN Have you **ever** had anal sex? (Check all that apply.)

Yes, I have had contact between my penis/phallus and someone's anus or butt (also known as insertive anal sex) (1)

Yes, I have had contact between someone's penis/phallus and my anus or butt (also known as receptive anal sex) (2)

No (0)

Display This Question:

If SEX\_EVER = Yes

X→

RIM Have you **ever performed** oral-anal sex (also called rimming)? This means contact between your mouth and someone's anus or butt.

- Yes (1)
- No (0)

-----  
*Display This Question:*  
If SEX\_EVER = Yes



FINGER Have you **ever performed** digital penetration (also called fingering)? This means putting your fingers into someone's vagina/front hole or someone's anus or butt. (Check all that apply.)

- Yes, I have had contact between my finger(s) and someone's vagina/front hole (1)
- Yes, I have had contact between my finger(s) and someone's anus or butt (2)
- No (0)

-----  
*Display This Question:*  
If SEX\_EVER = Yes



SEXTOY Have you **ever used** sex toys (such as dildos) with a sexual partner?

- Yes (1)
- No (0)

-----  
*Display This Question:*  
If SEXTOY = Yes



SEXTOYUSE Did you insert the sex toy into someone's body or did you receive the sex toy into your body or both?

- Yes, I inserted the sex toy into someone's body (0)
- Yes, I received the sex toy into my body (1)
- Yes, both (2)

---

*Display This Question:*  
If SEX\_EVER = Yes

SEX\_OTHER Please tell us about other kinds of sex that you have.

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*Display This Question:*  
If SEX\_EVER = Yes



DEBUT How old were you the first time you had **any** kind of sex including vaginal/front hole, oral, and anal?

---

---

*Display This Question:*  
If SEX\_EVER = Yes



SEXPART\_LIFE In your **lifetime**, with how many people have you had **any** kind of sex?

---

---

Display This Question:

If SEX\_EVER = Yes



SEXPART\_YEAR In the **past 12 months**, with how many people have you had **any** kind of sex?

---

---

Display This Question:

If SEX\_EVER = Yes

And If

VAGSEX\_VAG = Yes

Or VAGSEX\_PEN = Yes



VAGSEX\_YEAR In the **past 12 months**, about how many **times** have you had vaginal/front hole sex?

---

---

Display This Question:

If In the past 12 months, about how many times have you had vaginal/front hole sex? Text Response Is Greater Than or Equal to 1



VAGSEX\_NOCON In the **past 12 months**, about how often have you had vaginal/front hole sex without using a condom?

- Never (0)
- Less than half of the time (1)
- About half of the time (2)
- Not always, but more than half of the time (3)
- Always (4)

---

*Display This Question:*

*If VAGSEX\_NOCON = Less than half of the time  
Or VAGSEX\_NOCON = About half of the time  
Or VAGSEX\_NOCON = Not always, but more than half of the time  
Or VAGSEX\_NOCON = Always*



VAGSEX\_NOCON\_QUANT In the **past 12 months**, with how many different people have you had vaginal/front hole sex without a condom?

---

---

*Display This Question:*

*If SEX\_EVER = Yes  
And ANAL\_VAG = Yes*



ANALSEX\_YEAR In the **past 12 months**, about how many **times** have you had receptive anal sex? (This means contact between a penis/phallus and your anus or butt.)

---

Display This Question:

If In the past 12 months, about how many times have you had receptive anal sex? (This means contact between a penis/phallus and your anus or butt.) Text Response Is Greater Than or Equal to 1



ANALSEX\_NOCON In the **past 12 months**, about how often have you had receptive anal sex without using a condom? (This means contact between a penis/phallus and your anus or butt.)

- Never (0)
- Less than half of the time (1)
- About half of the time (2)
- Not always, but more than half of the time (3)
- Always (4)

Display This Question:

If ANALSEX\_NOCON = Less than half of the time

Or ANALSEX\_NOCON = About half of the time

Or ANALSEX\_NOCON = Not always, but more than half of the time

Or ANALSEX\_NOCON = Always



ANALSEX\_NOCON\_QUANT In the **past 12 months**, with how many different people have you had receptive anal sex without a condom? (This means contact between a penis/phallus and your anus or butt.)

Display This Question:

If SEX\_EVER = Yes

And ANAL\_PEN = Yes, I have had contact between someone's penis/phallus and my anus or butt (also known as <u>receptive</u> anal sex)



BOTTOM\_YEAR In the **past 12 months**, about how many **times** have you had receptive anal sex (that is, you were the bottom)? This means contact between someone's penis/phallus and your anus or butt.

---

*Display This Question:*

*If In the past 12 months, about how many times have you had receptive anal sex (that is, you were the bottom)? This means contact between someone's penis/phallus and your anus or butt. Text Response Is Greater Than or Equal to 1*



BOTTOM\_NOCON In the **past 12 months**, about how often have you had receptive anal sex (that is, you were the bottom) without using a condom?

- Never (0)
- Less than half of the time (1)
- About half of the time (2)
- Not always, but more than half of the time (3)
- Always (4)

*Display This Question:*

*If BOTTOM\_NOCON = Less than half of the time  
Or BOTTOM\_NOCON = About half of the time  
Or BOTTOM\_NOCON = Not always, but more than half of the time  
Or BOTTOM\_NOCON = Always*



BOTTOM\_NOCON\_QUANT In the **past 12 months**, with how many different people have you had receptive anal sex (that is, you were the bottom) without a condom?

---

Display This Question:

If *SEX\_EVER* = Yes

And *ANAL\_PEN* = Yes, I have had contact between my penis/phallus and someone's anus or butt (also known as insertive anal sex)



*TOP\_YEAR* In the **past 12 months**, about how many **times** have you had insertive anal sex (that is, you were the top)? This means contact between your penis/phallus and someone's anus or butt.

Display This Question:

If If In the past 12 months, about how many times have you had insertive anal sex (that is, you were th... Text Response Is Greater Than or Equal to 1



*TOP\_NOCON* In the **past 12 months**, about how often have you had insertive anal sex (that is, you were the top) without using a condom?

- Never (0)
- Less than half of the time (1)
- About half of the time (2)
- Not always, but more than half of the time (3)
- Always (4)

Display This Question:

If *TOP\_NOCON* = Less than half of the time

Or *TOP\_NOCON* = About half of the time

Or *TOP\_NOCON* = Not always, but more than half of the time

Or *TOP\_NOCON* = Always





TOP\_NOCON\_QUANT In the **past 12 months**, with how many different people have you had insertive anal sex (that is, you were the top) without a condom?

---

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Page Break 

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Display This Question:

If VAGINA = Yes

Or PENIS = Yes

## SEXSATIS\_INTRO Sexual Satisfaction / Dysfunction

---

Display This Question:

If VAGINA = Yes

### FSFI\_INTRO

These questions ask about your sexual feelings and responses during the past 4 weeks. Please answer the following questions as honestly and clearly as possible. Your responses will be kept completely confidential.

In answering these questions the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation and vaginal intercourse.

Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

---

Display This Question:

If VAGINA = Yes



FSFI1 Over the past 4 weeks, how **often** did you feel sexual desire or interest?

- Almost always or always (5)
  - Most times (more than half the time) (4)
  - Sometimes (about half the time) (3)
  - A few times (less than half the time) (2)
  - Almost never or never (1)
-

Display This Question:

If VAGINA = Yes



FSFI2 Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest?

- Very high (5)
  - High (4)
  - Moderate (3)
  - Low (2)
  - Very low or none at all (1)
- 

Display This Question:

If VAGINA = Yes



FSFI3 Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity?

- No sexual activity (0)
  - Almost always or always (5)
  - Most times (more than half the time) (4)
  - Sometimes (about half the time) (3)
  - A few times (less than half the time) (2)
  - Almost never or never (1)
-

Display This Question:

If VAGINA = Yes



FSFI4 Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity?

- No sexual activity (0)
- Very high (5)
- High (4)
- Moderate (3)
- Low (2)
- Very low or none at all (1)

Display This Question:

If VAGINA = Yes



FSFI5 Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity?

- No sexual activity (0)
- Very high confidence (5)
- High confidence (4)
- Moderate confidence (3)
- Low confidence (2)
- Very low or no confidence (1)

Display This Question:

If VAGINA = Yes



FSFI6 Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity?

- No sexual activity (0)
  - Almost always or always (5)
  - Most times (more than half the time) (4)
  - Sometimes (about half the time) (3)
  - A few times (less than half the time) (2)
  - Almost never or never (1)
- 

Display This Question:

If VAGINA = Yes



FSFI7 Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity?

- No sexual activity (0)
  - Almost always or always (5)
  - Most times (more than half the time) (4)
  - Sometimes (about half the time) (3)
  - A few times (less than half the time) (2)
  - Almost never or never (1)
-

Display This Question:

If VAGINA = Yes



FSF18 Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity?

- No sexual activity (0)
  - Extremely difficult or impossible (1)
  - Very difficult (2)
  - Difficult (3)
  - Slightly difficult (4)
  - Not difficult (5)
- 

Display This Question:

If VAGINA = Yes



FSF19 Over the past 4 weeks, how often did you **maintain** your lubrication ("wetness") until completion of sexual activity?

- No sexual activity (0)
  - Almost always or always (5)
  - Most times (more than half the time) (4)
  - Sometimes (about half the time) (3)
  - A few times (less than half the time) (2)
  - Almost never or never (1)
-

Display This Question:

If VAGINA = Yes



FSFI10 Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity?

- No sexual activity (0)
  - Extremely difficult or impossible (1)
  - Very difficult (2)
  - Difficult (3)
  - Slightly difficult (4)
  - Not difficult (5)
- 

Display This Question:

If VAGINA = Yes



FSFI11 Over the past 4 weeks, when you had sexual stimulation, how **often** did you reach orgasm (climax)?

- No sexual activity (0)
  - Almost always or always (5)
  - Most times (more than half the time) (4)
  - Sometimes (about half the time) (3)
  - A few times (less than half the time) (2)
  - Almost never or never (1)
-

Display This Question:

If VAGINA = Yes



FSFI12 Over the past 4 weeks, when you had sexual stimulation, how **difficult** was it for you to reach orgasm (climax)?

- No sexual activity (0)
  - Extremely difficult or impossible (1)
  - Very difficult (2)
  - Difficult (3)
  - Slightly difficult (4)
  - Not difficult (5)
- 

Display This Question:

If VAGINA = Yes



FSFI13 Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity?

- No sexual activity (0)
  - Very satisfied (5)
  - Moderately satisfied (4)
  - About equally satisfied and dissatisfied (3)
  - Moderately dissatisfied (2)
  - Very dissatisfied (1)
-



Display This Question:

If VAGINA = Yes



FSFI14 Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner?

- No sexual activity (0)
  - Very satisfied (5)
  - Moderately satisfied (4)
  - About equally satisfied and dissatisfied (3)
  - Moderately dissatisfied (2)
  - Very dissatisfied (1)
- 

Display This Question:

If VAGINA = Yes



FSFI15 Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner?

- Very satisfied (5)
  - Moderately satisfied (4)
  - About equally satisfied and dissatisfied (3)
  - Moderately dissatisfied (2)
  - Very dissatisfied (1)
-

Display This Question:

If VAGINA = Yes



FSFI16 Over the past 4 weeks, how **satisfied** have you been with your overall sexual life?

- Very satisfied (5)
- Moderately satisfied (4)
- About equally satisfied and dissatisfied (3)
- Moderately dissatisfied (2)
- Very dissatisfied (1)

Display This Question:

If VAGINA = Yes



FSFI17 Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal or front hole penetration?

- Did not attempt penetration (0)
- Almost always or always (1)
- Most times (more than half the time) (2)
- Sometimes (about half the time) (3)
- A few times (less than half the time) (4)
- Almost never or never (5)

Display This Question:

If VAGINA = Yes



FSFI18 Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal or front hole penetration?

- Did not attempt penetration (0)
- Almost always or always (1)
- Most times (more than half the time) (2)
- Sometimes (about half the time) (3)
- A few times (less than half the time) (4)
- Almost never or never (5)

---

*Display This Question:*

*If VAGINA = Yes*



FSFI19 Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal or front hole penetration?

- Did not attempt penetration (0)
- Very high (1)
- High (2)
- Moderate (3)
- Low (4)
- Very low or none at all (5)

---

*Display This Question:*

*If PENIS = Yes*

MSHQ\_INTRO The following questions concern various aspects of your ability to have sex. In answering these questions, please think about all aspects of the sexual activity you have had with your main partner, with other partners, or masturbating. By sexual activity, we mean any

type of sex you may have had, including intercourse, oral sex or other sexual activities that could lead to ejaculation. Some of these questions might be difficult to answer. Please answer as many as possible, and be as honest as you can when answering them. Please remember that all of your answers are confidential. The first questions concern your erections, which some people refer to as "hard-ons".

---

*Display This Question:*

*If PENIS = Yes*



MSHQ1 In the last month, have you taken Viagra or any similar drugs for problems with your erection?

- Yes (1)
  - No (0)
- 

*Display This Question:*

*If PENIS = Yes*



MSHQ2 **In the last month**, without using drugs like Viagra, how often have you been able to get an erection when you wanted to? (Check only one)

- All of the time (5)
  - Most of the time (4)
  - About half of the time (3)
  - Less than half of the time (2)
  - None of the time (1)
  - Used Viagra or similar drug with every sexual encounter (0)
-

Display This Question:

If PENIS = Yes



MSHQ3 **In the last month**, if you were able to get an erection without using drugs like Viagra, how often were you able to stay hard as long as you wanted to? (Check only one)

- All of the time (5)
- Most of the time (4)
- About half of the time (3)
- Less than half of the time (2)
- None of the time (1)
- Used Viagra or similar drug with every sexual encounter (0)

Display This Question:

If PENIS = Yes



MSHQ4 **In the last month**, if you were able to get an erection, without using drugs like Viagra, how would you rate the hardness of your erection? (Check only one)

- Completely hard (5)
- Almost completely hard (4)
- Mostly hard, but can be slightly bent (3)
- A little hard, but bends easily (2)
- Not at all hard (1)
- Used Viagra or similar drug with every sexual encounter (0)

Display This Question:

If PENIS = Yes



MSHQ5 **In the last month**, if you have had difficulty getting hard or staying hard without using drugs like Viagra, have you been bothered by this problem?... (Check only one)

- Not at all bothered/Did not have a problem with erection (5)
- A little bit bothered (4)
- Moderately bothered (3)
- Very bothered (2)
- Extremely bothered (1)

---

Display This Question:

If PENIS = Yes

MSHQEJAC\_INTRO The next section deals with ejaculation and the pleasure you have with ejaculation. Ejaculation or “cumming” is the release of semen or “cum” during sexual climax. These questions concern all of your ejaculations when having sexual activity. These could include ejaculations you have had with your main partner, as well as with other partners, or ejaculations you have had when masturbating.

---

Display This Question:

If PENIS = Yes



MSHQ6 **In the last month**, how often have you been able to ejaculate when having sexual activity? (Check only one)

- All of the time (5)
- Most of the time (4)
- About half of the time (3)
- Less than half of the time (2)
- None of the time/Could not ejaculate (1)

---

*Display This Question:*

*If PENIS = Yes*



MSHQ7 **In the last month**, when having sexual activity, how often did you feel that you took too long to ejaculate or “cum”? (Check only one)

- None of the time (5)
- Less than half of the time (4)
- About half of the time (3)
- Most of the time (2)
- All of the time (1)
- Could not ejaculate (0)

---

*Display This Question:*

*If PENIS = Yes*



MSHQ8 **In the last month**, when having sexual activity, how often have you felt like you were ejaculating (“cumming”), but no fluid came out?

- None of the time (5)
- Less than half of the time (4)
- About half of the time (3)
- Most of the time (2)
- All of the time (1)
- Could not ejaculate (0)

---

*Display This Question:*

*If PENIS = Yes*



MSHQ9 **In the last month**, how would you rate the strength or force of your ejaculation?

- As strong as it always was (5)
- A little less strong than it used to be (4)
- Somewhat less strong than it used to be (3)
- Much less strong than it used to be (2)
- Very much less strong than it used to be (1)
- Could not ejaculate (0)

---

*Display This Question:*

*If PENIS = Yes*





MSHQ10 **In the last month**, how would you rate the amount or volume of semen when you ejaculate?

- As much as it always was (5)
- A little less than it used to be (4)
- Somewhat less than it used to be (3)
- Much less than it used to be (2)
- Very much less than it used to be (1)
- Could not ejaculate (0)

---

*Display This Question:*

*If PENIS = Yes*



MSHQ11 **Compared to ONE month ago**, would you say the physical pleasure you feel when you ejaculate has...

- Increased a lot (5)
- Increased moderately (4)
- Neither increased nor decreased (3)
- Decreased moderately (2)
- Decreased a lot (1)
- Could not ejaculate (0)

---

*Display This Question:*

*If PENIS = Yes*



MSHQ12 **In the last month**, have you experienced any physical pain or discomfort when you ejaculated? Would you say you have...

- No pain at all (5)
- Slight amount of pain or discomfort (4)
- Moderate amount of pain or discomfort (3)
- Strong amount of pain or discomfort (2)
- Extreme amount of pain or discomfort (1)
- Could not ejaculate (0)

---

*Display This Question:*

*If PENIS = Yes*



MSHQ13 **In the last month**, if you have had any ejaculation difficulties or have been unable to ejaculate, have you been bothered by this?

- Not at all bothered (5)
- A little bit bothered (4)
- Moderately bothered (3)
- Very bothered (2)
- Extremely bothered (1)

---

*Display This Question:*

*If PENIS = Yes*



MSHQ14 Do you have a “main partner”?

- Yes (1)
- No (0)

---

*Display This Question:*

*If PENIS = Yes*

*And MSHQ14 = Yes*

MSHQREL\_INTRO These next few questions ask about your relationship with your main partner over the **last month**. Some of these questions concern your sexual relationship, while others are about your overall relationship.

---

*Display This Question:*

*If PENIS = Yes*

*And MSHQ14 = Yes*



MSHQ15 Generally, how satisfied are you with the overall sexual relationship you have with your main partner? (Check only one) relationship.

- Extremely satisfied (5)
- Moderately satisfied (4)
- Neither satisfied nor unsatisfied (3)
- Moderately unsatisfied (2)
- Extremely unsatisfied (1)

---

*Display This Question:*

*If PENIS = Yes*

*And MSHQ14 = Yes*



MSHQ16 Generally, how satisfied are you with the quality of the sex life you have with your main partner?

- Extremely satisfied (5)
- Moderately satisfied (4)
- Neither satisfied nor unsatisfied (3)
- Moderately unsatisfied (2)
- Extremely unsatisfied (1)

---

*Display This Question:*  
If PENIS = Yes  
And MSHQ14 = Yes



MSHQ17 Generally, how satisfied are you with the number of times you and your main partner have sex?

- Extremely satisfied (5)
- Moderately satisfied (4)
- Neither satisfied nor unsatisfied (3)
- Moderately unsatisfied (2)
- Extremely unsatisfied (1)

---

*Display This Question:*  
If PENIS = Yes  
And MSHQ14 = Yes



MSHQ18 Generally, how satisfied are you with the way you and your main partner show affection during sex?

- Extremely satisfied (5)
- Moderately satisfied (4)
- Neither satisfied nor unsatisfied (3)
- Moderately unsatisfied (2)
- Extremely unsatisfied (1)

---

*Display This Question:*

*If PENIS = Yes*

*And MSHQ14 = Yes*



MSHQ19 Generally, how satisfied are you with the way you and your main partner communicate about sex?

- Extremely satisfied (5)
- Moderately satisfied (4)
- Neither satisfied nor unsatisfied (3)
- Moderately unsatisfied (2)
- Extremely unsatisfied (1)

---

*Display This Question:*

*If PENIS = Yes*

*And MSHQ14 = Yes*



MSHQ20 Aside from your sexual relationship, how satisfied are you with all other aspects of the relationship you have with your main partner?

- Extremely satisfied (5)
- Moderately satisfied (4)
- Neither satisfied nor unsatisfied (3)
- Moderately unsatisfied (2)
- Extremely unsatisfied (1)

---

*Display This Question:*

If PENIS = Yes

MSHQSEXBEH\_INTRO The next set of questions concern the sexual activity you have had **in the last month**. In answering these questions, we want to know about all of the sexual activity you have had with your main partner, with other partners, or masturbating. By sexual activity, we mean any type of sex you may have had, including intercourse, oral sex, or any other sexual activities that could lead to ejaculation.

---

*Display This Question:*

If PENIS = Yes



MSHQ21 **In the last month**, how often have you had sexual activity, including masturbating, intercourse, oral sex, or any other type of sex? (Check only one)

- Daily or almost daily (5)
- More than 6 times per month (4)
- 4-6 times per month (3)
- 1-3 times per month (2)
- 0 times per month (1)

*Display This Question:*

*If PENIS = Yes*

*And MSHQ21 = 0 times per month*



MSHQ22 When was the last time you had sex? (Check only one)

- 1-3 months ago (5)
- 4-6 months ago (4)
- 7-12 months ago (3)
- 13-24 months ago (2)
- More than 24 months ago (1)

*Display This Question:*

*If PENIS = Yes*

*And MSHQ21 = 0 times per month*



MSHQ23 What are the reasons you have not had sex in the last month?

- I could not have sex because I could not get an erection. (1)
  - I could not have sex because I could not ejaculate or "cum". (2)
  - I had no partner. (3)
  - Other (please specify) (4)
- 

*Display This Question:*

*If PENIS = Yes*



MSHQ24 Compared to **ONE month ago**, has the number of times you have had sexual activity increased or decreased?

- Increased a lot (5)
- Increased moderately (4)
- Neither increased nor decreased (3)
- Decreased moderately (2)
- Decreased a lot (1)

---

*Display This Question:*

If PENIS = Yes



MSHQ25 **In the last month**, have you been bothered by these changes in the number of times you have had sexual activity?

- Not at all bothered (5)
- A little bit bothered (4)
- Moderately bothered (3)
- Very bothered (2)
- Extremely bothered (1)

---

*Display This Question:*

If PENIS = Yes

MSHQURGE\_INTRO These next questions ask about your urge or desire to have sex with **your main partner**. Some people refer to this as “feeling horny”. These questions concern the sexual urges you have felt toward your main partner, and not whether you actually had sex.

IF YOU DO NOT HAVE A MAIN PARTNER, PLEASE ANSWER ALL QUESTIONS WITHOUT REFERENCE TO A "MAIN PARTNER"



---

*Display This Question:*

*If PENIS = Yes*



MSHQ26 **In the last month**, how often have you felt an urge or desire to have sex with your main partner?

- All of the time (5)
- Most of the time (4)
- About half of the time (3)
- Less than half of the time (2)
- None of the time/Could not ejaculate (1)

---

*Display This Question:*

*If PENIS = Yes*



MSHQ27 **In the last month**, how would you rate your urge or desire to have sex with your main partner?

- Very high (5)
- High (4)
- Moderate (3)
- Low (2)
- Very low or none at all (1)

---

*Display This Question:*

*If PENIS = Yes*



MSHQ28 **In the last month**, have you been bothered by your level of sexual desire? Have you been...

- Not at all bothered (5)
- A little bit bothered (4)
- Moderately bothered (3)
- Very bothered (2)
- Extremely bothered (1)

---

*Display This Question:*

*If PENIS = Yes*



MSHQ29 Compared to **ONE month ago**, has your urge or desire for sex with your main partner increased or decreased?

- Increased a lot (5)
- Increased moderately (4)
- Neither increased nor decreased (3)
- Decreased moderately (2)
- Decreased a lot (1)

---

Page Break

STI\_INTRO **Sexual Health and Infections**

---



HERPES\_EVER

Has a doctor or other health care professional **ever** told you that you had genital herpes?

Yes (1)

No (0)

---

*Display This Question:*

*If HERPES\_EVER = Yes*



HERPES\_YEAR Has a doctor or other health care professional told you that you had genital herpes in the **last 12 months**?

Yes (1)

No (0)

---



WARTS\_EVER

Has a doctor or other health care professional **ever** told you that you had genital warts?

Yes (1)

No (0)

---

*Display This Question:*

*If WARTS\_EVER = Yes*



WARTS\_YEAR Has a doctor or other health care professional told you that you had genital warts in the **last 12 months**?

Yes (1)

No (0)

---



HPV\_EVER

Has a doctor or other health care professional **ever** told you that you had human papillomavirus or HPV?

Yes (1)

No (0)

---

*Display This Question:*

*If HPV\_EVER = Yes*



HPV\_YEAR Has a doctor or other health care professional told you that you had human papillomavirus or HPV in the **last 12 months**?

Yes (1)

No (0)

---



GC\_EVER

Has a doctor or other health care professional **ever** told you that you had gonorrhea, sometimes called GC or the clap?

Yes (1)

No (0)

---

Display This Question:

If GC\_EVER = Yes

X→

GC\_YEAR Has a doctor or other health care professional told you that you had gonorrhea (also called GC or the clap) in the **last 12 months**?

Yes (1)

No (0)

---

X→

CT\_EVER

Has a doctor or other health care professional **ever** told you that you had chlamydia?

Yes (1)

No (0)

---

Display This Question:

If CT\_EVER = Yes

X→

CT\_YEAR Has a doctor or other health care professional told you that you had chlamydia in the **last 12 months**?

Yes (1)

No (0)

---

X→

SYPHILIS\_EVER

Has a doctor or other health care professional **ever** told you that you had syphilis?

Yes (1)

No (0)

---

*Display This Question:*

*If SYPHILIS\_EVER = Yes*



SYPHILIS\_YEAR Has a doctor or other health care professional told you that you had syphilis in the **last 12 months**?

Yes (1)

No (0)



HIVTEST\_EVER Except for tests that you may have had as part of blood donations, have you ever been tested for HIV?

Yes (1)

No (0)

I don't know (88)

---

*Display This Question:*

*If HIVTEST\_EVER = Yes*



HIVTEST\_YEAR Have you been tested for HIV within the past year?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*  
If HIVTEST\_EVER = Yes



HIVSTATUS What is your HIV status?

- Positive (I have HIV.) (1)
- Negative (I do not have HIV.) (0)
- I don't know (I don't know whether or not I have HIV.) (88)

---

Page Break

Display This Question:

If HIVSTATUS = Negative (I do not have HIV.)

Or HIVSTATUS = I don't know (I don't know whether or not I have HIV.)



PREP\_HEARD PrEP (pre-exposure prophylaxis) is when HIV-negative people take anti-HIV medications (like Truvada) on a regular basis to prevent HIV infection. Before today, have you ever heard of PrEP?

- Yes (1)
- No (0)
- I don't know (88)

Display This Question:

If PREP\_HEARD = No



PREP\_LEARNMORE Would you be interested in learning more about PrEP?

- Yes (1)
- No (0)

Display This Question:

If PREP\_HEARD = Yes



PREP\_EVER Have you ever been on PrEP to prevent HIV infection?

- Yes (1)
- No (0)



Display This Question:

If PREP\_EVER = Yes

X→

PREP\_NOW Are you currently on PrEP to prevent HIV infection?

- Yes (1)
  - No (0)
- 

Display This Question:

If PREP\_NOW = Yes

X→

PREP\_STUDY Are you currently on PrEP as part of a clinical study?

- Yes (1)
  - No (0)
- 

Display This Question:

If PREP\_NOW = Yes

X→

PREP\_ADHEAR How would you rate your ability to take your PrEP pills as prescribed?

- Very poor (0)
  - Poor (1)
  - Fair (2)
  - Good (3)
  - Very good (4)
-

Display This Question:

If PREP\_NOW = Yes

X→

PREP\_7DAY In the past 7 days, how many days did you take your PrEP pill?

0 (0)

1 (1)

2 (2)

3 (3)

4 (4)

5 (5)

6 (6)

7 (7)

---

Display This Question:

If PREP\_NOW = No

X→

PREP\_STOP Why are you no longer on PrEP? (Check all that apply.)

- My risk of getting HIV is now less because I am in a relationship and/or having less risky sexual activity. (1)
  - PrEP is too expensive. (2)
  - My insurance coverage has changed or I have lost insurance coverage. (3)
  - I forgot to take it most of the time so I decided to stop. (4)
  - It is too much of a hassle to get labs every 3 months. (5)
  - I was having side effects so I decided to stop. (6)
  - My doctor or health care provider said that I needed to stop the medication because of my lab results. (7)
  - I feel discriminated against or stigmatized because I am on PrEP. (8)
  - I became infected with HIV. (9)
  - Something else (10)
- 

-----

*Display This Question:*  
*If HIVSTATUS = Negative (I do not have HIV.)*  
*Or HIVSTATUS = I don't know (I don't know whether or not I have HIV.)*



PEP\_HEARD PEP (post-exposure prophylaxis) is when HIV-negative people take anti-HIV medications AFTER potentially being exposed to HIV in order to prevent HIV infection. Have you ever heard of PEP (post-exposure prophylaxis)?

Yes (1)

No (0)

---

*Display This Question:*

*If PEP\_HEARD = Yes*



PEP\_EVER Have you ever taken anti-HIV medications (PEP) AFTER potentially being exposed to HIV?

Yes (1)

No (0)

---

*Display This Question:*

*If HIVSTATUS = Positive (I have HIV.)*



HIVDOC Do you have a doctor or other health care provider who manages your HIV care? This may be the same provider as your primary care provider or it may be another provider, such as a HIV specialist.

Yes (1)

No (0)

I don't know (88)

---

*Display This Question:*

*If HIVDOC = Yes*



HIVDOC\_FREQ How frequently do you see this provider?

- Monthly (0)
- Every 1-3 months (1)
- Every 4-6 months (2)
- Every 7-12 months (3)
- More than every 12 months (4)

*Display This Question:*  
*If HIVSTATUS = Positive (I have HIV.)*



HIVLABS How frequently do you have HIV blood work (lab tests) done?

- Monthly (0)
- Every 1-3 months (1)
- Every 4-6 months (2)
- Every 7-12 months (3)
- More than every 12 months (4)

*Display This Question:*  
*If HIVSTATUS = Positive (I have HIV.)*

ART Are you on HIV medications, sometimes call anti-retrovirals (ARVs) or anti-retroviral therapy (ART)?

- Yes (1)
- No (2)
- I don't know (3)

---

*Display This Question:*

*If HIVSTATUS = Positive (I have HIV.)*



HIVVL\_LAST When was the last time that you had your HIV viral load checked? A viral load test is a lab test that measures the number of HIV virus particles in a milliliter of your blood. These particles are called “copies.”

- Monthly (0)
- Every 1-3 months (1)
- Every 4-6 months (2)
- Every 7-12 months (3)
- More than every 12 months (4)

---

*Display This Question:*

*If HIVSTATUS = Positive (I have HIV.)*

HIVVL\_UNDETECT Is your HIV viral load “suppressed” or “undetectable”? This means that the number of copies of the HIV virus in your blood is at a very low level or not detectable by modern medical tests. This does not mean that your HIV is cured.

- Yes (1)
- No (2)
- I don't know (3)

---

Page Break

## VACCINE\_INTRO Vaccinations

---



FLUSHOT DURING THE PAST 12 MONTHS, have you had a flu vaccine - usually a shot in your arm or sprayed in your nose by a doctor or other health professional? These are usually given in the fall and protects against influenza for the flu season.

- Yes (1)
  - No (0)
  - I don't know (88)
- 



PNEUMO Have you EVER had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- Yes (1)
  - No (0)
  - I don't know (88)
- 



HBV Have you EVER received the hepatitis B vaccine? This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

- Yes (1)
- No (0)
- I don't know (88)



HAV The hepatitis A vaccine is given as a two-dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

- Yes (1)
  - No (0)
  - I don't know (88)
- 



SHINGLES Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster or Shingles vaccine, also called Zostavax®?

- Yes (1)
  - No (0)
  - I don't know (88)
- 



TDSHOT Have you received a tetanus shot in the past 10 years?

- Yes (1)
  - No (0)
  - I don't know (88)
- 





HPVSHOT Have you ever received an HPV shot or vaccine? HPV stands for human papillomavirus. The vaccines are sometimes called CERVARIX® or GARDASIL®.

- Yes (1)
- No (0)
- Doctor refused when asked (2)
- I don't know (88)

-----  
Page Break \_\_\_\_\_

## MENSES\_INTRO Pregnancy and Family Planning

---



UTERUS\_EVER Did you **ever** have a uterus / womb?

- Yes (1)
  - No (0)
  - I don't know (88)
- 

*Display This Question:*

*If UTERUS\_EVER = Yes*



UTERUS\_NOW Do you **currently** have a uterus / womb?

- Yes (1)
  - No (0)
  - I don't know (88)
- 

*Display This Question:*

*If UTERUS\_EVER = Yes*



MENSES\_EVER Have you **ever** had a menstrual period?

- Yes (1)
  - No (0)
  - I don't know (88)
-

Display This Question:

If MENSES\_EVER = Yes



MENSES\_START How old were you when your menstrual period started? (Please enter "88" if you don't know.)

---

Display This Question:

If MENSES\_EVER = Yes



MENSES\_YEAR Have you had **at least one menstrual period** in the **past 12 months**? Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.

- Yes (1)
- No (0)
- I don't know (88)

Display This Question:

If MENSES\_YEAR = No



MENSES\_NOYEAR What is the reason that you have not had a period **in the past 12 months?**  
(Check all that apply.)

- Pregnancy (1)
- Breastfeeding (2)
- Hysterectomy (removal of the uterus) (3)
- Menopause/change of life (4)
- Hormones to stop my periods (5)
- Other (6) \_\_\_\_\_
- I don't know (88)

---

*Display This Question:*  
If MENSES\_NOYEAR = Menopause/change of life



MENSES\_LAST About how old were you when you had your **last** menstrual period? (Please enter "88" if you don't know.)

---

---

Page Break

Display This Question:

If UTERUS\_EVER = Yes

PREG\_INTRO The next questions are about pregnancy planning and your pregnancy history, if applicable.

---

Display This Question:

If UTERUS\_NOW = Yes



PREG\_PLAN Are you planning to be pregnant in the next 1 year?

- Yes (1)
  - No (0)
  - I don't know (88)
- 

Display This Question:

If UTERUS\_EVER = Yes



PREG\_ATTEMPT Have you **ever** attempted to become pregnant over a period of at least a year without becoming pregnant?

- Yes (1)
  - No (0)
  - I don't know (88)
- 

Display This Question:

If UTERUS\_EVER = Yes



PREG\_RX Have you **ever** been to a doctor or other medical provider because you have been unable to become pregnant?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*  
If UTERUS\_EVER = Yes



PID Have you **ever** been treated for an infection in your fallopian tubes, uterus or ovaries, also called a pelvic infection, pelvic inflammatory disease, or PID?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*  
If UTERUS\_EVER = Yes



PREG\_EVER Have you **ever** been pregnant? Please include any current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies, and abortions.

- Yes (1)
  - No (0)
  - I don't know (88)
-

Display This Question:

If PREG\_EVER = Yes

And UTERUS\_NOW = Yes

And If

MENSES\_NOYEAR = Pregnancy

Or MENSES\_NOYEAR = Breastfeeding

Or MENSES\_NOYEAR = Hormones to stop my periods

Or MENSES\_NOYEAR = Other



PREG\_NOW Are you pregnant **now**?

- Yes (1)
- No (0)
- I don't know (88)

Display This Question:

If PREG\_EVER = Yes



PREG\_TIMES How **many times** have you been pregnant? (Please count all your pregnancies including current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies, and abortions.) (Please enter "88" if you don't know.)

---

Display This Question:

If PREG\_EVER = Yes



PREG\_DEL Did any of your pregnancies result in a delivery?

- Yes (1)
- No (0)

---

*Display This Question:*

*If PREG\_DEL = Yes*



VAG\_DEL How many vaginal deliveries have you had? (Please count the number of deliveries [for example, twins count as 1 delivery] and please include stillbirths and live births.) (Please enter "88" if you don't know.)

---

---

*Display This Question:*

*If PREG\_DEL = Yes*



CES\_DEL How many cesarean deliveries, also known as C-sections, have you had? (Please count the number of deliveries [for example, twins count as 1 delivery] and please include stillbirths and live births.) (Please enter "88" if you don't know.)

---

---

*Display This Question:*

*If PREG\_DEL = Yes*



LIVE\_BIRTH How many of your deliveries resulted in a live birth? (Please count the number of deliveries [for example, twins count as 1 delivery].) (Please enter "88" if you don't know.)

---

---

*Display This Question:*

*If PREG\_EVER = Yes*



PREG\_MISC How many miscarriages have you had? (A miscarriage is a pregnancy that ends naturally during the first 20 weeks of pregnancy.) (Please enter "88" if you don't know.)

---



---

Display This Question:

If PREG\_EVER = Yes



PREG\_TUBAL How many tubal pregnancies have you had? (A tubal pregnancy also known as an 'ectopic pregnancy' is a pregnancy that occurs in the fallopian tube.) (Please enter "88" if you don't know.)

---

---

Display This Question:

If PREG\_EVER = Yes



PREG\_ABORT How many abortions have you had? (An abortion is a pregnancy that is ended during the first 6 months using medications, D&C, vacuum extraction, suction, and saline injections.) (Please enter "88" if you don't know.)

---

---

Display This Question:

If PREG\_EVER = Yes



PREG\_DEBUT How old were you at the time of your first pregnancy? (Please enter "88" if you don't know.)

---

---

Display This Question:

If If How many of your deliveries resulted in a live birth? (Please count the number of deliveries [for...  
Text Response Is Greater Than or Equal to 1



PREG\_LIVEBIRTH How old were you at the time of your first live birth? (Please enter "88" if you don't know.)

---

---

*Display This Question:*

If UTERUS\_EVER = Yes

X→

BREASTFED Have you **ever** breast/chest fed a child?

Yes (1)

No (0)

---

*Display This Question:*

If BREASTFED = Yes

X→

BREASTFED\_WHO Were the children that you breast/chest fed born as a result of...?

My own pregnancy and delivery (1)

Another person's pregnancy and delivery (2)

Both, I have breast/chest fed both a child that I have delivered as well as a child that another person delivered (3)

---

Page Break

SEXWORK\_INTRO **Sex Work**

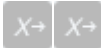
---



SEXWORK Have you ever engaged in sex or sexual activity **for money** (sex work) or worked in the sex industry (such as erotic dancing, webcam work, or porn films)?

- Yes (1)
  - No (0)
- 

*Display This Question:*  
If SEXWORK = Yes



SEXWORK\_TYPE What type of sex work or work in the sex industry have you ever done?  
(Check all that apply.)

- Street-based sex work (1)
  - Sex work advertised online (2)
  - Sex work advertised in magazines or newspapers (3)
  - Informal sex work through word of mouth, occasional hookups with dates in my network, or things like that (4)
  - Escort/call girl/rent boy with an agency (5)
  - Pornography/picture or video (6)
  - Phone sex (7)
  - Webcam work (8)
  - Erotic dancer/stripper (9)
  - Fetish work (dom, sub, switch) (10)
  - Something else (11)
- 



SEXWORK\_FOOD Have you engaged in sex or sexual activity **for food**?

- Yes, within the past year (2)
  - Yes, but more than a year ago (1)
  - No (0)
- 



SEXWORK\_SLEEP Have you engaged in sex or sexual activity **for a place to sleep**?

- Yes, within the past year (2)
  - Yes, but more than a year ago (1)
  - No (0)
- 



SEXWORK\_DRUGS Have you engaged in sex or sexual activity **for drugs**?

- Yes, within the past year (2)
  - Yes, but more than a year ago (1)
  - No (0)
- 

Page Break \_\_\_\_\_

CIH\_INTRO **Complementary and Integrative Health**

---

CIH\_INTRO2 The next questions are about your use of various practices that some people use to manage physical and/or mental health conditions.

---



ACU IN THE PAST YEAR, have you used acupuncture to manage physical and/or or mental health conditions?

- Yes (1)
  - No (0)
- 

*Display This Question:*  
If ACU = Yes

ACU\_PROBS What problem(s) or condition(s) do you use acupuncture to manage?

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*Display This Question:*  
If ACU = Yes



ACU\_EFFECTIVE How effective has acupuncture been in managing this/these problem(s)?

- Not at all effective (0)
- Somewhat effective (1)
- Moderately effective (2)
- Very effective (3)
- Almost completely effective (4)



CHIRO IN THE PAST YEAR, have you used chiropractic or osteopathic manipulation to manage physical and/or or mental health conditions?

- Yes (1)
- No (0)

*Display This Question:*

*If CHIRO = Yes*

CHIRO\_PROBS What problem(s) or condition(s) do you use chiropractic or osteopathic manipulation to manage?

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Display This Question:  
If CHIRO = Yes



CHIRO\_EFFECTIVE How effective has chiropractic or osteopathic manipulation been in managing this/these problem(s)?

- Not at all effective (0)
- Somewhat effective (1)
- Moderately effective (2)
- Very effective (3)
- Almost completely effective (4)



ENERGY IN THE PAST YEAR, have you used energy healing to manage physical and/or or mental health conditions?

- Yes (1)
- No (0)

Display This Question:  
If ENERGY = Yes

ENERGY\_PROBS What problem(s) or condition(s) do you use energy healing to manage?

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Display This Question:

If ENERGY = Yes



ENERGY\_EFFECTIVE How effective has energy healing been in managing this/these problem(s)?

- Not at all effective (0)
- Somewhat effective (1)
- Moderately effective (2)
- Very effective (3)
- Almost completely effective (4)



MESSAGE IN THE PAST YEAR, have you used massage therapy to manage physical and/or or mental health conditions?

- Yes (1)
- No (0)

---

Display This Question:

If MESSAGE = Yes

MESSAGE\_PROBS What problem(s) or condition(s) do you use massage therapy to manage?

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*Display This Question:*

*If MASSAGE = Yes*

X→

MASSAGE\_EFFECTIVE How effective has massage therapy been in managing this/these problem(s)?

- Not at all effective (0)
- Somewhat effective (1)
- Moderately effective (2)
- Very effective (3)
- Almost completely effective (4)

---

X→

MEDITATION IN THE PAST YEAR, have you practiced any form of meditation regularly?

- Yes (1)
- No (0)

---

*Display This Question:*

*If MEDITATION = Yes*

\*

MEDITATION\_MINS Please estimate how many **minutes per week** you spent meditating, on average, over the past year.

---

Display This Question:  
If MEDITATION = Yes



MEDITATION\_MANAGE Was your meditation practice intended to manage physical and/or mental health conditions?

Yes (1)

No (0)

-----  
Display This Question:  
If MEDITATION\_MANAGE = Yes

MEDITATION\_PROBS What problem(s) or condition(s) do you use meditation to manage?

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---

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Display This Question:  
If MEDITATION\_MANAGE = Yes



MEDITATION\_EFFECTIVE How effective has meditation been in managing this/these problem(s)?

- Not at all effective (0)
- Somewhat effective (1)
- Moderately effective (2)
- Very effective (3)
- Almost completely effective (4)



YOGA IN THE PAST YEAR, have you practiced any form of yoga regularly?

- Yes (1)
- No (0)



YOGA\_MINS Please estimate how many **minutes per week** you spent practicing yoga, on average, over the past year.

---



YOGA\_MANAGE Was your yoga practice intended to manage physical and/or mental health conditions?

- Yes (1)
- No (0)

---

*Display This Question:*  
If YOGA\_MANAGE = Yes

YOGA\_PROBS What problem(s) or condition(s) do you use yoga to manage?

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*Display This Question:*  
If YOGA\_MANAGE = Yes



YOGA\_EFFECTIVE How effective has yoga been in managing this/these problem(s)?

- Not at all effective (0)
- Somewhat effective (1)
- Moderately effective (2)
- Very effective (3)
- Almost completely effective (4)

---

Page Break

MEDMJ\_INTRO **Medical Marijuana**



MEDMJ Do you currently use medical cannabis/marijuana to manage any physical or mental health conditions?

- Yes, it is legal in my state and I have a physician’s recommendation to do so (2)
- Yes, but it is not legal in my state and/or I do not have a physician’s recommendation to do so (1)
- No (0)



*Display This Question:*  
If MEDMJ = Yes, it is legal in my state and I have a physician’s recommendation to do so  
Or MEDMJ = Yes, but it is not legal in my state and/or I do not have a physician’s recommendation to do so

MEDMJ\_PROBS What problems or conditions do you use medical cannabis/marijuana to manage?

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*Display This Question:*  
If MEDMJ = Yes, it is legal in my state and I have a physician’s recommendation to do so  
Or MEDMJ = Yes, but it is not legal in my state and/or I do not have a physician’s recommendation to do so



MEDMJ\_EFFECTIVE How effective has medical cannabis/marijuana been in managing this/these problem(s)?

- Not at all effective (0)
- Somewhat effective (1)
- Moderately effective (2)
- Very effective (3)
- Almost completely effective (4)

---

*Display This Question:*

*If MEDMJ = Yes, it is legal in my state and I have a physician's recommendation to do so*

*Or MEDMJ = Yes, but it is not legal in my state and/or I do not have a physician's recommendation to do so*



MEDMJ\_FORMS What forms of medical cannabis/marijuana have you used in the past month? (Check all that apply.)

- Smoking cannabis/marijuana in flower/plant form (1)
  - Vaporizing cannabis/marijuana in flower/plant form or as an extract (2)
  - "Dabbing" cannabis/marijuana concentrates (e.g., wax, shatter) (3)
  - Eating cannabis/marijuana in capsules or food products (4)
  - Applying cannabis-containing balms, tinctures, or other products (5)
  - Other (please specify) (6)
- 

---

Page Break





## VITS\_INTRO **Vitamins and Minerals**

---



VITSMINS Are you taking any of the following supplements? (Check all that apply.)

- None of these (0)
- Multivitamin (1)
- Fish Oil/Omega-3 Fatty Acids (2)
- Glucosamine and/or chondroitin (3)
- Probiotics/prebiotics (4)
- Melatonin (5)
- Coenzyme Q10 (6)
- Echinacea (7)
- Cranberry (pills, capsules) (8)
- Garlic supplements (9)
- Ginseng (10)
- Ginkgo biloba (11)
- Other (please specify, enter 1 item only) (12)

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- Other (please specify, enter 1 item only) (13)

---
- Other (please specify, enter 1 item only) (14)

---

## End of Block: Physical Health

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### Start of Block: Miscellaneous

MISC\_INTRO This section asks additional questions about you and your identities, your use of social media, income, military service, and future research in The PRIDE Study. Your honest answers will help us understand the overall health of our communities. Your answers will be kept confidential. Please do your best to answer every question, but you may skip questions that feel too uncomfortable to answer. This section should take about 5 minutes to complete.

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### ADDQUESTIONS\_INTRO **More About Me**

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ZIP\_AQ What is your ZIP code? (This is the 5-digit code that helps direct US Mail to you.)

---



GALLUP If a national survey company, like Gallup, asked you the following question: "We are asking only for statistical purposes: Do you personally identify as lesbian, gay, bisexual, or transgender?" How would you answer?

- I would answer "Yes." (1)
  - I would answer "No." (0)
  - I would not answer the question. (2)
- 



POLPARTY In politics, as of today, do you consider yourself a Democrat, an Independent, a Republican, or another party?

- Democrat (1)
- Independent (2)
- Republican (3)
- Another party (4)

---

*Display This Question:*  
*If POLPARTY = Independent*

INDEP\_LEANING As of today, do you lean more toward the Democratic Party or the Republican Party?

- Democratic Party (1)
- Republican Party (2)
- Neither/Other (3)

---

POLVIEWS How would you describe your political views?

- Very conservative (1)
- Conservative (2)
- Moderate (3)
- Liberal (4)
- Very liberal (5)

---

Page Break

INTERSEX Do you identify as intersex?

- Yes (1)
- No (2)

---

*Display This Question:*  
If INTERSEX = Yes

INTERSEX\_DEF What does intersex mean to you?

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---

SEXCOMM Do you consider yourself a member of any of the following communities? (Check all that apply.)

- None of these (1)
  - BDSM (2)
  - Kink (3)
  - Leather (4)
  - Puppy pack (5)
  - Faeries (6)
  - Bear (7)
  - Another community (please specify) (8)
- 



INCOME What is your best estimate (in US dollars) of your earnings before taxes and deductions from ALL sources (including jobs, businesses, welfare, child support, disability, social security, etc.) in **2016**?

---



STULOAN What is your current total student loan debt (in US dollars)?

---

JOB Did you work for pay at any time in **2016**?

- Yes (1)
- No (2)

---

*Display This Question:*  
If JOB = Yes



JOB\_MONTHS How many months in **2016** did you have at least one job or business?

---

---

Page Break



REL\_STATUS What is your current relationship status?

- Partnered, living with 1 or more partners (1)
  - Partnered, not living with a partner (2)
  - Single (3)
  - Something else (4) \_\_\_\_\_
- 



MARITALSTATUS What is your current legal marital status?

- Married (1)
  - Legally recognized civil union (2)
  - Registered domestic partnership (3)
  - Widowed (4)
  - Divorced (5)
  - Separated (6)
  - Single, never married (7)
-



HOUSING What are your current living arrangements?

- Living in house/apartment/condo I **own** alone or with others (with a mortgage or that you own free and clear) (1)
- Living in house/apartment/condo I **rent** alone or with others (2)
- Living with a partner, spouse, or other person who pays for the housing (3)
- Living with parents or family I grew up with (4)
- Living in campus/university housing (5)
- Living in military barracks (6)
- Living in a foster group home or other foster care (7)
- Living in a nursing home or other adult care facility (8)
- Living in a hospital (9)
- Living in a hotel or motel that I pay for myself (10)
- Living in a hotel or motel with an emergency shelter voucher (11)
- Living temporarily with friends or family because I cannot afford my own housing (12)
- Living in transitional housing/halfway house (13)
- Living on the street, in a car, in an abandoned building, in a park, or a place that is NOT a house, apartment, shelter, or other housing (14)
- Living in a homeless shelter (15)
- Living in a domestic violence shelter (16)
- Living in a shelter that is not a homeless shelter or domestic violence shelter (17)
- A living arrangement not listed above (please specify) (18)

---



IMMSTATUS What is your citizenship or immigration status in the U.S.?

*As a reminder, your answers are confidential and cannot be used against you. We have obtained a Certificate of Confidentiality from the National Institutes of Health. We can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings (for example, if there is a court subpoena).*

- U.S. citizen by birth (1)
- U.S. citizen by naturalization (2)
- Permanent resident (Green card holder) (3)
- A visa holder (such as F-1, J-1, H-1B, and U) (4)
- DACA (Deferred Action for Childhood Arrival) (5)
- DAPA (Deferred Action for Parental Accountability) (6)
- Refugee status (7)
- Undocumented resident (8)
- Currently under a withholding of removal status (9)
- Other documented status not mentioned above (10)
- I'd prefer not to disclose this (11)

---

Page Break

## MIL\_INTRO **Military Service**

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MIL\_EVER Have you **ever** served on active duty in the U.S. Armed Forces, Reserves, or National Guard? *As a reminder, your answers are confidential and cannot be used against you. We have obtained a Certificate of Confidentiality from the National Institutes of Health. We can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings (for example, if there is a court subpoena).*

- Now on active duty (1)
  - Only on active duty for training in the Reserves or National Guard (2)
  - On active duty in the past but not now (3)
  - Never served in the military (0)
- 

*Display This Question:*

*If MIL\_EVER = Only on active duty for training in the Reserves or National Guard  
Or MIL\_EVER = On active duty in the past but not now*



MIL\_NOW Are you **still serving** in the military including Reserves and National Guard?

- Yes (1)
  - No (0)
- 

*Display This Question:*

*If MIL\_EVER = Now on active duty  
Or MIL\_EVER = Only on active duty for training in the Reserves or National Guard  
Or MIL\_EVER = On active duty in the past but not now*



MIL\_BRANCH What is your **current or most recent** branch of service?

- Air Force (1)
- Air Force Reserve (2)
- Air National Guard (3)
- Army (4)
- Army Reserve (5)
- Army National Guard (6)
- Coast Guard (7)
- Coast Guard Reserve (8)
- Marine Corps (9)
- Marine Corps Reserve (10)
- Navy (11)
- Navy Reserve (12)

---

*Display This Question:*

*If MIL\_NOW = No*

X→

MIL\_QUIT10YR Did you separate from military service within the last 10 years?

- Yes (1)
  - No (0)
-

*Display This Question:*

*If MIL\_NOW = No*

X→

MIL\_DISCHARGE What was your character of discharge?

- Entry level separation (1)
  - Honorable (2)
  - General (3)
  - Medical (4)
  - Other-than-honorable (5)
  - Bad conduct (6)
  - Dishonorable (7)
  - None of these (please specify) (8)
- 

*Display This Question:*

*If MIL\_EVER = Now on active duty*

*Or MIL\_EVER = Only on active duty for training in the Reserves or National Guard*

*Or MIL\_EVER = On active duty in the past but not now*

X→

VACARE\_EVER Did you **ever** get any type of health care through the VA?

- Yes (1)
- No (0)

*Display This Question:*

*If VACARE\_EVER = Yes*

X→

VACARE\_NOW Do you **currently** get any type of health care through the VA?

Yes (1)

No (0)

-----  
Page Break \_\_\_\_\_

SOCIALMEDIA\_INTRO **Social Media**

---



SOCMED\_PROFILE On which social media sites, do you have a profile? (Check all that apply.)

- None of these (0)
- Facebook (1)
- Google+ (2)
- Instagram (3)
- LinkedIn (4)
- Pinterest (5)
- Snapchat (6)
- Twitter (7)

---

*Display This Question:*  
*If On which social media sites, do you have a profile? (Check all that apply.)*  
*q://QID683/SelectedChoicesCount Is Greater Than or Equal to 1*  
*And SOCMED\_PROFILE != None of these*



SOCMED\_MOSTUSED

Please select up to two sites that you use the most?

- Facebook (1)
  - Google+ (2)
  - Instagram (3)
  - LinkedIn (4)
  - Pinterest (5)
  - Snapchat (6)
  - Twitter (7)
- 



SOCMED1 Please indicate how true or not true the following statement is to you:  
I am very active in social networking sites

- Completely not true (1)
  - Mostly not true (2)
  - Neither not true or true (3)
  - Mostly true (4)
  - Completely true (5)
- 





SOCMED2 Please indicate how true or not true the following statement is to you:  
I often comment on friends' posts or status

- Completely not true (1)
  - Mostly not true (2)
  - Neither not true or true (3)
  - Mostly true (4)
  - Completely true (5)
- 



SOCMED3 Please indicate how true or not true the following statement is to you:  
I often browse social networking sites but don't post status updates

- Completely not true (1)
  - Mostly not true (2)
  - Neither not true or true (3)
  - Mostly true (4)
  - Completely true (5)
- 



SOCMED4 Please indicate how true or not true the following statement is to you:  
I rarely interact with others on social networking sites

- Completely not true (1)
  - Mostly not true (2)
  - Neither not true or true (3)
  - Mostly true (4)
  - Completely true (5)
- 



SOCMED5 Please indicate how true or not true the following statement is to you:  
I am relatively passive in social networking sites

- Completely not true (1)
  - Mostly not true (2)
  - Neither not true or true (3)
  - Mostly true (4)
  - Completely true (5)
- 

Page Break

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## FUTRESEARCH\_INTRO Future Research in The PRIDE Study

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FUTRESEARCH\_INTRO2 In the future, The PRIDE Study may conduct optional research studies that involve taking certain measurements at home such as your heart rate or blood pressure. Additionally, The PRIDE Study may conduct optional research studies that include collection of biological specimens such as saliva, urine, hair samples, or blood. In order to determine if these are research studies that we should conduct, we are asking the next questions to find out which devices our participants own and what specimens they would be willing to give us for research purposes.

---



SCALE Do you own a scale that can measure your weight? It does not need to be a digital scale or a "smart" scale that is connected to the Internet.

- Yes (1)
  - No (0)
  - I don't know (88)
- 



BPCUFF Do you own an automatic (digital) blood pressure cuff that goes around your upper arm (not your wrist)?

- Yes (1)
  - No (0)
  - I don't know (88)
- 



GLUCMETER Do you own a glucometer (a device that checks your blood sugar level using a small drop of blood obtained by a fingerstick)?

- Yes (1)
  - No (0)
  - I don't know (88)
- 



SALIVA Would you be willing to participate in research studies that request you submit a saliva sample?

- Yes (1)
  - No (0)
  - I don't know (88)
- 



URINE Would you be willing to participate in research studies that request you submit a urine sample?

- Yes (1)
  - No (0)
  - I don't know (88)
- 



HAIR Would you be willing to participate in research studies that request you submit a hair sample?

- Yes (1)
  - No (0)
  - I don't know (88)
- 



BLOOD Would you be willing to participate in research studies that request you submit a blood sample?

- Yes (1)
  - No (0)
  - I don't know (88)
- 



BUCCAL Would you be willing to participate in research studies that request you submit a cheek scraping (where you gently scrape the inside of your cheek to get cells from inside your mouth)? This is also know as a buccal swab.

- Yes (1)
  - No (0)
  - I don't know (88)
- 



23ANDME Have you ever done DNA genetic testing with the company 23andMe?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*  
If 23ANDME = Yes



23ANDME\_SHARE Would you be willing to share your 23andMe results with The PRIDE Study?

- Yes (1)
- No (0)
- I don't know (88)



ANCESTRY Have you ever done DNA genetic testing with the company Ancestry.com?

- Yes (1)
- No (0)
- I don't know (88)

---

*Display This Question:*  
If ANCESTRY = Yes



ANCESTRY\_SHARE Would you be willing to share your Ancestry.com results with The PRIDE Study?

- Yes (1)
- No (0)
- I don't know (88)

End of Block: Miscellaneous

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Start of Block: Final Block

OTHER\_HEALTH Is there anything else you would like to share with us about your health or well-being?

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End of Block: Final Block

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