

# 2018 Annual Questionnaire (Part 1)

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## Start of Block: Introduction

### INTRO

**Welcome to the 2018 Annual Questionnaire!**

**PLEASE READ THIS**

The PRIDE Study 2018 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 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).

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**INTRO2 HOW TO SAVE YOUR SURVEY TO FINISH LATER**

While we encourage participants in The PRIDE Study to complete a survey in a single sitting, you are able to save your survey and come back to it later.

To do this, please click on "SAVE AND EXIT" in the upper-right hand corner. You will return to your Dashboard.

To return to the survey, click on the "Continue" button for the survey you wish to continue.

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SOGI\_INTRO Let's begin by asking a few questions about your gender identity and your sexual orientation, where you live, and other categories that may describe you.

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GENDERID

What is your current gender identity? (Check all that apply.)

- Genderqueer (1)
  - Man (2)
  - Transgender man (3)
  - Transgender woman (4)
  - Woman (5)
  - Another gender identity (please specify) (6)
- 



SAAB What was your sex assigned at birth, for example on your original birth certificate?

- Female (2)
- Male (1)



INTERSEX Do you identify as intersex?

- Yes (1)
- No (0)

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*Display This Question:*  
If INTERSEX = Yes

INTERSEX\_DEF What does being intersex mean to you?

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ORIENTATION What is your current sexual orientation? (Check all that apply.)

- Asexual (1)
  - Bisexual (2)
  - Gay (3)
  - Lesbian (4)
  - Pansexual (5)
  - Queer (6)
  - Questioning (7)
  - Same-gender loving (8)
  - Straight/Heterosexual (9)
  - Another sexual orientation (please specify) (10)
- 



ZIP\_AQ What is your ZIP code? (This is the 5-digit code that helps direct U.S. Mail to you.)

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WEIGHT What is your current weight in pounds (lbs)? If you don't know, please give your best estimate.

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HEIGHT What is your current height in feet and inches? If you don't know, please give your best estimate.

Feet (1) \_\_\_\_\_

Inches (2) \_\_\_\_\_

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RACE\_ETHN Which categories describe you? (Check all that apply.)

American Indian or Alaska Native *(For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)* (1)

Asian *(For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)* (2)

Black, African American or African *(For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)* (3)

Hispanic, Latino, or Spanish *(For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)* (4)

Middle Eastern or North African *(For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.)* (5)

Native Hawaiian or other Pacific Islander *(For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan, etc.)* (6)

White *(For example: English, European, French, German, Irish, Italian, Polish, etc.)* (7)

None of these fully describe me. (please specify) (8)  
\_\_\_\_\_

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INTRO\_OUTRO You have completed the Introductory Block of the Annual Questionnaire. Thank you!

You will now be taken to complete either the Social Health, Mental Health, or Physical Health Blocks. These blocks are assigned randomly. Completing each of these blocks will give us a complete picture of your health and help us work towards health equity for LGBTQ people!

While we encourage you to complete all blocks in one sitting, you can save and continue at a later time if you need. To do this, click on "SAVE AND EXIT" in the upper-right hand corner. You will return to your Dashboard.

End of Block: Introduction

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Start of Block: Mental Health

MH\_INTRO This section is meant to give us a sense of your **general mental health** by asking about specific diagnoses, conditions, symptoms, and behaviors. This is one of 3 sections in the Annual Questionnaire.

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. 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.

While we recommend that you complete the entire Annual Questionnaire in one sitting, you can pause the survey to complete at a later time by selecting "Save and Exit" in the upper-right corner. If you select this option, please do come back later. Completing the whole questionnaire means we have more power to advance LGBTQ health. Thank you for making a difference!

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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, I have in the past, 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, I have in the past, 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, I have in the past, 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, I have in the past, 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, I have in the past, 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, I have in the past, 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, I have in the past, but not now (1)
- Yes, and I think I still have this problem (2)

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MENTALDX1 Has a mental health professional or health care provider EVER told you that you have any of the following? (Check all that apply.)

- Depression (1)
  - Bipolar Disorder (2)
  - Any anxiety disorder (3)
  - Generalized Anxiety Disorder (4)
  - Post-Traumatic Stress Disorder (PTSD) (5)
  - None of the above (6)
- 

MENTALDX2 Has a mental health professional or health care provider EVER told you that you have any of the following? (Check all that apply.)

- Agoraphobia or Panic Disorder (1)
  - Social Phobia or Social Anxiety Disorder (2)
  - Schizophrenia or a psychotic disorder or that you had a "psychotic episode" or "psychotic break" (3)
  - Obsessive Compulsive Disorder (OCD) (4)
  - Chronic Tic Disorder or Tourette Syndrome (5)
  - None of the above (6)
-

MENTALDX3 Has a mental health professional or health care provider EVER told you that you have any of the following? (Check all that apply.)

- Trichotillomania (hair pulling disorder) (1)
  - Chronic skin picking or Excoriation Disorder (2)
  - Body Dysmorphic Disorder (BDD) (3)
  - Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) (4)
  - Any personality disorder (such as Borderline Personality Disorder or Narcissistic Personality Disorder) (5)
  - None of the above (6)
-

MENTALDX4 Has a mental health professional or health care provider EVER told you that you have any of the following? (Check all that apply.)

- Alcoholism or Alcohol Use Disorder (1)
- Drug or Substance Use Disorder (2)
- Any eating disorder (such as anorexia or bulimia) (3)
- Insomnia or another sleep disorder (4)
- Hypochondriasis or Illness Anxiety Disorder (5)
- Dissociative Identity Disorder or another dissociative disorder (6)
- None of the above (7)

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BSAT\_FAT How satisfied or dissatisfied are you with the amount of body fat you have?

- Very dissatisfied (0)
- Somewhat dissatisfied (1)
- Neither satisfied nor dissatisfied (2)
- Somewhat satisfied (3)
- Very satisfied (4)

---

*Display This Question:*

*If BSAT\_FAT = Very dissatisfied*

*Or BSAT\_FAT = Somewhat dissatisfied*

*Or BSAT\_FAT = Neither satisfied nor dissatisfied*

*Or BSAT\_FAT = Somewhat satisfied*



CHANGE\_FAT Would you prefer to have more body fat, or less body fat?

- More body fat (0)
- Less body fat (1)



BSAT\_MUSC How satisfied or dissatisfied are you with the amount of muscle mass you have?

- Very dissatisfied (0)
- Somewhat dissatisfied (1)
- Neither satisfied nor dissatisfied (2)
- Somewhat satisfied (3)
- Very satisfied (4)

---

*Display This Question:*

*If BSAT\_MUSC = Very dissatisfied*

*Or BSAT\_MUSC = Somewhat dissatisfied*

*Or BSAT\_MUSC = Neither satisfied nor dissatisfied*

*Or BSAT\_MUSC = Somewhat satisfied*



CHANGE\_MUSC Would you prefer to have more muscle mass, or less muscle mass?

- More muscle mass (0)
- Less muscle mass (1)

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Page Break





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)

---

*Display This Question:*

*If MED\_MENTAL = I used to take medication for at least one of these reasons*

*Or MED\_MENTAL = I currently take medication for at least one of these reasons*



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

- All of the medications I took for stress or mental health problems were prescribed to me (0)
- Some of the medications I took for stress or mental health problems were prescribed to me (1)
- None of the medications I took for stress or mental health problems were prescribed to me (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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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, or sleeping too much**

- 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 the opposite - 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\_SUPPORT 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 (National Suicide Prevention Lifeline) or 1-888-843-4564 (LGBT National Hotline) 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 is 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 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.

Have you ever experienced this kind of event?

Yes (1)

No (0)

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Page Break

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ASRS\_INTRO Please answer the questions below, rating yourself on each of the criteria shown. As you answer each question, select the answer that best describes how you have felt and conducted yourself **over the past 6 months**.

---



ASRS1 How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Often (4)
  - Very Often (5)
- 

ASRS2 How often do you leave your seat in meetings or other situations in which you are expected to remain seated?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Often (4)
  - Very Often (5)
-

ASRS3 How often do you have difficulty unwinding and relaxing when you have time to yourself?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Often (4)
  - Very Often (5)
- 

ASRS4 When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Often (4)
  - Very Often (5)
- 

ASRS5 How often do you put things off until the last minute?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Often (4)
  - Very Often (5)
-



ASRS6 How often do you depend on others to keep your life in order and attend to details?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very Often (5)

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Page Break



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:

---



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

BRS\_INTRO Please indicate the extent to which you agree or disagree with each of the following statements.

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BRS1 I tend to bounce back quickly after hard times.

- Strongly disagree (1)
  - Disagree (2)
  - Neutral (3)
  - Agree (4)
  - Strongly agree (5)
- 

BRS2 I have a hard time making it through stressful events.

- Strongly disagree (1)
  - Disagree (2)
  - Neutral (3)
  - Agree (4)
  - Strongly agree (5)
-

BRS3 It does not take me long to recover from a stressful event.

- Strongly disagree (1)
  - Disagree (2)
  - Neutral (3)
  - Agree (4)
  - Strongly agree (5)
- 

BRS4 It is hard for me to snap back when something bad happens.

- Strongly disagree (1)
  - Disagree (2)
  - Neutral (3)
  - Agree (4)
  - Strongly agree (5)
- 

BRS5 I usually come through difficult times with little trouble.

- Strongly disagree (1)
  - Disagree (2)
  - Neutral (3)
  - Agree (4)
  - Strongly agree (5)
-



BRS6 I tend to take a long time to get over set-backs in my life.

Strongly disagree (1)

Disagree (2)

Neutral (3)

Agree (4)

Strongly agree (5)

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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)

---

Page Break

SBQ\_INTRO This page of questions is about suicide. Like many of the questions in this survey, the following questions are part of a set of questions used in other studies. This may bring up negative emotions for some people.

---



### 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 != Never*



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\_RESOURCE 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 (National Suicide Prevention Lifeline) or 1-888-843-4564 (LGBT National Hotline) 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.

---

Page Break

SMOKE\_INTRO These questions are about your use of tobacco products.

---



SMOKE\_EVER

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

- Yes (1)
  - No (0)
- 

*Display This Question:*

*If SMOKE\_EVER = Yes*



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

- Yes (1)
  - No (0)
- 

*Display This Question:*

*If SMOKE\_EVER = Yes*



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



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



SMOKE\_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



SMOKE\_TTFC How long after waking up 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



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

- Never tried to quit (0)
- 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)

---

- Other (please specify) (19)

---

-----

*Display This Question:*

*If SMOKE\_NOW = Every day*

*Or SMOKE\_NOW = Some days*



SMOKE\_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)



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 or nicotine containing product (please specify) (13)

*Display This Choice:*

*If SMOKE\_NOW = Every day*

*And SMOKE\_NOW = Some days*

- No other tobacco product other than cigarettes (0)



I don't use any tobacco- or nicotine-containing products (14)

---

Page Break



ALCOHOL\_INTRO The questions that follow are about your use of alcohol.

---



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

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
- 11 (11)
- 12 (12)
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- 14 (1)
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  - 29 (29)
  - 30 (30)
- 



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

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
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- 20 (20)
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  - 24 (24)
  - 25 (25)
  - 26 (26)
  - 27 (27)
  - 28 (28)
  - 29 (29)
  - 30 (30)
- 



AUDIT1 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)
- 

Page Break

Display This Question:

If AUDIT1 != Never

X→

AUDIT2 How many drinks containing alcohol 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 AUDIT1 != Never

X→

AUDIT3 How often do you have six or more drinks on one occasion?

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

Display This Question:

If AUDIT1 != Never

X→

AUDIT4 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 AUDIT1 != Never*



AUDIT5 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 AUDIT1 != Never*





AUDIT6 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 AUDIT1 != Never*



AUDIT7 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 AUDIT1 != Never*



AUDIT8 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)
- 



AUDIT9 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)
- 



AUDIT10 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\_INTRO The questions that follow are about your use of various ingested substances or drugs.



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

- 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, ketamine, 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 1 (please list only 1 drug) (13)

---
- Other 2 (please list only 1 drug) (14)

---

I have never used any substances (0)

---

Page Break

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.)?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
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- 29 (29)
- 30 (30)

---

*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

X→

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 provider?

Yes (1)

No (0)

---

Display This Question:

If CAN\_ANYMD = Yes

X→

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 provider?

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

X→

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)

---

Page Break

*Display This Question:*

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

X→

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*

X→

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

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
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- 30 (30)

---

*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

X→

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.)

X→

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.)

X→

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)
- 

Page Break

---

Display This Question:

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

X→

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

X→

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

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
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- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

---

*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

X→

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 provider?

Yes (1)

No (0)

---

Display This Question:

If STIM\_ANYMD = Yes

X→

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 provider?

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

X→

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)
- 

Page Break

---

*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.)?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
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- 28 (28)
- 29 (29)
- 30 (30)

---

*Display This Question:*

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

*Or 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*

X→

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*

X→

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)

---

Page Break

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)?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
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- 5 (5)
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- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

---

*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



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*



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)
- 

Page Break

Display This Question:

If DRUGS\_LIFETIME = Inhaled nitrates (poppers)

X→

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

X→

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

- 0 (0)
- 1 (1)
- 2 (3)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (7)
- 7 (7)
- 8 (8)
- 9 (9)
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- 24 (24)
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- 28 (28)
- 29 (29)
- 30 (30)

---

*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

X→

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)



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)



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 POP\_PDE5INHIB = Yes, but not in the past 3 months*

*Or POP\_PDE5INHIB = Yes, in the past 3 months*

POP\_WARNING WARNING: Using inhaled nitrates (poppers) in combination with medications that help with sexual activity like Viagra, Cialis, or Levitra can kill you by causing a lethal drop in blood pressure with even one use. We are aware that this information may not be widely known among our communities. If you use inhaled nitrates (poppers) in combination with medications that help with sexual activity like Viagra, Cialis, or Levitra, please contact a health care provider to get more information right away.

---

Page Break

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.)?

- 0 (0)
- 1 (2)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
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- 27 (2)
- 28 (28)
- 29 (29)
- 30 (30)

---

*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

X→

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 provider?

Yes (1)

No (0)

---

Display This Question:

If SED\_ANYMD = Yes

X→

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 provider?

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

X→



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)
- 

Page Break

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*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)?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
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- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

---

*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 provider?

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 provider?

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)

---

Page Break

Display This Question:

If DRUGS\_LIFETIME = Hallucinogens (LSD, acid, mushrooms, PCP, ketamine, etc.)



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

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
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- 28 (28)
- 29 (29)
- 30 (30)

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*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, ketamine, 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, ketamine, 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, ketamine, 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



HALL\_URGE In the past 3 months, how often have you had a strong desire or urge to use hallucinogens (LSD, acid, mushrooms, PCP, ketamine, 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\_PROBS During the past 3 months, how often has your use of hallucinogens (LSD, acid, mushrooms, PCP, ketamine, 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

X→

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, ketamine, 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, ketamine, etc.)

X→

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

X→



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



HALL\_INJECT Have you ever used hallucinogens (LSD, acid, mushrooms, PCP, ketamine, Special K, etc.) by injection?

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

Page Break

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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.)?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
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- 23 (23)
- 24 (24)
- 25 (25)
- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

---

*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)

---

Page Break

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.)?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
- 11 (11)
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- 18 (18)
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- 20 (20)
- 21 (21)
- 22 (22)
- 23 (23)
- 24 (24)
- 25 (25)
- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

---

*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

X→

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 provider?

Yes (1)

No (0)

---

Display This Question:

If NARC\_ANYMD = Yes

X→

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 provider?

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

X→

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)
- 

Page Break

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)?

- 0 (0)
- 1 (2)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
- 11 (11)
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- 17 (17)
- 18 (18)
- 19 (19)



- 20 (20)
- 21 (2)
- 22 (22)
- 23 (23)
- 24 (24)
- 25 (25)
- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

---

*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 provider?

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 provider?

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



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)



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)



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 1 (please list only 1 drug)

And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other 1 (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 And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other 1 (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}?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
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- 22 (22)
- 23 (23)
- 24 (24)
- 25 (25)
- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

---

*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 1 (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 1 (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 provider?

- 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 1 (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 provider?

- 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 1 (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 1 (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 1 (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  $\{DRUGS\_LIFETIME/ChoiceTextEntryValue/11\}$ ?

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

---

*Display This Question:*

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

*And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other 1 (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  $\{DRUGS\_LIFETIME/ChoiceTextEntryValue/11\}$ ?

- 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 1 (please list only 1 drug)*

*And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other 1 (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 1 (please list only 1 drug)*

*And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other 1 (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)

---

Page Break

Display This Question:

If DRUGS\_LIFETIME = Other 2 (please list only 1 drug)

And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other 2 (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 2 (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}?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
- 11 (11)
- 12 (12)
- 13 (13)
- 14 (14)
- 15 (15)
- 16 (16)
- 17 (17)
- 18 (18)
- 19 (19)

- 20 (20)
- 21 (21)
- 22 (22)
- 23 (23)
- 24 (24)
- 25 (25)
- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

---

*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 2 (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 2 (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 And In your LIFETIME, which of the following substances have you ever used? (Check all that  
apply.) Other 2 (please list only 1 drug) Is Not Empty



OTDRUG2\_ALLMD Was **all** of your  $\{\text{DRUGS\_LIFETIME/ChoiceTextEntryValue/12}\}$  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 2 (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  $\{\text{DRUGS\_LIFETIME/ChoiceTextEntryValue/12}\}$ ?

- 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 2 (please list only 1 drug) Is Not Empty



OTDRUG2\_PROBS During the past 3 months, how often has your use of  
\${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 2 (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  $\{DRUGS\_LIFETIME/ChoiceTextEntryValue/12\}$ ?

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

---

*Display This Question:*  
If DRUGS\_LIFETIME = Other 2 (please list only 1 drug)  
And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other 2 (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 2 (please list only 1 drug)  
And And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other 2 (please list only 1 drug) Is Not Empty



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

- 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 2 (please list only 1 drug)  
And In your LIFETIME, which of the following substances have you ever used? (Check all that apply.) Other 2 (please list only 1 drug) Is Not Empty*



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

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

---

Page Break

MH\_OUTRO You have completed the Mental Health Block! This is one of 3 blocks! Thank you for the time and energy you have put into helping us understand LGBTQ people's diverse and vibrant lives as we work towards helping LGBTQ people thrive! Your answers are bringing us closer to health equity for LGBTQ people. Thank you!

End of Block: Mental Health

---

Start of Block: Social Health

SH\_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. This is one of 3 sections in the Annual Questionnaire.

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. 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.

While we recommend that you complete the entire Annual Questionnaire in one sitting, you can pause the survey to complete at a later time by selecting "Save and Exit" in the upper-right corner. If you select this option, please do come back later. Completing the whole questionnaire means we have more power to advance LGBTQ health. Thank you for making a difference!

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Page Break

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DIS\_SELFID Do you identify as a person with a disability?

Yes (1)

No (2)

---

*Display This Question:*  
If DIS\_SELFID = Yes



DIS\_SELFID\_COND What condition(s) or problem(s) are related to your disability identity?  
(Check all that apply.)

- Arthritis/rheumatism (1)
- Back or neck problem (2)
- Benign tumors, cysts (3)
- Birth defect (4)
- Cancer (5)
- Circulation problems (including blood clots) (6)
- Depression/anxiety/emotional problem (7)
- Diabetes (8)
- Epilepsy, seizures (9)
- Fibromyalgia, lupus (10)
- Fracture, bone/joint injury (11)
- Hearing problem (12)
- Heart problem (13)
- Hernia (14)
- Hypertension/high blood pressure (15)
- Intellectual disability, also known as mental retardation (16)



- Kidney, bladder or renal problems (17)
- Knee problems (not arthritis, not joint injury) (18)
- Lung/breathing problem(for example, asthma and emphysema) (19)
- Memory (20)
- Migraine headaches (not just headaches) (21)
- Missing limbs (fingers, toes or digits), amputee (22)
- Multiple Sclerosis (MS), Muscular Dystrophy (MD) (23)
- Osteoporosis, tendinitis (24)
- Other developmental problem (for example cerebral palsy) (25)
- Other injury (26)
- Other nerve damage, including carpal tunnel syndrome (27)
- Parkinson's disease, other tremors (28)
- Polio(myelitis), paralysis, para/quadriplegia (29)
- Stroke problem (30)
- Thyroid problems, Grave's disease, gout (31)
- Ulcer (32)

Varicose veins, hemorrhoids (33)

Vision/problem seeing (34)

Weight problem (35)

Other impairment/problem (please specify one) (36)

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Other impairment/problem (please specify one) (37)

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Page Break

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DIS\_OMB\_INTRO In addition to the question(s) just asked, The PRIDE Study asks six ability-related questions to all participants. These six questions are used on a variety of federal health surveys.

---



DIS\_OMB1 Are you deaf or do you have serious difficulty hearing?

- Yes (1)
  - No (0)
- 



DIS\_OMB2 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes (1)
  - No (0)
- 



DIS\_OMB3 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes (1)
  - No (0)
- 



DIS\_OMB4 Do you have serious difficulty walking or climbing stairs?

- Yes (1)
- No (0)



DIS\_OMB5 Do you have difficulty dressing or bathing?

- Yes (1)
- No (0)



DIS\_OMB6 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes (1)
- No (0)

---

Page Break

EMPLOYMENT\_INTRO The next set of questions ask about employment.

---



WORK Do you currently work one or more paid jobs?

- Yes (1)
  - No (0)
- 

*Display This Question:*

*If WORK = Yes*

NUMJOBS At how many paid jobs do you currently work?

- 1 (1)
  - 2 (2)
  - 3 (3)
  - 4 (4)
  - 5 (5)
  - 6 (6)
  - 7 (7)
  - 8 (8)
  - 9 (9)
  - 10 (10)
  - 11+ (11)
-

*Display This Question:*

*If WORK = Yes*

OCC Which of the following describes your current occupation? (Check all that apply.)

- Employed, working 40 or more hours per week (1)
- Employed, working 1-39 hours per week (2)
- Temporarily employed (3)
- Self-employed (4)
- Not employed, looking for work (5)
- Not employed, not looking for work (6)
- Homemaker (7)
- Student (Full time) (8)
- Student (Part time) (9)
- Disabled, not able to work (10)
- Retired (11)

---

*Display This Question:*

*If WORK = Yes*

EMPLOYTYPE Which of the following describe(s) your current occupation(s)? (Check all that apply.)

- Arts, Design, Entertainment, Sports, and Media Occupations (1)
- Architecture and Engineering Occupations (2)
- Building and Grounds Cleaning and Maintenance Occupations (3)
- Business and Financial Operations Occupations (4)
- Community and Social Service Occupations (5)
- Computer and Mathematical Occupations (6)
- Construction and Extraction Occupations (7)
- Education, Training, and Library Occupations (8)
- Farming, Fishing, and Forestry Occupations (9)
- Food Preparation and Serving Related Occupations (10)
- Healthcare Practitioners and Technical Occupations (11)
- Healthcare Support Occupations (12)
- Installation, Maintenance, and Repair Occupations (13)
- Legal Occupations (14)
- Life, Physical, and Social Science Occupations (15)
- Management Occupations (16)

- Office and Administrative Support Occupations (17)
  - Personal Care and Service Occupations (18)
  - Production Occupations (19)
  - Protective Service Occupations (20)
  - Sales and Related Occupations (21)
  - Transportation and Materials Moving Occupations (22)
  - Other (please specify) (23)
- 

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*Display This Question:*

*If WORK = Yes*

JOBNAME What is your job(s)? (Please be as specific as possible.)

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*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)
- 

DIS\_WORK IN THE LAST 12 MONTHS, have you been unable to work due to a disability?

- Yes (1)
  - No (2)
- 



DISABILPAY IN THE LAST 12 MONTHS, have you received Supplemental Security Income (SSI) or other government disability assistance related to a disability status?

- Yes (1)
  - No (0)
- 



INCOME What were your individual earnings (in US Dollars) before taxes and deductions from ALL sources (including jobs, businesses, welfare, child support, disability, social security, etc.) in the 2017 tax year?

- \$0 (0)
- \$1 - \$10,000 (1)
- \$10,000 - \$20,000 (2)
- \$20,000 - \$30,000 (3)
- \$30,000 - \$40,000 (4)
- \$40,000 - \$50,000 (5)
- \$50,000 - \$60,000 (6)
- \$60,000 - \$70,000 (7)
- \$70,000 - \$80,000 (8)
- \$80,000 - \$90,000 (9)
- \$90,000 - \$100,000 (10)
- \$100,000+ (11)



HOUSINC What is your best estimate (in US dollars) of your household earnings before taxes and deductions from ALL sources (including jobs, businesses, welfare, child support, disability, social security, etc.) in the 2017 tax year?

- \$0 (0)
- \$1 - \$10,000 (1)
- \$10,000 - \$20,000 (2)
- \$20,000 - \$30,000 (3)
- \$30,000 - \$40,000 (4)
- \$40,000 - \$50,000 (5)
- \$50,000 - \$60,000 (6)
- \$60,000 - \$70,000 (7)
- \$70,000 - \$80,000 (8)
- \$80,000 - \$90,000 (9)
- \$90,000 - \$100,000 (10)
- \$100,000+ (11)

-----



HOUSIZE How many individuals are dependent upon the household income you just described? Please enter 1 for yourself.

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STULOAN What is your current total student loan debt (in US dollars), if any?

- \$0 (I have no student loans.) (0)
  - \$1 - \$50,000 (1)
  - \$50,000 - \$100,000 (2)
  - \$100,000 - \$150,000 (3)
  - \$150,000 - \$200,000 (4)
  - \$200,000-\$250,000 (6)
  - \$250,000-\$300,000 (7)
  - \$300,000-\$350,000 (8)
  - \$350,000+ (9)
-

ED\_LEVEL What is your highest education level completed?

- No schooling (1)
- Nursery school to high school, no diploma (2)
- High school graduate or equivalent (e.g., GED) (3)
- Trade/Technical/Vocational training (4)
- Some college (5)
- 2-year college degree (6)
- 4-year college degree (7)
- Master's degree (8)
- Doctoral degree (9)
- Professional degree (e.g., M.D., J.D., M.B.A.) (10)

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

X→

INCAR\_EVER Have you EVER been held in jail, prison, or juvenile detention?

Yes (1)

No (0)

---

*Display This Question:*

*If INCAR\_EVER = Yes*

X→

INCAR\_YR In the PAST YEAR, at any time, were you held in jail, prison, or juvenile detention?

Yes (1)

No (0)

---

Page Break



HMLS\_EV Have you ever spent **any nights** sleeping in a shelter or public space including buildings, cars, stairwells, streets, parks, or other outside areas? Please do not include recreational camping.

- Yes (1)
- No (0)

---

*Display This Question:*

*If HMLS\_EV = Yes*



HMLS\_YR In the past year, have you spent **any nights** sleeping in a shelter or public place including buildings, cars, stairwells, streets, parks, or other outside areas? Please do not include recreational camping.

- Yes (1)
- No (0)

---

*Display This Question:*

*If HMLS\_YR = Yes*



HMLS\_DAYS Approximately how many nights in the past year have you spent sleeping in a shelter or public place including buildings, cars, stairwells, streets, parks, or other outside areas? Please do not include recreational camping.

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Page Break



UNSTB\_EV Have you ever spent **any nights** living temporarily doubled up with others, where you were in a transitional or transitory setting, or you had no fixed address?

Yes (1)

No (0)

---

*Display This Question:*

*If UNSTB\_EV = Yes*



UNSTB\_YR In the past year, have you spent any nights living temporarily doubled up with others, where you were in a transitional or transitory setting, or you had no fixed address?

Yes (1)

No (0)

---

*Display This Question:*

*If UNSTB\_YR = Yes*



UNSTB\_DAYS Approximately how many nights in the past year have you been living temporarily doubled up with others, where you were in a transitional or transitory setting, or you had no fixed address?

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Page Break



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 describe) (18)
-



HOUSE\_ADULT How many people, including yourself, live in your household who are 18 years of age or older?

---



HOUSE\_CHILD How many people live in your household who are younger than 18 years of age?

---

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Page Break

PARENT Are you a parent?

Yes (1)

No (2)

---

*Display This Question:*

*If PARENT = Yes*



CHILD\_QUANT To how many people are you/have you been a parent?

This includes people who are now adults, are deceased, or are not biologically related to you.

---

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Page Break

*Display This Question:*

*If PARENT = Yes*

*And To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 1*

CHILD\_NAMES We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name, initials, or nickname. We will use these names in the following questions.

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 1

Person 1 (1) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 2

Person 2 (2) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 3

Person 3 (3) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 4

Person 4 (4) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 5

Person 5 (5) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 6

Person 6 (6) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 7

Person 7 (7) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 8

Person 8 (8) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 9

Person 9 (9) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 10

Person 10 (10) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 11

Person 11 (11) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 12

Person 12 (12) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 13

Person 13 (13) \_\_\_\_\_

Display This Choice:

If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 14

Person 14 (14) \_\_\_\_\_

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

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 1 Is Not Empty*

PARENT\_HOW1 Please indicate how you became a parent to [\\${CHILD\\_NAMES/ChoiceTextEntryValue/1}](#). (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-



---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 2 Is Not Empty*

PARENT\_HOW2 Please indicate how you became a parent to [\\${CHILD\\_NAMES/ChoiceTextEntryValue/2}](#). (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-

---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 3 Is Not Empty*

PARENT\_HOW3 Please indicate how you became a parent to \${CHILD\_NAMES/ChoiceTextEntryValue/3}. (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-

---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 4 Is Not Empty*

PARENT\_HOW4 Please indicate how you became a parent to [\\${CHILD\\_NAMES/ChoiceTextEntryValue/4}](#). (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-

---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 5 Is Not Empty*

PARENT\_HOW5 Please indicate how you became a parent to [\\${CHILD\\_NAMES/ChoiceTextEntryValue/5}](#). (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-



---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 6 Is Not Empty*

PARENT\_HOW6 Please indicate how you became a parent to \${CHILD\_NAMES/ChoiceTextEntryValue/6}. (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-

---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 7 Is Not Empty*

PARENT\_HOW7 Please indicate how you became a parent to [\\${CHILD\\_NAMES/ChoiceTextEntryValue/7}](#). (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-

---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 8 Is Not Empty*

PARENT\_HOW8 Please indicate how you became a parent to \${CHILD\_NAMES/ChoiceTextEntryValue/8}. (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-

---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 9 Is Not Empty*

PARENT\_HOW9 Please indicate how you became a parent to \${CHILD\_NAMES/ChoiceTextEntryValue/9}. (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-



---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 10 Is Not Empty*

PARENT\_HOW10 Please indicate how you became a parent to \${CHILD\_NAMES/ChoiceTextEntryValue/10}. (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-

---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 11 Is Not Empty*

PARENT\_HOW11 Please indicate how you became a parent to \${CHILD\_NAMES/ChoiceTextEntryValue/11}. (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-

---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 12 Is Not Empty*

PARENT\_HOW12 Please indicate how you became a parent to \${CHILD\_NAMES/ChoiceTextEntryValue/12}. (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-

---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 13 Is Not Empty*

PARENT\_HOW13 Please indicate how you became a parent to \${CHILD\_NAMES/ChoiceTextEntryValue/13}. (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-



---

*Display This Question:*

*If We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name... Person 14 Is Not Empty*

PARENT\_HOW14 Please indicate how you became a parent to \${CHILD\_NAMES/ChoiceTextEntryValue/14}. (Check all that apply.)

- I engaged in sexual activity with another parent of this child (1)
  - I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens naturally in pregnancy if you did not undergo in-vitro fertilization) (2)
  - I carried this child through a pregnancy but was NOT the egg source for this child (this can happen with in-vitro fertilization) (3)
  - I provided the egg for this child that another person carried through pregnancy (4)
  - I provided the sperm for this child (5)
  - I adopted this child (6)
  - I used donor (anonymous) sperm for this child (7)
  - I used donor (known) sperm for this child (8)
  - I underwent a second parent adoption of my partner's biological child (9)
  - I worked with a surrogate to carry this child (10)
  - I worked with an egg donor to provide the egg source for this child (11)
  - I am a step parent to this child (12)
  - I foster parented this child (13)
  - I became a parent through another method (please specify) (14)
-

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Page Break

---

PROMIS\_INTRO Now we will ask about sources of emotional and social support. Please respond to each item that follows 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)
- 

Page Break

---



ASD Has a mental health professional or health care provider 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 health care provider that you have Autism Spectrum Disorder or Asperger's Syndrome? If you are not sure, please provide your best guess.

---



NEURODIVERG Do you identify as "neurodivergent" or with any associated term that people sometimes use within the neurodiversity movement (aspie, autistic, etc.)?

- Yes (1)
- No (0)

---

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 (please specify) (2)
- 

*Display This Question:*

*If REL\_TYPE = I am in a romantic relationship with two or more people (polyamorous)*

*Or REL\_TYPE = Other (please specify)*

REL\_NUMBER How many people are you currently in a romantic relationship with?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 or more (6)

---

*Display This Question:*  
If RELATIONSHIP = Yes





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

- Cisgender man (identifies as a man and was assigned male sex at birth) (1)
  - Cisgender woman (identifies as a woman and was assigned female sex at birth) (2)
  - Transgender man (identifies as a man and was assigned female sex at birth) (3)
  - Transgender woman (identifies as a woman and was assigned male sex at birth) (4)
  - Genderqueer/non-binary/gender non-conforming individual(s) who were assigned female sex at birth (5)
  - Genderqueer/non-binary/gender non-conforming individual(s) who were assigned male sex at birth (6)
  - Person of another gender(s) (please specify) (7)
- 
- I don't know (88)
  - Decline to state (0)

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)

---

*Display This Question:*

If RELATIONSHIP = Yes



REL\_STATUS Do you live with your partner(s)?

Yes, I live with 1 partner (0)

*Display This Choice:*

*If REL\_TYPE = I am in a romantic relationship with two or more people (polyamorous)*

Yes, I live with 2 or more partners (1)

No, I do not live with a partner (2)

Something else (please specify) (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)

LIVEGEN What gender do YOU currently live as in your day-to-day life?

- Man (1)
- Woman (2)
- Sometimes man, sometimes woman (3)
- Third gender or something other than man or woman (4)

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

## HARASS\_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 and engage with romantically and/or sexually), **gender identity** (the gender you identify as), **gender expression** (how you outwardly express your gender), **race/ethnicity**, **age**, **ability/disability status**, or **body size, weight, or shape**. 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.)

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- None of the above (0)

*Display This Question:*  
If EVHARASS = Yes



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.)

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- 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.)

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- 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



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

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- 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

X→

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

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- 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



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

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- None of the above (0)



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→

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

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- 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*



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.)

Ability/disability status (6)

Age (5)

Body size, weight, or shape (8)

Gender expression (3)

Gender identity (2)

Race and/or ethnicity (4)

Sexual orientation (1)

Something else (please specify) (7)

---

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.)

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- 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.)

- Ability/disability (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- 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.)

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- 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

X→

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

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- None of the above (0)

Page Break



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.)

Ability/disability status (6)

Age (5)

Body size, weight, or shape (8)

Gender expression (3)

Gender identity (2)

Race and/or ethnicity (4)

Sexual orientation (1)

Something else (please specify) (7)

---

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.)

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- None of the above (0)

X→

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

- Yes (1)
- No (0)

Display This Question:

If EVMED = Yes

X→

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

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- None of the above (0)

*Display This Question:*  
If EVMED = Yes



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



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

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- None of the above (0)

-----

ANTMEDDISC Was there a time in the PAST YEAR when you needed to see a health care provider but did not because you thought you would be disrespected or mistreated?

- Yes (1)
  - No (2)
-

Display This Question:

If ANTMEDDISC = Yes

X→

ANTMEDDISCY When you put off seeing a health care provider because you thought you were going to be disrespected or mistreated, were you concerned you would be disrespected or mistreated because of your... (Check all that apply.)

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- None of the above (0)

X→

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.)

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- 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.)

Ability/disability status (6)

Age (5)

Body size, weight, or shape (8)

Gender expression (3)

Gender identity (2)

Race and/or ethnicity (4)

Sexual orientation (1)

Something else (please specify) (7)

---

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.)

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- None of the above (0)

*Display This Question:*

*If EVPOLICE = Yes*

X→

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*

X→

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.)

- Ability/disability status (6)
  - Age (5)
  - Body size, weight, or shape (8)
  - Gender expression (3)
  - Gender identity (2)
  - Race and/or ethnicity (4)
  - Sexual orientation (1)
  - Something else (please specify) (7)
- 
- None of the above (0)

X→

EVSA Have you EVER experienced unwanted sexual contact?

- Yes (1)
- No (0)

Display This Question:

If EVSA = Yes

X→

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

- Ability/disability status (6)
- Age (5)
- Body size, weight, or shape (8)
- Gender expression (3)
- Gender identity (2)
- Race and/or ethnicity (4)
- Sexual orientation (1)
- Something else (please specify) (7)

---

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

X→

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.)

Ability/disability status (6)

Age (5)

Body size, weight, or shape (9)

Gender expression (3)

Gender identity (2)

Race and/or ethnicity (4)

Sexual orientation (1)

Something else (please specify) (7)

---

None of the above (0)

---

*Display This Question:*

*If EVSA = Yes*

SA\_RESOURCE We realize that recalling past experiences with sexual violence can be difficult. If you'd like to talk with someone about these experiences, please consider reaching out to the National Sexual Assault Hotline (800-656-4673), operated by Rape, Abuse, & Incest National Network (RAINN; [rainn.org](http://rainn.org)).

---

Page Break



WELCOME\_INTRO The next few questions ask about your experiences in LGBTQ spaces.

---

WELCOME How welcomed and accepted do you feel in LGBTQ spaces (including community groups, social clubs, bars, etc.)?

- Unaccepted/unwelcomed in all of these spaces (1)
  - Unaccepted/unwelcomed in most of these spaces (but accepted/welcomed in at least one) (2)
  - Accepted/welcomed in about half of these spaces (3)
  - Accepted/welcomed in most, but not all, of these spaces (4)
  - Accepted/welcomed in all of these spaces (5)
- 

*Display This Question:*

*If WELCOME = Unaccepted/unwelcomed in all of these spaces*

*Or WELCOME = Unaccepted/unwelcomed in most of these spaces (but accepted/welcomed in at least one)*

*Or WELCOME = Accepted/welcomed in about half of these spaces*

*Or WELCOME = Accepted/welcomed in most, but not all, of these spaces*

X→

UNWELREASON You mentioned feeling unaccepted/unwelcomed in some or all LGBTQ spaces. People sometimes feel that these spaces are not welcoming towards them due to various aspects of their identities. Please select aspects of your identity that feel unwelcome in these spaces. (Check all that apply.)

- My ability/disability status (1)
  - My age (2)
  - My body size, weight, or shape (3)
  - My gender expression (4)
  - My gender identity (5)
  - The language I speak or sign (6)
  - My participation in BDSM, kink, or other sexual activities (7)
  - My political views (8)
  - My race and/or ethnicity (9)
  - My sexual orientation (10)
  - My skin color (11)
  - My spiritual/religious affiliation (12)
  - Another reason (please specify) (13)
- 
- None of the above (0)



SAFE Overall, how safe do you feel LGBTQ spaces are for you?

- Very unsafe (4)
  - Somewhat unsafe (3)
  - Neither safe nor unsafe (2)
  - Mostly safe (1)
  - Completely safe (0)
- 



SAFE1 Is there **at least one** LGBTQ space (e.g., social club, group, bar, etc.) in which you feel safe?

- Yes (1)
  - No (0)
- 

Page Break 

---

CYOA\_INTRO We are asking the following question in the 2018 Annual Questionnaire so we can better customize this questionnaire for you.

We have three available versions available:

- o A version for people who identify as a gender minority (e.g., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) that will ask about gender identity/expression.
- o A version for people who identify as a sexual minority (e.g., asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) that will ask about sexual orientation.
- o A version for people who identify as both a gender and sexual minority that will ask about gender identity/expression and sexual orientation.

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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.) (0)
- Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) (1)
- People who identify as both a sexual AND gender minority (2)

-----

Page Break

*Display This Question:*

*If CYOA = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

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



SALIENCE\_GM To what extent do you think about your identity as a gender minority (for example: genderqueer, non-binary, questioning one's gender identity, transgender) person? (Choose one.)

- Almost never (0)
- Several times a year (1)
- Once a month (2)
- Once a week (3)
- A few times a week (4)
- Once a day (5)
- Many times a day (6)

---

*Display This Question:*

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

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



SALIENCE\_SM To what extent do you think about your identity as a sexual minority (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation) person? (Choose one.)

- Almost never (0)
- Several times a year (1)
- Once a month (2)
- Once a week (3)
- A few times a week (4)
- Once a day (6)
- Many times a day (6)

---

Page Break

Display This Question:

If CYOA = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)

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

Or CYOA = People who identify as both a sexual AND gender minority

COMMACCEPT\_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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)

Or CYOA = People who identify as both a sexual AND gender minority



ACCEPTSM\_WAS Overall, how accepting of sexual minority (for example: asexual, bisexual, gay, lesbian, queer, etc.) 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)

Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)  
Or CYOA = People who identify as both a sexual AND gender minority



ACCEPTGM\_WAS Overall, how accepting of gender minority (for example: genderqueer, non-binary, transgender, etc.) 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)  
Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

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



SAFEgm\_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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

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

INTRO\_IHS\_SM To what extent do you agree or disagree with the following statements?

---

Display This Question:

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

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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)
- Not applicable because I am not attracted to people of my gender (11)

---

*Display This Question:*

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

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

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

And If

*ORIENTATION = Bisexual*

*Or ORIENTATION = Pansexual*



IHS\_SM3BI If someone offered me the chance to be completely gay/lesbian, 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

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



PROUD\_SM I am proud of my sexual orientation.

- 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

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



BETTER\_SM I think my life is better because of my sexual orientation.

- 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

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

PROUD\_TEXT\_SM We are excited to know about people's positive experiences in relation to their sexual orientation! Please tell us what you most like about being or are most proud of being gay/lesbian/bisexual/or a sexual minority.

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Page Break

Display This Question:

*If CYOA = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

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

INTRO\_IHS\_GM To what extent do you agree or disagree with the following statements?

---

Display This Question:

*If CYOA = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

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



IHS\_GM1 I wish I weren't genderqueer, 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

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



IHS\_GM3 If someone offered me the chance to have a gender that conformed with my sex assigned at birth, 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

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



IHS\_GM4 I feel that being genderqueer, 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

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



IHS\_GM5 I would like to get professional help in order to have a gender that conformed with my sex assigned 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

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



PROUD\_GM I am proud of my gender.

- 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

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



BETTER\_GM I think my life is better because I am genderqueer, 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

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

PROUD\_TEXT\_GM We are excited to know about people's positive experiences in relation to their gender identity! Please tell us what you are most proud about being genderqueer/transgender/gender non-binary/or a gender minority.

---

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Page Break



SOCONVTX Have you ever been in therapy or been part of a program or group intended to change your sexual orientation to heterosexual/straight?

- Yes (1)
- No (0)

---

*Display This Question:*  
If SOCONVTX = Yes

SOCONVTXPROV Who provided the therapy, program, or group intended to change your sexual orientation to heterosexual/straight? (Check all that apply.)

- A licensed mental health provider (1)
  - A religious group or leader (2)
  - Someone or something else (please specify) (3)
- 

---

*Display This Question:*  
If SOCONVTX = Yes



SOCONVTXAGE1 How old were you when you **FIRST** were in therapy or part of a program or group intended to change your sexual orientation to heterosexual/straight?

---

---

*Display This Question:*  
If SOCONVTX = Yes



SOCONVTXAGE2 How old were you when you **LAST** were in therapy or part of a program or group intended to change your sexual orientation to heterosexual/straight?

---



GICONVTX Have you ever been in therapy or been part of a program or group intended to change your gender or gender identity to be consistent with your sex assigned at birth?

- Yes (1)
- No (0)

---

*Display This Question:*  
If GICONVTX = Yes

GICONVTXPROV Who provided the therapy, program, or group intended to change your gender or gender identity to be consistent with your sex assigned at birth? (Check all that apply.)

- A licensed mental health provider (1)
- A religious group or leader (2)
- Someone or something else (please specify) (3)

---

---

*Display This Question:*  
If GICONVTX = Yes



GICONVTXAGE1 How old were you when you **FIRST** were in therapy or part of a program or group intended to change your gender or gender identity to be consistent with your sex assigned at birth?

---



---

Display This Question:

If GICONVTX = Yes



GICONVTXAGE2 How old were you when you **LAST** were in therapy or part of a program or group intended to change your gender or gender identity to be consistent with your sex assigned at birth?

---

---

Page Break

Display This Question:

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

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*  
*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*  
*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*  
*Or CYOA = People who identify as both a 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.)?

**Your 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

*Or CYOA = People who identify as both a 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?

**Your 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 \_\_\_\_\_



SEXOUT For people in your life who do not know you, what sexual orientation do they USUALLY think you are? (Choose one.)

- Asexual (1)
- Bisexual (2)
- Gay (3)
- Heterosexual or Straight (4)
- Lesbian (5)
- Queer (6)
- Another sexual orientation (7)
- They cannot tell (8)
- It varies (9)
- I don't know what they think (88)

---

Page Break

Display This Question:

*If CYOA = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*  
*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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)?

**Your 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)*

*Or CYOA = People who identify as both a 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?

**Your 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 \_\_\_\_\_



GENDOUT For people in your life who do not know you, what gender do they USUALLY think you are? (Choose one.)

- Man (1)
  - Woman (2)
  - Transgender Man (3)
  - Transgender Woman (4)
  - Non-binary/Genderqueer (5)
  - They cannot tell (6)
  - It varies (7)
  - I don't know what they think (88)
- 



FELT\_GEND What is your felt gender?

- Man or primarily masculine (1)
  - Woman or primarily feminine (2)
  - Both man/masculine and woman/feminine (3)
  - Neither man/masculine nor woman/feminine (4)
  - I don't know (88)
- 

Page Break

SH\_OUTRO You have completed the Social Health block! This is one of 3 blocks! Phew! We know this survey is long and we thank you for the time and energy you have put into helping us advance our collective understanding of LGBTQ Health. Your answers are bringing us one step closer to LGBTQ health equity!

End of Block: Social Health

---

Start of Block: Physical Health

PH\_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, and use of birth control. This is one of 3 sections in the Annual Questionnaire.

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. Please do your best to answer every question, but you may skip questions that feel too uncomfortable to answer. This section should take about 15-20 minutes to complete.

While we recommend that you complete the entire Annual Questionnaire in one sitting, you can pause the survey to complete at a later time by selecting "Save and Exit" in the upper-right corner. If you select this option, please do come back later. Completing the whole questionnaire means we have more power to advance LGBTQ health. Thank you for making a difference!

-----  
Page Break

---

*Display This Question:*

*If reflux = 1*  
*Or anemia = 1*  
*Or angina = 1*  
*Or anxiety = 1*  
*Or asthma = 1*  
*Or afib = 1*  
*Or bph = 1*  
*Or bipolar = 1*  
*Or cancer = 1*  
*Or cataract = 1*  
*Or ckd = 1*  
*Or copd = 1*  
*Or coag = 1*  
*Or chf = 1*  
*Or cad = 1*  
*Or depression = 1*  
*Or dm = 1*  
*Or dm\_borderline = 1*  
*Or ed = 1*  
*Or glaucoma = 1*  
*Or mi = 1*  
*Or murmur = 1*  
*Or hld = 1*  
*Or hiv = 1*  
*Or htn = 1*  
*Or ibd = 1*  
*Or ibs = 1*  
*Or stone = 1*  
*Or liverdz = 1*  
*Or sle = 1*  
*Or menopause = 1*  
*Or migraine = 1*  
*Or osa = 1*  
*Or pvd = 1*  
*Or psoriasis = 1*  
*Or pe = 1*

*Or epilepsy = 1*

*Or cva = 1*

*Or thyroid = 1*

*Or ulcer = 1*

*Or fibroid = 1*

INTRO\_MP\_MEDHX According to information that you entered in "My Health," you have reported a doctor or health care provider has told you that you have the following medical conditions:

---

*Display This Question:*

*If reflux = 1*

REFLUX Acid reflux (heartburn)

---

*Display This Question:*

*If anemia = 1*

ANEMIA Anemia

---

*Display This Question:*

*If angina = 1*

ANGINA Angina pectoris (angina)

---

*Display This Question:*

*If anxiety = 1*

ANXIETY Anxiety

---

*Display This Question:*

*If asthma = 1*

ASTHMA Asthma

---

*Display This Question:*

*If afib = 1*

AFIB Atrial fibrillation (Afib)

---

*Display This Question:*

*If bph = 1*

BPH Benign prostatic hypertrophy (BPH, enlarged prostate)

---

*Display This Question:*

*If bipolar = 1*

BIPOLAR Bipolar disorder

---

*Display This Question:*

*If cancer = 1*

CANCER Cancer

---

*Display This Question:*

*If cataract = 1*

CATARACT Cataracts

---

*Display This Question:*

*If ckd = 1*

CKD Chronic kidney disease

---

*Display This Question:*

*If copd = 1*

COPD Chronic obstructive pulmonary disease (COPD)

---

*Display This Question:*

*If coag = 1*

COAG Coagulation (bleeding or clotting) problem

---

*Display This Question:*

*If chf = 1*

CHF Congestive heart failure (CHF)

---

*Display This Question:*

*If cad = 1*

CAD Coronary artery disease

---

*Display This Question:*

*If depression = 1*

DEPRESSION Depression

---

*Display This Question:*

*If dm = 1*

DM Diabetes mellitus (diabetes, sugar diabetes)

---

*Display This Question:*

*If dm\_borderline = 1*



DM\_BORDERLINE Diabetes mellitus (borderline)

*Display This Question:*  
*If ed = 1*

ED Erectile dysfunction

*Display This Question:*  
*If glaucoma = 1*

GLAUCOMA Glaucoma

*Display This Question:*  
*If mi = 1*

MI Heart attack

*Display This Question:*  
*If murmur = 1*

MURMUR Heart murmur

*Display This Question:*  
*If hld = 1*

HLD High cholesterol

*Display This Question:*  
*If hiv = 1*

HIV HIV

*Display This Question:*

*If htn = 1*

HTN Hypertension (high blood pressure)

---

*Display This Question:*

*If ibd = 1*

IBD Inflammatory bowel disease (Crohn's disease, ulcerative colitis)

---

*Display This Question:*

*If ibs = 1*

IBS Irritable bowel syndrome (IBS)

---

*Display This Question:*

*If stone = 1*

STONE Kidney stone (nephrolithiasis)

---

*Display This Question:*

*If liverdz = 1*

LIVERDZ Liver disease

---

*Display This Question:*

*If sle = 1*

SLE Lupus (systemic lupus erthematous, SLE)

---

*Display This Question:*

*If menopause = 1*

MENOPAUSE Menopause

---

*Display This Question:*

*If migraine = 1*

MIGRAINE Migraine headache

---

*Display This Question:*

*If osa = 1*

OSA Obstructive sleep apnea (OSA)

---

*Display This Question:*

*If pvd = 1*

PVD Peripheral vascular disease (PVD)

---

*Display This Question:*

*If psoriasis = 1*

PSORIASIS Psoriasis

---

*Display This Question:*

*If pe = 1*

PE Pulmonary embolism (PE)

---

*Display This Question:*

*If epilepsy = 1*

EPILEPSY Seizure disorder (epilepsy)

---

*Display This Question:*

*If cva = 1*

CVA Stroke (cerebrovascular accident, CVA)

---

*Display This Question:*

*If thyroid = 1*

THYROID Thyroid problem (hyperthyroidism, hypothyroidism)

---

*Display This Question:*

*If ulcer = 1*

ULCER Ulcer (stomach/peptic, duodenal)

---

*Display This Question:*

*If fibroid = 1*

FIBROID Uterine fibroids

---

*Display This Question:*

*If reflux = 1*  
*Or anemia = 1*  
*Or angina = 1*  
*Or anxiety = 1*  
*Or asthma = 1*  
*Or afib = 1*  
*Or bph = 1*  
*Or bipolar = 1*  
*Or cancer = 1*  
*Or cataract = 1*  
*Or ckd = 1*  
*Or copd = 1*  
*Or coag = 1*  
*Or chf = 1*  
*Or cad = 1*  
*Or depression = 1*  
*Or dm = 1*  
*Or dm\_borderline = 1*  
*Or ed = 1*  
*Or glaucoma = 1*  
*Or mi = 1*  
*Or murmur = 1*  
*Or hld = 1*  
*Or hiv = 1*  
*Or htn = 1*  
*Or ibd = 1*  
*Or ibs = 1*  
*Or stone = 1*  
*Or liverdz = 1*  
*Or sle = 1*  
*Or menopause = 1*  
*Or migraine = 1*  
*Or osa = 1*  
*Or pvd = 1*  
*Or psoriasis = 1*  
*Or pe = 1*

*Or epilepsy = 1*

*Or cva = 1*

*Or thyroid = 1*

*Or ulcer = 1*

*Or fibroid = 1*

X→

MEDHX\_PORTAL\_CORRECT Is the list of medical conditions above correct?

Yes (1)

No (0)

---

*Display This Question:*

*If MEDHX\_PORTAL\_CORRECT != Yes*

X→

MEDHX1 Has a doctor or health care provider ever told you that you have the following conditions? (Check all that apply.)

Although this list of conditions may seem to repeat what you may have filled out as part of "My Health," we want to make sure everything is as up-to-date as possible.

- Acid reflux (heartburn) (1)
- Anemia (2)
- Angina pectoris (angina) (3)
- Anxiety (4)
- Asthma (5)
- Atrial fibrillation (Afib) (6)

*Display This Choice:*  
*If SAAB != Female*

- Benign prostatic hypertrophy (BPH, enlarged prostate) (7)
- Bipolar disorder (8)
- Cancer (9)
- Cataracts (10)
- Chronic kidney disease (11)
- Chronic obstructive pulmonary disease (COPD) (12)
- None of these (0)

---

Display This Question:

If MEDHX1 = Cancer

CA\_TYPE With what type(s) of cancer have you been diagnosed? (Check all that apply.)

- Anal (1)
  - Breast (2)
  - Colon (3)
  - Kidney (4)
  - Lung (5)
  - Leukemia/Lymphoma (6)
  - Ovary (7)
  - Pancreas (8)
  - Prostate (9)
  - Skin (melanoma) (10)
  - Skin (non-melanoma) (11)
  - Uterus (13)
  - Other (please specify) (12)
-



Display This Question:

If CA\_TYPE = Anal



CA\_ANAL\_YR In what year were you diagnosed with anal cancer?

---

Display This Question:

If CA\_TYPE = Breast



CA\_BREAST\_YR In what year were you diagnosed with breast cancer?

---

Display This Question:

If CA\_TYPE = Colon



CA\_COLON\_YR In what year were you diagnosed with colon cancer?

---

Display This Question:

If CA\_TYPE = Kidney



CA\_KIDNEY\_YR In what year were you diagnosed with kidney cancer?

---

Display This Question:

If CA\_TYPE = Lung



CA\_LUNG\_YR In what year were you diagnosed with lung cancer?

---

*Display This Question:*  
If CA\_TYPE = Leukemia/Lymphoma



CA\_LEUKEMIA\_YR In what year were you diagnosed with leukemia/lymphoma?

---

*Display This Question:*  
If CA\_TYPE = Ovary



CA\_OVARY\_YR In what year were you diagnosed with ovarian cancer?

---

*Display This Question:*  
If CA\_TYPE = Pancreas



CA\_PANCREAS\_YR In what year were you diagnosed with pancreatic cancer?

---

*Display This Question:*  
If CA\_TYPE = Prostate



CA\_PROSTATE\_YR In what year were you diagnosed with prostate cancer?

---

Display This Question:

If CA\_TYPE = Skin (melanoma)



CA\_MELANOMA\_YR In what year were you diagnosed with melanoma?

---

Display This Question:

If CA\_TYPE = Skin (non-melanoma)



CA\_SKIN\_YR In what year were you diagnosed with non-melanoma skin cancer?

---

Display This Question:

If CA\_TYPE = Uterus



CA\_UTERUS\_YR In what year were you diagnosed with cancer of the uterus?

---

Display This Question:

If With what type(s) of cancer have you been diagnosed? (Check all that apply.) Other (please specify) Is Not Empty



CA\_OTHER\_YR In what year were you diagnosed with \${CA\_TYPE/ChoiceTextEntryValue/12} cancer?

---

Page Break

Display This Question:

If MEDHX\_PORTAL\_CORRECT != Yes

X→

MEDHX2 How about any of these? Has a doctor or other health care provider ever told you that you have the following conditions? (Check all that apply.)

- Coagulation (bleeding or clotting) problem (1)
- Congestive heart failure (CHF) (2)
- Coronary artery disease (3)
- Depression (4)
- Diabetes mellitus (diabetes, sugar diabetes) (5)
- Diabetes (borderline) (6)

Display This Choice:

If SAAB != Female

- Erectile dysfunction (7)
- Glaucoma (8)
- Heart attack (9)
- Heart murmur (10)
- High cholesterol (11)
- HIV (12)
- None of these (0)

---

Display This Question:

If MEDHX2 = HIV



HIV\_DX1R In what year were you diagnosed with HIV?

---

---

Page Break

Display This Question:

If MEDHX\_PORTAL\_CORRECT != Yes



MEDHX3 Here's the last set! Has a doctor or other health care provider ever told you that you have the following conditions? (Check all that apply.)

- Hypertension (high blood pressure) (1)
- Inflammatory bowel disease (Crohn's disease, ulcerative colitis) (2)
- Irritable bowel syndrome (IBS) (3)
- Kidney stone (nephrolithiasis) (4)
- Liver disease (5)
- Lupus (systemic lupus erythematosus, SLE) (6)

*Display This Choice:*

*If SAAB != Male*

- Menopause (7)
- Migraine headache (8)
- Obstructive sleep apnea (OSA) (9)
- Peripheral vascular disease (PVD) (10)

*Display This Choice:*

*If SAAB != Male*

- Polycystic ovarian syndrome (PCOS) (11)
- Psoriasis (12)
- Pulmonary embolism (PE) (13)
- Seizure disorder (epilepsy) (14)

- Stroke (cerebrovascular accident, CVA) (15)
- Thyroid problem (hyperthyroidism, hypothyroidism) (16)
- Ulcer (stomach/peptic, duodenal) (17)

*Display This Choice:*  
*If SAAB != Male*

- Uterine fibroids (18)
- None of these (0)

---

ADDMEDPROBS Please list up to five additional medical conditions that a doctor or other health care provider told you that you have. (One condition per line.) If no additional conditions, please click next.

- Condition 1 (1) \_\_\_\_\_
- Condition 2 (2) \_\_\_\_\_
- Condition 3 (3) \_\_\_\_\_
- Condition 4 (4) \_\_\_\_\_
- Condition 5 (5) \_\_\_\_\_

---

Page Break





SX Do you have any of the following symptoms? (Check all that apply.)

Arthritis (joint pain) (1)

*Display This Choice:*  
*If SAAB != Male*

Bleeding between your periods (2)

Chronic low back pain (back pain lasting more than 3 months) (3)

*Display This Choice:*  
*If SAAB != Male*

Irregular, painful, or heavy menstrual periods (4)

Pelvic pain lasting more than 6 months (pain between the belly button and pubic bone) (5)

Urinary incontinence (leaking of urine) (6)

None of these (0)

Page Break

*Display This Question:*

*If stent = 1  
Or cabg = 1  
Or valve = 1  
Or ppm = 1  
Or icd = 1  
Or bmt = 1  
Or hearttx = 1  
Or lungtx = 1  
Or olt = 1  
Or panctx = 1  
Or kidneytx = 1  
Or smboweltx = 1  
Or ccy = 1  
Or appy = 1  
Or csection = 1  
Or sch = 1  
Or total\_hyst = 1  
Or ooph = 1*

INTRO\_MP\_SURG We will ask you about general surgeries and procedures here.

In a few screens, we will ask about gender-affirming or transition-related surgeries and procedures.

According to information that you entered in "My Health," you have reported that you have had the following general surgeries or procedures:

---

*Display This Question:*

*If stent = 1*

STENT Coronary stent placement

---

*Display This Question:*

*If cabg = 1*

CABG Coronary artery bypass graft (CABG, bypass surgery)

*Display This Question:*

*If valve = 1*

VALVE Heart valve replacement

*Display This Question:*

*If ppm = 1*

PPM Pacemaker implantation

*Display This Question:*

*If icd = 1*

ICD Implantable cardiac defibrillator (ICD) implantation

*Display This Question:*

*If bmt = 1*

BMT Bone marrow transplant

*Display This Question:*

*If hearttx = 1*

HEARTTX Heart transplant

*Display This Question:*

*If lungtx = 1*

LUNGTX Lung transplant

*Display This Question:*

*If olt = 1*

OLT Liver transplant

---

*Display This Question:*

*If panctx = 1*

PANCTX Pancreas transplant

---

*Display This Question:*

*If kidneytx = 1*

KIDNEYTX Kidney transplant

---

*Display This Question:*

*If smboweltx = 1*

SMBOWELTX Small intestine transplant

---

*Display This Question:*

*If ccy = 1*

CCY Gallbladder removal (cholecystectomy)

---

*Display This Question:*

*If appy = 1*

APPY Appendix removal (appendectomy)

---

*Display This Question:*

*If csection = 1*

CSECTION C section (cesarean section)

---

*Display This Question:*

*If sch = 1*

SCH Uterus removal with cervix retained (supracervical hysterectomy)

---

*Display This Question:*

*If total\_hyst = 1*

TOTAL\_HYST Uterus removal with cervix removed (total hysterectomy)

---

*Display This Question:*

*If ooph = 1*

OOPH Ovary removal (oophorectomy)

---

*Display This Question:*

*If stent = 1  
Or cabg = 1  
Or valve = 1  
Or ppm = 1  
Or icd = 1  
Or bmt = 1  
Or hearttx = 1  
Or lungtx = 1  
Or olt = 1  
Or panctx = 1  
Or kidneytx = 1  
Or smboweltx = 1  
Or ccy = 1  
Or appy = 1  
Or csection = 1  
Or sch = 1  
Or total\_hyst = 1  
Or ooph = 1*



**SURGHX\_PORTAL\_CORREC** Is this list of general surgeries and procedures correct?  
(We will ask about gender-affirming or transition-related surgeries and procedures later.)

- Yes (1)
- No (0)

*Display This Question:*

*If SURGHX\_PORTAL\_CORREC != Yes*

SURGHX Have you ever had the following surgeries or procedures? (Check all that apply.)  
(Gender-affirming or transition-related surgeries and procedures are asked about later.)

Although this list of procedures may seem to repeat what you may have entered in "My Health," getting the most up-to-date information will make sure that we can customize the survey for you.

- Coronary stent placement (1)
- Coronary artery bypass graft (CABG, bypass surgery) (2)
- Heart valve replacement (3)
- Pacemaker implantation (4)
- Implantable cardiac defibrillator (ICD) implantation (5)
- Bone marrow transplant (6)
- Organ transplant (7)
- Gallbladder removal (cholecystectomy) (8)
- Appendix removal (appendectomy) (9)

*Display This Choice:*  
*If SAAB != Male*

- C section (cesarean section) (10)

*Display This Choice:*  
*If SAAB != Male*

- Uterus removal with cervix retained (supracervical hysterectomy) (11)

*Display This Choice:*  
*If SAAB != Male*

Uterus removal with cervix removed (total hysterectomy) (12)

*Display This Choice:*

*If SAAB != Male*

Ovary removal (oophorectomy) (13)

None of these (18)

---

*Display This Question:*

*If SURGHX = Organ transplant*

SOT\_AQ Which organ(s) have you received through a transplant? (Check all that apply.)

Heart (1)

Lung (2)

Liver (3)

Pancreas (4)

Kidney (5)

Small intestine (6)

Other (please specify) (7)

---



ADDSURGPROCS Please list up to five additional general surgeries/procedures that you had (not including gender-affirming or transition-related surgeries or procedures, which we ask about later). Please write in one surgery/procedure per line. If no additional surgeries/procedures, please click next.

Surgery/procedure 1 (1) \_\_\_\_\_

Surgery/procedure 2 (2) \_\_\_\_\_

Surgery/procedure 3 (3) \_\_\_\_\_

Surgery/procedure 4 (4) \_\_\_\_\_

Surgery/procedure 5 (5) \_\_\_\_\_

-----

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



GAHORMONE\_EVER Have you EVER used hormones or medications for the purposes of gender affirmation (also called gender transition)?

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

---

*Display This Question:*

*If GAHORMONE\_EVER = Yes*

GAHORMONE\_TYPE\_EVER Which hormones or medications for the purposes of gender affirmation (also called gender transition) have you EVER taken? (Check all that apply.)

- Cyproterone acetate (sometimes called: CPA or Cyprostat) (1)
- Dutasteride (sometimes called: Avodart) (2)
- Depo leuprolide or leuprolide acetate (sometimes called: Lupron) (3)
- Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate) (4)
- Estrogen (any type in any formulation such as: gel, injection, patch, pill) (5)
- Estradiol valerate (a specific type of estrogen) (6)
- Estradiol cypionate (a specific type of estrogen) (7)
- Finasteride (sometimes called: Proscar or Propecia) (8)
- Histarelin acetate (sometimes called: Vantas or Supprelin) (9)
- Progesterone (sometimes called: progestagen or progestins) (10)
- Micronized progesterone (sometimes called: Prometrium or Provera) (11)
- Spironolactone (sometimes called: "Spiro" or Aldactone) (12)
- Testosterone (any type in any formulation such as: gel, injection, patch) (13)
- Testosterone cypionate (a specific type of testosterone) (14)
- Testosterone enanthate (a specific type of testosterone) (15)

Testosterone undecanoate (a specific type of testosterone) (16)

Another hormone/medication not listed here (please specify) (17)

---

I have (also) taken some other hormone(s)/medication(s), but I am not sure what it is called. (18)

None of the above (19)

---

Page Break

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)*

*Or GAHORMONE\_TYPE\_EVER = Dutasteride (sometimes called: Avodart)*

*Or GAHORMONE\_TYPE\_EVER = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)*

*Or GAHORMONE\_TYPE\_EVER = Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)*

*Or GAHORMONE\_TYPE\_EVER = Estrogen (any type in any formulation such as: gel, injection, patch, pill)*

*Or GAHORMONE\_TYPE\_EVER = Estradiol valerate (a specific type of estrogen)*

*Or GAHORMONE\_TYPE\_EVER = Estradiol cypionate (a specific type of estrogen)*

*Or GAHORMONE\_TYPE\_EVER = Finasteride (sometimes called: Proscar or Propecia)*

*Or GAHORMONE\_TYPE\_EVER = Histarelin acetate (sometimes called: Vantas or Supprelin)*

*Or GAHORMONE\_TYPE\_EVER = Progesterone (sometimes called: progestagen or progestins)*

*Or GAHORMONE\_TYPE\_EVER = Micronized progesterone (sometimes called: Prometrium or Provera)*

*Or GAHORMONE\_TYPE\_EVER = Spironolactone (sometimes called: "Spiro" or Aldactone)*

*Or GAHORMONE\_TYPE\_EVER = Testosterone (any type in any formulation such as: gel, injection, patch)*

*Or GAHORMONE\_TYPE\_EVER = Testosterone cypionate (a specific type of testosterone)*

*Or GAHORMONE\_TYPE\_EVER = Testosterone undecanoate (a specific type of testosterone)*

*Or GAHORMONE\_TYPE\_EVER = Testosterone enanthate (a specific type of testosterone)*

*Or GAHORMONE\_TYPE\_EVER = Another hormone/medication not listed here (please specify)*

*Or Or Which hormones or medications for the purposes of gender affirmation (also called gender transiti... Another hormone/medication not listed here (please specify) Is Not Empty*

GAHORMONE\_TYPE\_NOW Of the hormones or medications for the purposes of gender affirmation (also called gender transition) that you ever took, please indicate the hormones or medications that you are CURRENTLY taking. (Check all that apply.)

Display This Choice:

*If GAHORMONE\_TYPE\_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)*

Cyproterone acetate (sometimes called: CPA or Cyprostat) (1)

Display This Choice:

*If GAHORMONE\_TYPE\_EVER = Dutasteride (sometimes called: Avodart)*

Dutasteride (sometimes called: Avodart) (2)

Display This Choice:

*If GAHORMONE\_TYPE\_EVER = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)*

Depo leuprolide or leuprolide acetate (sometimes called: Lupron) (3)

Display This Choice:

*If GAHORMONE\_TYPE\_EVER = Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)*

Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate) (4)

Display This Choice:

*If GAHORMONE\_TYPE\_EVER = Estrogen (any type in any formulation such as: gel, injection, patch, pill)*

Estrogen (any type in any formulation such as: gel, injection, patch, pill) (5)

Display This Choice:

*If GAHORMONE\_TYPE\_EVER = Estradiol valerate (a specific type of estrogen)*

Estradiol valerate (a specific type of estrogen) (6)

Display This Choice:

*If GAHORMONE\_TYPE\_EVER = Estradiol cypionate (a specific type of estrogen)*

Estradiol cypionate (a specific type of estrogen) (7)

Display This Choice:

*If GAHORMONE\_TYPE\_EVER = Finasteride (sometimes called: Proscar or Propecia)*

Finasteride (sometimes called: Proscar or Propecia) (8)

Display This Choice:

If GAHORMONE\_TYPE\_EVER = Histarelin acetate (sometimes called: Vantas or Supprelin)

Histarelin acetate (sometimes called: Vantas or Supprelin) (9)

Display This Choice:

If GAHORMONE\_TYPE\_EVER = Progesterone (sometimes called: progestagen or progestins)

Progesterone (sometimes called: progestagen or progestins) (10)

Display This Choice:

If GAHORMONE\_TYPE\_EVER = Micronized progesterone (sometimes called: Prometrium or Provera)

Micronized progesterone (sometimes called: Prometrium or Provera) (11)

Display This Choice:

If GAHORMONE\_TYPE\_EVER = Spironolactone (sometimes called: "Spiro" or Aldactone)

Spironolactone (sometimes called: "Spiro" or Aldactone) (12)

Display This Choice:

If GAHORMONE\_TYPE\_EVER = Testosterone (any type in any formulation such as: gel, injection, patch)

Testosterone (any type in any formulation such as: gel, injection, patch) (13)

Display This Choice:

If GAHORMONE\_TYPE\_EVER = Testosterone cypionate (a specific type of testosterone)

Testosterone cypionate (a specific type of testosterone) (14)

Display This Choice:

If GAHORMONE\_TYPE\_EVER = Testosterone enanthate (a specific type of testosterone)

Testosterone enanthate (a specific type of testosterone) (15)

Display This Choice:

If GAHORMONE\_TYPE\_EVER = Testosterone undecanoate (a specific type of testosterone)

Testosterone undecanoate (a specific type of testosterone) (16)

Display This Choice:

If If Which hormones or medications for the purposes of gender affirmation (also called gender transiti... Another hormone/medication not listed here (please specify) Is Not Empty

#{GAHORMONE\_TYPE\_EVER/ChoiceTextEntryValue/17} (17)

I am not currently taking any hormones for gender affirmation (18)

---

Page Break



Display This Question:

If GAHORMONE\_TYPE\_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)

HORMONE\_CYPRO\_START Please tell us when you STARTED taking **cyproterone acetate (sometimes called: CPA or Cyprostat)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Don't know (14)	2006 (14)
Don't know (15)	2005 (15)
Don't know (16)	2004 (16)
Don't know (17)	2003 (17)
Don't know (18)	2002 (18)
Don't know (19)	2001 (19)
Don't know (20)	2000 (20)
Don't know (21)	1999 (21)
Don't know (22)	1998 (22)
Don't know (23)	1997 (23)
Don't know (24)	1996 (24)
Don't know (25)	1995 (25)
Don't know (26)	1994 (26)
Don't know (27)	1993 (27)
Don't know (28)	1992 (28)
Don't know (29)	1991 (29)
Don't know (30)	1990 (30)
Don't know (31)	1989 (31)
Don't know (32)	1988 (32)
Don't know (33)	1987 (33)
Don't know (34)	1986 (34)
Don't know (35)	1985 (35)
Don't know (36)	1984 (36)
Don't know (37)	1983 (37)
Don't know (38)	1982 (38)
Don't know (39)	1981 (39)
Don't know (40)	1980 (40)
Don't know (41)	1979 (41)
Don't know (42)	1978 (42)
Don't know (43)	1977 (43)
Don't know (44)	1976 (44)
Don't know (45)	1975 (45)
Don't know (46)	1974 (46)
Don't know (47)	1973 (47)
Don't know (48)	1972 (48)
Don't know (49)	1971 (49)
Don't know (50)	1970 (50)
Don't know (51)	1969 (51)
Don't know (52)	1968 (52)
Don't know (53)	1967 (53)
Don't know (54)	1966 (54)
Don't know (55)	1965 (55)
Don't know (56)	1964 (56)
Don't know (57)	1963 (57)
Don't know (58)	1962 (58)
Don't know (59)	1961 (59)
Don't know (60)	1960 (60)
Don't know (61)	1959 (61)
Don't know (62)	1958 (62)
Don't know (63)	1957 (63)
Don't know (64)	1956 (64)
Don't know (65)	1955 (65)
Don't know (66)	1954 (66)
Don't know (67)	1953 (67)
Don't know (68)	1952 (68)
Don't know (69)	1951 (69)
Don't know (70)	1950 (70)
Don't know (71)	1949 (71)
Don't know (72)	1948 (72)
Don't know (73)	1947 (73)
Don't know (74)	1946 (74)
Don't know (75)	1945 (75)
Don't know (76)	1944 (76)
Don't know (77)	1943 (77)
Don't know (78)	1942 (78)
Don't know (79)	1941 (79)
Don't know (80)	1940 (80)
Don't know (81)	1939 (81)
Don't know (82)	1938 (82)
Don't know (83)	1937 (83)
Don't know (84)	1936 (84)
Don't know (85)	1935 (85)
Don't know (86)	1934 (86)
Don't know (87)	1933 (87)
Don't know (88)	1932 (88)
Don't know (89)	1931 (89)
Don't know (90)	1930 (90)
Don't know (91)	1929 (91)
Don't know (92)	1928 (92)
Don't know (93)	1927 (93)
Don't know (94)	1926 (94)
Don't know (95)	1925 (95)
Don't know (96)	1924 (96)
Don't know (97)	1923 (97)
Don't know (98)	1922 (98)
Don't know (99)	1921 (99)
Don't know (100)	1920 (100)

---

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)*

*And GAHORMONE\_TYPE\_NOW != Cyproterone acetate (sometimes called: CPA or Cyprostat)*

HORMONE\_CYPRO\_STOP Please tell us when you STOPPED taking **cypoterone acetate** (sometimes called: **CPA or Cyprostat**) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019
February (2)	2018
March (3)	2017
April (4)	2016
May (5)	2015
June (6)	2014
July (7)	2013
August (8)	2012
September (9)	2011
October (10)	2010
November (11)	2009
December (12)	2008
January (13)	2007
February (14)	2006
March (15)	2005
April (16)	2004
May (17)	2003
June (18)	2002
July (19)	2001
August (20)	2000
September (21)	1999
October (22)	1998
November (23)	1997
December (24)	1996
January (25)	1995
February (26)	1994
March (27)	1993
April (28)	1992
May (29)	1991
June (30)	1990
July (31)	1989
August (32)	1988
September (33)	1987
October (34)	1986
November (35)	1985
December (36)	1984
January (37)	1983
February (38)	1982
March (39)	1981
April (40)	1980
May (41)	1979
June (42)	1978
July (43)	1977
August (44)	1976
September (45)	1975
October (46)	1974
November (47)	1973
December (48)	1972
January (49)	1971
February (50)	1970
March (51)	1969
April (52)	1968
May (53)	1967
June (54)	1966
July (55)	1965
August (56)	1964
September (57)	1963
October (58)	1962
November (59)	1961
December (60)	1960
January (61)	1959
February (62)	1958
March (63)	1957
April (64)	1956
May (65)	1955
June (66)	1954
July (67)	1953
August (68)	1952
September (69)	1951
October (70)	1950
November (71)	1949
December (72)	1948
January (73)	1947
February (74)	1946
March (75)	1945
April (76)	1944
May (77)	1943
June (78)	1942
July (79)	1941
August (80)	1940
September (81)	1939
October (82)	1938
November (83)	1937
December (84)	1936
January (85)	1935
February (86)	1934
March (87)	1933
April (88)	1932
May (89)	1931
June (90)	1930
July (91)	1929
August (92)	1928
September (93)	1927
October (94)	1926
November (95)	1925
December (96)	1924
January (97)	1923
February (98)	1922
March (99)	1921
April (100)	1920

Display This Question:

If GAHORMONE\_TYPE\_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)

And GAHORMONE\_TYPE\_NOW != Cyproterone acetate (sometimes called: CPA or Cyprostat)

HORMONE\_CYPRO\_STOP\_Y Because you indicated that you are no longer taking **cyproterone acetate (sometimes called CPA or Cyprostat)**, please tell us why you are no longer taking it. (Check all that apply.)

I no longer needed the hormones/medications. (1)

I had achieved the desired effect I wanted from the hormones/medications. (2)

I didn't like the effects of the hormones/medications. (3)

(4)

I had health or medical complications as a result of the hormones/medications.

I was unable to access them (e.g., unable to get a prescription). (5)

I was unable to afford them. (6)

Another reason(s) (please specify) (7)

---

Page Break

Display This Question:

If GAHORMONE\_TYPE\_EVER = Dutasteride (sometimes called: Avodart)

HORMONE\_DUTAS\_START Please tell us when you STARTED taking **dutasteride (sometimes called: Avodart)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Never used (14)	2006 (14)
Used but not sure (15)	2005 (15)
Used but not sure (16)	2004 (16)
Used but not sure (17)	2003 (17)
Used but not sure (18)	2002 (18)
Used but not sure (19)	2001 (19)
Used but not sure (20)	2000 (20)
Used but not sure (21)	1999 (21)
Used but not sure (22)	1998 (22)
Used but not sure (23)	1997 (23)
Used but not sure (24)	1996 (24)
Used but not sure (25)	1995 (25)
Used but not sure (26)	1994 (26)
Used but not sure (27)	1993 (27)
Used but not sure (28)	1992 (28)
Used but not sure (29)	1991 (29)
Used but not sure (30)	1990 (30)
Used but not sure (31)	1989 (31)
Used but not sure (32)	1988 (32)
Used but not sure (33)	1987 (33)
Used but not sure (34)	1986 (34)
Used but not sure (35)	1985 (35)
Used but not sure (36)	1984 (36)
Used but not sure (37)	1983 (37)
Used but not sure (38)	1982 (38)
Used but not sure (39)	1981 (39)
Used but not sure (40)	1980 (40)
Used but not sure (41)	1979 (41)
Used but not sure (42)	1978 (42)
Used but not sure (43)	1977 (43)
Used but not sure (44)	1976 (44)
Used but not sure (45)	1975 (45)
Used but not sure (46)	1974 (46)
Used but not sure (47)	1973 (47)
Used but not sure (48)	1972 (48)
Used but not sure (49)	1971 (49)
Used but not sure (50)	1970 (50)
Used but not sure (51)	1969 (51)
Used but not sure (52)	1968 (52)
Used but not sure (53)	1967 (53)
Used but not sure (54)	1966 (54)
Used but not sure (55)	1965 (55)
Used but not sure (56)	1964 (56)
Used but not sure (57)	1963 (57)
Used but not sure (58)	1962 (58)
Used but not sure (59)	1961 (59)
Used but not sure (60)	1960 (60)
Used but not sure (61)	1959 (61)
Used but not sure (62)	1958 (62)
Used but not sure (63)	1957 (63)
Used but not sure (64)	1956 (64)
Used but not sure (65)	1955 (65)
Used but not sure (66)	1954 (66)
Used but not sure (67)	1953 (67)
Used but not sure (68)	1952 (68)
Used but not sure (69)	1951 (69)
Used but not sure (70)	1950 (70)
Used but not sure (71)	1949 (71)
Used but not sure (72)	1948 (72)
Used but not sure (73)	1947 (73)
Used but not sure (74)	1946 (74)
Used but not sure (75)	1945 (75)
Used but not sure (76)	1944 (76)
Used but not sure (77)	1943 (77)
Used but not sure (78)	1942 (78)
Used but not sure (79)	1941 (79)
Used but not sure (80)	1940 (80)
Used but not sure (81)	1939 (81)
Used but not sure (82)	1938 (82)
Used but not sure (83)	1937 (83)
Used but not sure (84)	1936 (84)
Used but not sure (85)	1935 (85)
Used but not sure (86)	1934 (86)
Used but not sure (87)	1933 (87)
Used but not sure (88)	1932 (88)
Used but not sure (89)	1931 (89)
Used but not sure (90)	1930 (90)
Used but not sure (91)	1929 (91)
Used but not sure (92)	1928 (92)
Used but not sure (93)	1927 (93)
Used but not sure (94)	1926 (94)
Used but not sure (95)	1925 (95)
Used but not sure (96)	1924 (96)
Used but not sure (97)	1923 (97)
Used but not sure (98)	1922 (98)
Used but not sure (99)	1921 (99)
Used but not sure (100)	1920 (100)

---

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Dutasteride (sometimes called: Avodart)*

*And GAHORMONE\_TYPE\_NOW != Dutasteride (sometimes called: Avodart)*

HORMONE\_DUTAS\_STOP Please tell us when you STOPPED taking **dutasteride** (sometimes called: **Avodart**) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Never used (14)	2006 (14)
Used but not for gender affirmation or transition (15)	2005 (15)
Used but not for gender affirmation or transition (16)	2004 (16)
Used but not for gender affirmation or transition (17)	2003 (17)
Used but not for gender affirmation or transition (18)	2002 (18)
Used but not for gender affirmation or transition (19)	2001 (19)
Used but not for gender affirmation or transition (20)	2000 (20)
Used but not for gender affirmation or transition (21)	1999 (21)
Used but not for gender affirmation or transition (22)	1998 (22)
Used but not for gender affirmation or transition (23)	1997 (23)
Used but not for gender affirmation or transition (24)	1996 (24)
Used but not for gender affirmation or transition (25)	1995 (25)
Used but not for gender affirmation or transition (26)	1994 (26)
Used but not for gender affirmation or transition (27)	1993 (27)
Used but not for gender affirmation or transition (28)	1992 (28)
Used but not for gender affirmation or transition (29)	1991 (29)
Used but not for gender affirmation or transition (30)	1990 (30)
Used but not for gender affirmation or transition (31)	1989 (31)
Used but not for gender affirmation or transition (32)	1988 (32)
Used but not for gender affirmation or transition (33)	1987 (33)
Used but not for gender affirmation or transition (34)	1986 (34)
Used but not for gender affirmation or transition (35)	1985 (35)
Used but not for gender affirmation or transition (36)	1984 (36)
Used but not for gender affirmation or transition (37)	1983 (37)
Used but not for gender affirmation or transition (38)	1982 (38)
Used but not for gender affirmation or transition (39)	1981 (39)
Used but not for gender affirmation or transition (40)	1980 (40)
Used but not for gender affirmation or transition (41)	1979 (41)
Used but not for gender affirmation or transition (42)	1978 (42)
Used but not for gender affirmation or transition (43)	1977 (43)
Used but not for gender affirmation or transition (44)	1976 (44)
Used but not for gender affirmation or transition (45)	1975 (45)
Used but not for gender affirmation or transition (46)	1974 (46)
Used but not for gender affirmation or transition (47)	1973 (47)
Used but not for gender affirmation or transition (48)	1972 (48)
Used but not for gender affirmation or transition (49)	1971 (49)
Used but not for gender affirmation or transition (50)	1970 (50)
Used but not for gender affirmation or transition (51)	1969 (51)
Used but not for gender affirmation or transition (52)	1968 (52)
Used but not for gender affirmation or transition (53)	1967 (53)
Used but not for gender affirmation or transition (54)	1966 (54)
Used but not for gender affirmation or transition (55)	1965 (55)
Used but not for gender affirmation or transition (56)	1964 (56)
Used but not for gender affirmation or transition (57)	1963 (57)
Used but not for gender affirmation or transition (58)	1962 (58)
Used but not for gender affirmation or transition (59)	1961 (59)
Used but not for gender affirmation or transition (60)	1960 (60)
Used but not for gender affirmation or transition (61)	1959 (61)
Used but not for gender affirmation or transition (62)	1958 (62)
Used but not for gender affirmation or transition (63)	1957 (63)
Used but not for gender affirmation or transition (64)	1956 (64)
Used but not for gender affirmation or transition (65)	1955 (65)
Used but not for gender affirmation or transition (66)	1954 (66)
Used but not for gender affirmation or transition (67)	1953 (67)
Used but not for gender affirmation or transition (68)	1952 (68)
Used but not for gender affirmation or transition (69)	1951 (69)
Used but not for gender affirmation or transition (70)	1950 (70)
Used but not for gender affirmation or transition (71)	1949 (71)
Used but not for gender affirmation or transition (72)	1948 (72)
Used but not for gender affirmation or transition (73)	1947 (73)
Used but not for gender affirmation or transition (74)	1946 (74)
Used but not for gender affirmation or transition (75)	1945 (75)
Used but not for gender affirmation or transition (76)	1944 (76)
Used but not for gender affirmation or transition (77)	1943 (77)
Used but not for gender affirmation or transition (78)	1942 (78)
Used but not for gender affirmation or transition (79)	1941 (79)
Used but not for gender affirmation or transition (80)	1940 (80)
Used but not for gender affirmation or transition (81)	1939 (81)
Used but not for gender affirmation or transition (82)	1938 (82)
Used but not for gender affirmation or transition (83)	1937 (83)
Used but not for gender affirmation or transition (84)	1936 (84)
Used but not for gender affirmation or transition (85)	1935 (85)
Used but not for gender affirmation or transition (86)	1934 (86)
Used but not for gender affirmation or transition (87)	1933 (87)
Used but not for gender affirmation or transition (88)	1932 (88)
Used but not for gender affirmation or transition (89)	1931 (89)
Used but not for gender affirmation or transition (90)	1930 (90)
Used but not for gender affirmation or transition (91)	1929 (91)
Used but not for gender affirmation or transition (92)	1928 (92)
Used but not for gender affirmation or transition (93)	1927 (93)
Used but not for gender affirmation or transition (94)	1926 (94)
Used but not for gender affirmation or transition (95)	1925 (95)
Used but not for gender affirmation or transition (96)	1924 (96)
Used but not for gender affirmation or transition (97)	1923 (97)
Used but not for gender affirmation or transition (98)	1922 (98)
Used but not for gender affirmation or transition (99)	1921 (99)
Used but not for gender affirmation or transition (100)	1920 (100)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Dutasteride (sometimes called: Avodart)

And GAHORMONE\_TYPE\_NOW != Dutasteride (sometimes called: Avodart)

HORMONE\_DUTAS\_STOP\_Y Because you indicated that you are no longer taking **dutasteride (sometimes called: Avodart)**, please tell us why you are no longer taking it. (Check all that apply.)

- I no longer needed the hormones/medications. (1)
  - I had achieved the desired effect I wanted from the hormones/medications. (2)
  - I didn't like the effects of the hormones/medications. (3)
  - I had health or medical complications as a result of the hormones/medications. (4)
  - I was unable to access them (e.g., unable to get a prescription). (5)
  - I was unable to afford them. (6)
  - Another reason(s) (please specify) (7)
- 

Page Break



Display This Question:

If GAHORMONE\_TYPE\_EVER = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)

HORMONE\_LUPRO\_START Please tell us when you STARTED taking **depo leuprolide or leuprolide acetate (sometimes called: Lupron)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Never used (14)	2006 (14)
Used but not started (15)	2005 (15)
Used but not started (16)	2004 (16)
Used but not started (17)	2003 (17)
Used but not started (18)	2002 (18)
Used but not started (19)	2001 (19)
Used but not started (20)	2000 (20)
Used but not started (21)	1999 (21)
Used but not started (22)	1998 (22)
Used but not started (23)	1997 (23)
Used but not started (24)	1996 (24)
Used but not started (25)	1995 (25)
Used but not started (26)	1994 (26)
Used but not started (27)	1993 (27)
Used but not started (28)	1992 (28)
Used but not started (29)	1991 (29)
Used but not started (30)	1990 (30)
Used but not started (31)	1989 (31)
Used but not started (32)	1988 (32)
Used but not started (33)	1987 (33)
Used but not started (34)	1986 (34)
Used but not started (35)	1985 (35)
Used but not started (36)	1984 (36)
Used but not started (37)	1983 (37)
Used but not started (38)	1982 (38)
Used but not started (39)	1981 (39)
Used but not started (40)	1980 (40)
Used but not started (41)	1979 (41)
Used but not started (42)	1978 (42)
Used but not started (43)	1977 (43)
Used but not started (44)	1976 (44)
Used but not started (45)	1975 (45)
Used but not started (46)	1974 (46)
Used but not started (47)	1973 (47)
Used but not started (48)	1972 (48)
Used but not started (49)	1971 (49)
Used but not started (50)	1970 (50)
Used but not started (51)	1969 (51)
Used but not started (52)	1968 (52)
Used but not started (53)	1967 (53)
Used but not started (54)	1966 (54)
Used but not started (55)	1965 (55)
Used but not started (56)	1964 (56)
Used but not started (57)	1963 (57)
Used but not started (58)	1962 (58)
Used but not started (59)	1961 (59)
Used but not started (60)	1960 (60)
Used but not started (61)	1959 (61)
Used but not started (62)	1958 (62)
Used but not started (63)	1957 (63)
Used but not started (64)	1956 (64)
Used but not started (65)	1955 (65)
Used but not started (66)	1954 (66)
Used but not started (67)	1953 (67)
Used but not started (68)	1952 (68)
Used but not started (69)	1951 (69)
Used but not started (70)	1950 (70)
Used but not started (71)	1949 (71)
Used but not started (72)	1948 (72)
Used but not started (73)	1947 (73)
Used but not started (74)	1946 (74)
Used but not started (75)	1945 (75)
Used but not started (76)	1944 (76)
Used but not started (77)	1943 (77)
Used but not started (78)	1942 (78)
Used but not started (79)	1941 (79)
Used but not started (80)	1940 (80)
Used but not started (81)	1939 (81)
Used but not started (82)	1938 (82)
Used but not started (83)	1937 (83)
Used but not started (84)	1936 (84)
Used but not started (85)	1935 (85)
Used but not started (86)	1934 (86)
Used but not started (87)	1933 (87)
Used but not started (88)	1932 (88)
Used but not started (89)	1931 (89)
Used but not started (90)	1930 (90)
Used but not started (91)	1929 (91)
Used but not started (92)	1928 (92)
Used but not started (93)	1927 (93)
Used but not started (94)	1926 (94)
Used but not started (95)	1925 (95)
Used but not started (96)	1924 (96)
Used but not started (97)	1923 (97)
Used but not started (98)	1922 (98)
Used but not started (99)	1921 (99)
Used but not started (100)	1920 (100)

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*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)*

*And GAHORMONE\_TYPE\_NOW != Depo leuprolide or leuprolide acetate (sometimes called: Lupron)*

HORMONE\_LUPRO\_STOP Please tell us when you STOPPED taking **depo leuprolide or leuprolide acetate (sometimes called: Lupron)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Don't know (14)	2006 (14)
Don't know (15)	2005 (15)
Don't know (16)	2004 (16)
Don't know (17)	2003 (17)
Don't know (18)	2002 (18)
Don't know (19)	2001 (19)
Don't know (20)	2000 (20)
Don't know (21)	1999 (21)
Don't know (22)	1998 (22)
Don't know (23)	1997 (23)
Don't know (24)	1996 (24)
Don't know (25)	1995 (25)
Don't know (26)	1994 (26)
Don't know (27)	1993 (27)
Don't know (28)	1992 (28)
Don't know (29)	1991 (29)
Don't know (30)	1990 (30)
Don't know (31)	1989 (31)
Don't know (32)	1988 (32)
Don't know (33)	1987 (33)
Don't know (34)	1986 (34)
Don't know (35)	1985 (35)
Don't know (36)	1984 (36)
Don't know (37)	1983 (37)
Don't know (38)	1982 (38)
Don't know (39)	1981 (39)
Don't know (40)	1980 (40)
Don't know (41)	1979 (41)
Don't know (42)	1978 (42)
Don't know (43)	1977 (43)
Don't know (44)	1976 (44)
Don't know (45)	1975 (45)
Don't know (46)	1974 (46)
Don't know (47)	1973 (47)
Don't know (48)	1972 (48)
Don't know (49)	1971 (49)
Don't know (50)	1970 (50)
Don't know (51)	1969 (51)
Don't know (52)	1968 (52)
Don't know (53)	1967 (53)
Don't know (54)	1966 (54)
Don't know (55)	1965 (55)
Don't know (56)	1964 (56)
Don't know (57)	1963 (57)
Don't know (58)	1962 (58)
Don't know (59)	1961 (59)
Don't know (60)	1960 (60)
Don't know (61)	1959 (61)
Don't know (62)	1958 (62)
Don't know (63)	1957 (63)
Don't know (64)	1956 (64)
Don't know (65)	1955 (65)
Don't know (66)	1954 (66)
Don't know (67)	1953 (67)
Don't know (68)	1952 (68)
Don't know (69)	1951 (69)
Don't know (70)	1950 (70)
Don't know (71)	1949 (71)
Don't know (72)	1948 (72)
Don't know (73)	1947 (73)
Don't know (74)	1946 (74)
Don't know (75)	1945 (75)
Don't know (76)	1944 (76)
Don't know (77)	1943 (77)
Don't know (78)	1942 (78)
Don't know (79)	1941 (79)
Don't know (80)	1940 (80)
Don't know (81)	1939 (81)
Don't know (82)	1938 (82)
Don't know (83)	1937 (83)
Don't know (84)	1936 (84)
Don't know (85)	1935 (85)
Don't know (86)	1934 (86)
Don't know (87)	1933 (87)
Don't know (88)	1932 (88)
Don't know (89)	1931 (89)
Don't know (90)	1930 (90)
Don't know (91)	1929 (91)
Don't know (92)	1928 (92)
Don't know (93)	1927 (93)
Don't know (94)	1926 (94)
Don't know (95)	1925 (95)
Don't know (96)	1924 (96)
Don't know (97)	1923 (97)
Don't know (98)	1922 (98)
Don't know (99)	1921 (99)
Don't know (100)	1920 (100)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)

And GAHORMONE\_TYPE\_NOW != Depo leuprolide or leuprolide acetate (sometimes called: Lupron)

HORMONE\_LUPRO\_STOP\_Y Because you indicated that you are no longer taking **depo leuprolide or leuprolide acetate (sometimes called: Lupron)**, please tell us why you are no longer taking it. (Check all that apply.)

I no longer needed the hormones/medications. (1)

I had achieved the desired effect I wanted from the hormones/medications. (2)

I didn't like the effects of the hormones/medications. (3)

(4)

I had health or medical complications as a result of the hormones/medications.

I was unable to access them (e.g., unable to get a prescription). (5)

I was unable to afford them. (6)

Another reason(s) (please specify) (7)

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Page Break

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)*

HORMONE\_DEPO\_START Please tell us when you STARTED taking **depo (injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	Don't know (13)
Other (14)	Other (14)
Other (15)	Other (15)
Other (16)	Other (16)
Other (17)	Other (17)
Other (18)	Other (18)
Other (19)	Other (19)
Other (20)	Other (20)

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)*

*And GAHORMONE\_TYPE\_NOW != Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)*

HORMONE\_DEPO\_STOP Please tell us when you STOPPED taking **depo (injection) provera** (sometimes called: "**Depo**" or **medroxyprogesterone**) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	Don't know (13)
Other (14)	Other (14)
Other (15)	Other (15)
Other (16)	Other (16)
Other (17)	Other (17)
Other (18)	Other (18)
Other (19)	Other (19)
Other (20)	Other (20)
Other (21)	Other (21)
Other (22)	Other (22)
Other (23)	Other (23)
Other (24)	Other (24)
Other (25)	Other (25)
Other (26)	Other (26)
Other (27)	Other (27)
Other (28)	Other (28)
Other (29)	Other (29)
Other (30)	Other (30)
Other (31)	Other (31)
Other (32)	Other (32)
Other (33)	Other (33)
Other (34)	Other (34)
Other (35)	Other (35)
Other (36)	Other (36)
Other (37)	Other (37)
Other (38)	Other (38)
Other (39)	Other (39)
Other (40)	Other (40)
Other (41)	Other (41)
Other (42)	Other (42)
Other (43)	Other (43)
Other (44)	Other (44)
Other (45)	Other (45)
Other (46)	Other (46)
Other (47)	Other (47)
Other (48)	Other (48)
Other (49)	Other (49)
Other (50)	Other (50)
Other (51)	Other (51)
Other (52)	Other (52)
Other (53)	Other (53)
Other (54)	Other (54)
Other (55)	Other (55)
Other (56)	Other (56)
Other (57)	Other (57)
Other (58)	Other (58)
Other (59)	Other (59)
Other (60)	Other (60)
Other (61)	Other (61)
Other (62)	Other (62)
Other (63)	Other (63)
Other (64)	Other (64)
Other (65)	Other (65)
Other (66)	Other (66)
Other (67)	Other (67)
Other (68)	Other (68)
Other (69)	Other (69)
Other (70)	Other (70)
Other (71)	Other (71)
Other (72)	Other (72)
Other (73)	Other (73)
Other (74)	Other (74)
Other (75)	Other (75)
Other (76)	Other (76)
Other (77)	Other (77)
Other (78)	Other (78)
Other (79)	Other (79)
Other (80)	Other (80)
Other (81)	Other (81)
Other (82)	Other (82)
Other (83)	Other (83)
Other (84)	Other (84)
Other (85)	Other (85)
Other (86)	Other (86)
Other (87)	Other (87)
Other (88)	Other (88)
Other (89)	Other (89)
Other (90)	Other (90)
Other (91)	Other (91)
Other (92)	Other (92)
Other (93)	Other (93)
Other (94)	Other (94)
Other (95)	Other (95)
Other (96)	Other (96)
Other (97)	Other (97)
Other (98)	Other (98)
Other (99)	Other (99)
Other (100)	Other (100)



Display This Question:

If GAHORMONE\_TYPE\_EVER = Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)

And GAHORMONE\_TYPE\_NOW != Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)

HORMONE\_DEPO\_STOP\_Y Because you indicated that you are no longer taking **depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)**, please tell us why you are no longer taking it. (Check all that apply.)

- I no longer needed the hormones/medications. (1)
  - I had achieved the desired effect I wanted from the hormones/medications. (2)
  - I didn't like the effects of the hormones/medications. (3)
  - I had health or medical complications as a result of the hormones/medications. (4)
  - I was unable to access them (e.g., unable to get a prescription). (5)
  - I was unable to afford them. (6)
  - Another reason(s) (please specify) (7)
- 

Page Break

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Estrogen (any type in any formulation such as: gel, injection, patch, pill)*

HORMONE\_ESTRO\_START Please tell us when you STARTED taking **estrogen (any type in any formulation such as: gel, injection, patch, pill)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Don't know (14)	2006 (14)
Don't know (15)	2005 (15)
Don't know (16)	2004 (16)
Don't know (17)	2003 (17)
Don't know (18)	2002 (18)
Don't know (19)	2001 (19)
Don't know (20)	2000 (20)
Don't know (21)	1999 (21)
Don't know (22)	1998 (22)
Don't know (23)	1997 (23)
Don't know (24)	1996 (24)
Don't know (25)	1995 (25)
Don't know (26)	1994 (26)
Don't know (27)	1993 (27)
Don't know (28)	1992 (28)
Don't know (29)	1991 (29)
Don't know (30)	1990 (30)
Don't know (31)	1989 (31)
Don't know (32)	1988 (32)
Don't know (33)	1987 (33)
Don't know (34)	1986 (34)
Don't know (35)	1985 (35)
Don't know (36)	1984 (36)
Don't know (37)	1983 (37)
Don't know (38)	1982 (38)
Don't know (39)	1981 (39)
Don't know (40)	1980 (40)
Don't know (41)	1979 (41)
Don't know (42)	1978 (42)
Don't know (43)	1977 (43)
Don't know (44)	1976 (44)
Don't know (45)	1975 (45)
Don't know (46)	1974 (46)
Don't know (47)	1973 (47)
Don't know (48)	1972 (48)
Don't know (49)	1971 (49)
Don't know (50)	1970 (50)
Don't know (51)	1969 (51)
Don't know (52)	1968 (52)
Don't know (53)	1967 (53)
Don't know (54)	1966 (54)
Don't know (55)	1965 (55)
Don't know (56)	1964 (56)
Don't know (57)	1963 (57)
Don't know (58)	1962 (58)
Don't know (59)	1961 (59)
Don't know (60)	1960 (60)
Don't know (61)	1959 (61)
Don't know (62)	1958 (62)
Don't know (63)	1957 (63)
Don't know (64)	1956 (64)
Don't know (65)	1955 (65)
Don't know (66)	1954 (66)
Don't know (67)	1953 (67)
Don't know (68)	1952 (68)
Don't know (69)	1951 (69)
Don't know (70)	1950 (70)
Don't know (71)	1949 (71)
Don't know (72)	1948 (72)
Don't know (73)	1947 (73)
Don't know (74)	1946 (74)
Don't know (75)	1945 (75)
Don't know (76)	1944 (76)
Don't know (77)	1943 (77)
Don't know (78)	1942 (78)
Don't know (79)	1941 (79)
Don't know (80)	1940 (80)
Don't know (81)	1939 (81)
Don't know (82)	1938 (82)
Don't know (83)	1937 (83)
Don't know (84)	1936 (84)
Don't know (85)	1935 (85)
Don't know (86)	1934 (86)
Don't know (87)	1933 (87)
Don't know (88)	1932 (88)
Don't know (89)	1931 (89)
Don't know (90)	1930 (90)
Don't know (91)	1929 (91)
Don't know (92)	1928 (92)
Don't know (93)	1927 (93)
Don't know (94)	1926 (94)
Don't know (95)	1925 (95)
Don't know (96)	1924 (96)
Don't know (97)	1923 (97)
Don't know (98)	1922 (98)
Don't know (99)	1921 (99)
Don't know (100)	1920 (100)

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Estrogen (any type in any formulation such as: gel, injection, patch, pill)*

*And GAHORMONE\_TYPE\_NOW != Estrogen (any type in any formulation such as: gel, injection, patch, pill)*

HORMONE\_ESTRO\_STOP Please tell us when you STOPPED taking **estrogen (any type in any formulation such as: gel, injection, patch, pill)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	Don't know (13)
Don't know (14)	Don't know (14)
Don't know (15)	Don't know (15)
Don't know (16)	Don't know (16)
Don't know (17)	Don't know (17)
Don't know (18)	Don't know (18)
Don't know (19)	Don't know (19)
Don't know (20)	Don't know (20)
Don't know (21)	Don't know (21)
Don't know (22)	Don't know (22)
Don't know (23)	Don't know (23)
Don't know (24)	Don't know (24)
Don't know (25)	Don't know (25)
Don't know (26)	Don't know (26)
Don't know (27)	Don't know (27)
Don't know (28)	Don't know (28)
Don't know (29)	Don't know (29)
Don't know (30)	Don't know (30)
Don't know (31)	Don't know (31)
Don't know (32)	Don't know (32)
Don't know (33)	Don't know (33)
Don't know (34)	Don't know (34)
Don't know (35)	Don't know (35)
Don't know (36)	Don't know (36)
Don't know (37)	Don't know (37)
Don't know (38)	Don't know (38)
Don't know (39)	Don't know (39)
Don't know (40)	Don't know (40)
Don't know (41)	Don't know (41)
Don't know (42)	Don't know (42)
Don't know (43)	Don't know (43)
Don't know (44)	Don't know (44)
Don't know (45)	Don't know (45)
Don't know (46)	Don't know (46)
Don't know (47)	Don't know (47)
Don't know (48)	Don't know (48)
Don't know (49)	Don't know (49)
Don't know (50)	Don't know (50)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Estrogen (any type in any formulation such as: gel, injection, patch, pill)

And GAHORMONE\_TYPE\_NOW != Estrogen (any type in any formulation such as: gel, injection, patch, pill)

HORMONE\_ESTRO\_STOP\_Y Because you indicated that you are no longer taking **estrogen (any type in any formulation such as: gel, injection, patch, pill)**, please tell us why you are no longer taking it. (Check all that apply.)

- I no longer needed the hormones/medications. (1)
  - I had achieved the desired effect I wanted from the hormones/medications. (2)
  - I didn't like the effects of the hormones/medications. (3)
  - I had health or medical complications as a result of the hormones/medications. (4)
  - I was unable to access them (e.g., unable to get a prescription). (5)
  - I was unable to afford them. (6)
  - Another reason(s) (please specify) (7)
- 

Page Break

Display This Question:

If GAHORMONE\_TYPE\_EVER = Estradiol valerate (a specific type of estrogen)

HORMONE\_EVALE\_START Please tell us when you STARTED taking **estradiol valerate (a specific type of estrogen)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Don't know (14)	2006 (14)
Don't know (15)	2005 (15)
Don't know (16)	2004 (16)
Don't know (17)	2003 (17)
Don't know (18)	2002 (18)
Don't know (19)	2001 (19)
Don't know (20)	2000 (20)
Don't know (21)	1999 (21)
Don't know (22)	1998 (22)
Don't know (23)	1997 (23)
Don't know (24)	1996 (24)
Don't know (25)	1995 (25)
Don't know (26)	1994 (26)
Don't know (27)	1993 (27)
Don't know (28)	1992 (28)
Don't know (29)	1991 (29)
Don't know (30)	1990 (30)
Don't know (31)	1989 (31)
Don't know (32)	1988 (32)
Don't know (33)	1987 (33)
Don't know (34)	1986 (34)
Don't know (35)	1985 (35)
Don't know (36)	1984 (36)
Don't know (37)	1983 (37)
Don't know (38)	1982 (38)
Don't know (39)	1981 (39)
Don't know (40)	1980 (40)
Don't know (41)	1979 (41)
Don't know (42)	1978 (42)
Don't know (43)	1977 (43)
Don't know (44)	1976 (44)
Don't know (45)	1975 (45)
Don't know (46)	1974 (46)
Don't know (47)	1973 (47)
Don't know (48)	1972 (48)
Don't know (49)	1971 (49)
Don't know (50)	1970 (50)
Don't know (51)	1969 (51)
Don't know (52)	1968 (52)
Don't know (53)	1967 (53)
Don't know (54)	1966 (54)
Don't know (55)	1965 (55)
Don't know (56)	1964 (56)
Don't know (57)	1963 (57)
Don't know (58)	1962 (58)
Don't know (59)	1961 (59)
Don't know (60)	1960 (60)
Don't know (61)	1959 (61)
Don't know (62)	1958 (62)
Don't know (63)	1957 (63)
Don't know (64)	1956 (64)
Don't know (65)	1955 (65)
Don't know (66)	1954 (66)
Don't know (67)	1953 (67)
Don't know (68)	1952 (68)
Don't know (69)	1951 (69)
Don't know (70)	1950 (70)
Don't know (71)	1949 (71)
Don't know (72)	1948 (72)
Don't know (73)	1947 (73)
Don't know (74)	1946 (74)
Don't know (75)	1945 (75)
Don't know (76)	1944 (76)
Don't know (77)	1943 (77)
Don't know (78)	1942 (78)
Don't know (79)	1941 (79)
Don't know (80)	1940 (80)
Don't know (81)	1939 (81)
Don't know (82)	1938 (82)
Don't know (83)	1937 (83)
Don't know (84)	1936 (84)
Don't know (85)	1935 (85)
Don't know (86)	1934 (86)
Don't know (87)	1933 (87)
Don't know (88)	1932 (88)
Don't know (89)	1931 (89)
Don't know (90)	1930 (90)
Don't know (91)	1929 (91)
Don't know (92)	1928 (92)
Don't know (93)	1927 (93)
Don't know (94)	1926 (94)
Don't know (95)	1925 (95)
Don't know (96)	1924 (96)
Don't know (97)	1923 (97)
Don't know (98)	1922 (98)
Don't know (99)	1921 (99)
Don't know (100)	1920 (100)

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*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Estradiol valerate (a specific type of estrogen)*

*And GAHORMONE\_TYPE\_NOW != Estradiol valerate (a specific type of estrogen)*



HORMONE\_EVALE\_STOP Please tell us when you STOPPED taking **estradiol valerate (a specific type of estrogen)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	January (1)	February (2)	March (3)	April (4)	May (5)	June (6)	July (7)	August (8)	September (9)	October (10)	November (11)	December (12)	Don't know (13)	Never (14)	Other (15)	Other (16)	Other (17)	Other (18)	Other (19)	Other (20)
Year (2)	2019 (1)	2018 (2)	2017 (3)	2016 (4)	2015 (5)	2014 (6)	2013 (7)	2012 (8)	2011 (9)	2010 (10)	2009 (11)	2008 (12)	2007 (13)	2006 (14)	2005 (15)	2004 (16)	2003 (17)	2002 (18)	2001 (19)	2000 (20)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Estradiol valerate (a specific type of estrogen)

And GAHORMONE\_TYPE\_NOW != Estradiol valerate (a specific type of estrogen)

HORMONE\_EVALE\_STOP\_Y Because you indicated that you are no longer taking **estradiol valerate (a specific type of estrogen)**, please tell us why you are no longer taking it. (Check all that apply.)

I no longer needed the hormones/medications. (1)

I had achieved the desired effect I wanted from the hormones/medications. (2)

I didn't like the effects of the hormones/medications. (3)

(4)

I had health or medical complications as a result of the hormones/medications.

I was unable to access them (e.g., unable to get a prescription). (5)

I was unable to afford them. (6)

Another reason(s) (please specify) (7)

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Page Break

Display This Question:

If GAHORMONE\_TYPE\_EVER = Estradiol cypionate (a specific type of estrogen)

HORMONE\_ECYP1\_START Please tell us when you STARTED taking **estradiol cypionate (a specific type of estrogen)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Other (14)	2006 (14)
Other (15)	2005 (15)
Other (16)	2004 (16)
Other (17)	2003 (17)
Other (18)	2002 (18)
Other (19)	2001 (19)
Other (20)	2000 (20)
Other (21)	1999 (21)
Other (22)	1998 (22)
Other (23)	1997 (23)
Other (24)	1996 (24)
Other (25)	1995 (25)
Other (26)	1994 (26)
Other (27)	1993 (27)
Other (28)	1992 (28)
Other (29)	1991 (29)
Other (30)	1990 (30)
Other (31)	1989 (31)
Other (32)	1988 (32)
Other (33)	1987 (33)
Other (34)	1986 (34)
Other (35)	1985 (35)
Other (36)	1984 (36)
Other (37)	1983 (37)
Other (38)	1982 (38)
Other (39)	1981 (39)
Other (40)	1980 (40)
Other (41)	1979 (41)
Other (42)	1978 (42)
Other (43)	1977 (43)
Other (44)	1976 (44)
Other (45)	1975 (45)
Other (46)	1974 (46)
Other (47)	1973 (47)
Other (48)	1972 (48)
Other (49)	1971 (49)
Other (50)	1970 (50)
Other (51)	1969 (51)
Other (52)	1968 (52)
Other (53)	1967 (53)
Other (54)	1966 (54)
Other (55)	1965 (55)
Other (56)	1964 (56)
Other (57)	1963 (57)
Other (58)	1962 (58)
Other (59)	1961 (59)
Other (60)	1960 (60)
Other (61)	1959 (61)
Other (62)	1958 (62)
Other (63)	1957 (63)
Other (64)	1956 (64)
Other (65)	1955 (65)
Other (66)	1954 (66)
Other (67)	1953 (67)
Other (68)	1952 (68)
Other (69)	1951 (69)
Other (70)	1950 (70)
Other (71)	1949 (71)
Other (72)	1948 (72)
Other (73)	1947 (73)
Other (74)	1946 (74)
Other (75)	1945 (75)
Other (76)	1944 (76)
Other (77)	1943 (77)
Other (78)	1942 (78)
Other (79)	1941 (79)
Other (80)	1940 (80)
Other (81)	1939 (81)
Other (82)	1938 (82)
Other (83)	1937 (83)
Other (84)	1936 (84)
Other (85)	1935 (85)
Other (86)	1934 (86)
Other (87)	1933 (87)
Other (88)	1932 (88)
Other (89)	1931 (89)
Other (90)	1930 (90)
Other (91)	1929 (91)
Other (92)	1928 (92)
Other (93)	1927 (93)
Other (94)	1926 (94)
Other (95)	1925 (95)
Other (96)	1924 (96)
Other (97)	1923 (97)
Other (98)	1922 (98)
Other (99)	1921 (99)
Other (100)	1920 (100)

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*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Estradiol cypionate (a specific type of estrogen)*

*And GAHORMONE\_TYPE\_NOW != Estradiol cypionate (a specific type of estrogen)*

HORMONE\_ECYP1\_STOP Please tell us when you STOPPED taking **estradiol cypionate (a specific type of estrogen)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Never used (14)	2006 (14)
Used but not sure (15)	2005 (15)
Used but not sure (16)	2004 (16)
Used but not sure (17)	2003 (17)
Used but not sure (18)	2002 (18)
Used but not sure (19)	2001 (19)
Used but not sure (20)	2000 (20)
Used but not sure (21)	1999 (21)
Used but not sure (22)	1998 (22)
Used but not sure (23)	1997 (23)
Used but not sure (24)	1996 (24)
Used but not sure (25)	1995 (25)
Used but not sure (26)	1994 (26)
Used but not sure (27)	1993 (27)
Used but not sure (28)	1992 (28)
Used but not sure (29)	1991 (29)
Used but not sure (30)	1990 (30)
Used but not sure (31)	1989 (31)
Used but not sure (32)	1988 (32)
Used but not sure (33)	1987 (33)
Used but not sure (34)	1986 (34)
Used but not sure (35)	1985 (35)
Used but not sure (36)	1984 (36)
Used but not sure (37)	1983 (37)
Used but not sure (38)	1982 (38)
Used but not sure (39)	1981 (39)
Used but not sure (40)	1980 (40)
Used but not sure (41)	1979 (41)
Used but not sure (42)	1978 (42)
Used but not sure (43)	1977 (43)
Used but not sure (44)	1976 (44)
Used but not sure (45)	1975 (45)
Used but not sure (46)	1974 (46)
Used but not sure (47)	1973 (47)
Used but not sure (48)	1972 (48)
Used but not sure (49)	1971 (49)
Used but not sure (50)	1970 (50)
Used but not sure (51)	1969 (51)
Used but not sure (52)	1968 (52)
Used but not sure (53)	1967 (53)
Used but not sure (54)	1966 (54)
Used but not sure (55)	1965 (55)
Used but not sure (56)	1964 (56)
Used but not sure (57)	1963 (57)
Used but not sure (58)	1962 (58)
Used but not sure (59)	1961 (59)
Used but not sure (60)	1960 (60)
Used but not sure (61)	1959 (61)
Used but not sure (62)	1958 (62)
Used but not sure (63)	1957 (63)
Used but not sure (64)	1956 (64)
Used but not sure (65)	1955 (65)
Used but not sure (66)	1954 (66)
Used but not sure (67)	1953 (67)
Used but not sure (68)	1952 (68)
Used but not sure (69)	1951 (69)
Used but not sure (70)	1950 (70)
Used but not sure (71)	1949 (71)
Used but not sure (72)	1948 (72)
Used but not sure (73)	1947 (73)
Used but not sure (74)	1946 (74)
Used but not sure (75)	1945 (75)
Used but not sure (76)	1944 (76)
Used but not sure (77)	1943 (77)
Used but not sure (78)	1942 (78)
Used but not sure (79)	1941 (79)
Used but not sure (80)	1940 (80)
Used but not sure (81)	1939 (81)
Used but not sure (82)	1938 (82)
Used but not sure (83)	1937 (83)
Used but not sure (84)	1936 (84)
Used but not sure (85)	1935 (85)
Used but not sure (86)	1934 (86)
Used but not sure (87)	1933 (87)
Used but not sure (88)	1932 (88)
Used but not sure (89)	1931 (89)
Used but not sure (90)	1930 (90)
Used but not sure (91)	1929 (91)
Used but not sure (92)	1928 (92)
Used but not sure (93)	1927 (93)
Used but not sure (94)	1926 (94)
Used but not sure (95)	1925 (95)
Used but not sure (96)	1924 (96)
Used but not sure (97)	1923 (97)
Used but not sure (98)	1922 (98)
Used but not sure (99)	1921 (99)
Used but not sure (100)	1920 (100)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Estradiol cypionate (a specific type of estrogen)

And GAHORMONE\_TYPE\_NOW != Estradiol cypionate (a specific type of estrogen)

HORMONE\_ECYPPI\_STOP\_Y Because you indicated that you are no longer taking **estradiol cypionate (a specific type of estrogen)**, please tell us why you are no longer taking it. (Check all that apply.)

I no longer needed the hormones/medications. (1)

I had achieved the desired effect I wanted from the hormones/medications. (2)

I didn't like the effects of the hormones/medications. (3)

(4)

I had health or medical complications as a result of the hormones/medications.

I was unable to access them (e.g., unable to get a prescription). (5)

I was unable to afford them. (6)

Another reason(s) (please specify) (7)

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Page Break

Display This Question:

If GAHORMONE\_TYPE\_EVER = Finasteride (sometimes called: Proscar or Propecia)

HORMONE\_FINAS\_START Please tell us when you STARTED taking **finasteride (sometimes called: Proscar or Propecia)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Don't know (14)	2006 (14)
Don't know (15)	2005 (15)
Don't know (16)	2004 (16)
Don't know (17)	2003 (17)
Don't know (18)	2002 (18)
Don't know (19)	2001 (19)
Don't know (20)	2000 (20)
Don't know (21)	1999 (21)
Don't know (22)	1998 (22)
Don't know (23)	1997 (23)
Don't know (24)	1996 (24)
Don't know (25)	1995 (25)
Don't know (26)	1994 (26)
Don't know (27)	1993 (27)
Don't know (28)	1992 (28)
Don't know (29)	1991 (29)
Don't know (30)	1990 (30)
Don't know (31)	1989 (31)
Don't know (32)	1988 (32)
Don't know (33)	1987 (33)
Don't know (34)	1986 (34)
Don't know (35)	1985 (35)
Don't know (36)	1984 (36)
Don't know (37)	1983 (37)
Don't know (38)	1982 (38)
Don't know (39)	1981 (39)
Don't know (40)	1980 (40)
Don't know (41)	1979 (41)
Don't know (42)	1978 (42)
Don't know (43)	1977 (43)
Don't know (44)	1976 (44)
Don't know (45)	1975 (45)
Don't know (46)	1974 (46)
Don't know (47)	1973 (47)
Don't know (48)	1972 (48)
Don't know (49)	1971 (49)
Don't know (50)	1970 (50)
Don't know (51)	1969 (51)
Don't know (52)	1968 (52)
Don't know (53)	1967 (53)
Don't know (54)	1966 (54)
Don't know (55)	1965 (55)
Don't know (56)	1964 (56)
Don't know (57)	1963 (57)
Don't know (58)	1962 (58)
Don't know (59)	1961 (59)
Don't know (60)	1960 (60)
Don't know (61)	1959 (61)
Don't know (62)	1958 (62)
Don't know (63)	1957 (63)
Don't know (64)	1956 (64)
Don't know (65)	1955 (65)
Don't know (66)	1954 (66)
Don't know (67)	1953 (67)
Don't know (68)	1952 (68)
Don't know (69)	1951 (69)
Don't know (70)	1950 (70)
Don't know (71)	1949 (71)
Don't know (72)	1948 (72)
Don't know (73)	1947 (73)
Don't know (74)	1946 (74)
Don't know (75)	1945 (75)
Don't know (76)	1944 (76)
Don't know (77)	1943 (77)
Don't know (78)	1942 (78)
Don't know (79)	1941 (79)
Don't know (80)	1940 (80)
Don't know (81)	1939 (81)
Don't know (82)	1938 (82)
Don't know (83)	1937 (83)
Don't know (84)	1936 (84)
Don't know (85)	1935 (85)
Don't know (86)	1934 (86)
Don't know (87)	1933 (87)
Don't know (88)	1932 (88)
Don't know (89)	1931 (89)
Don't know (90)	1930 (90)
Don't know (91)	1929 (91)
Don't know (92)	1928 (92)
Don't know (93)	1927 (93)
Don't know (94)	1926 (94)
Don't know (95)	1925 (95)
Don't know (96)	1924 (96)
Don't know (97)	1923 (97)
Don't know (98)	1922 (98)
Don't know (99)	1921 (99)
Don't know (100)	1920 (100)

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*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Finasteride (sometimes called: Proscar or Propecia)*

*And GAHORMONE\_TYPE\_NOW != Finasteride (sometimes called: Proscar or Propecia)*



HORMONE\_FINAS\_STOP Please tell us when you STOPPED taking **finasteride (sometimes called: Proscar or Propecia)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	January (1)	February (2)	March (3)	April (4)	May (5)	June (6)	July (7)	August (8)	September (9)	October (10)	November (11)	December (12)	Don't know (13)	Never used (14)	Never used (15)	Never used (16)	Never used (17)	Never used (18)	Never used (19)	Never used (20)
Year (2)	2019 (1)	2018 (2)	2017 (3)	2016 (4)	2015 (5)	2014 (6)	2013 (7)	2012 (8)	2011 (9)	2010 (10)	2009 (11)	2008 (12)	2007 (13)	2006 (14)	2005 (15)	2004 (16)	2003 (17)	2002 (18)	2001 (19)	2000 (20)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Finasteride (sometimes called: Proscar or Propecia)

And GAHORMONE\_TYPE\_NOW != Finasteride (sometimes called: Proscar or Propecia)

HORMONE\_FINAS\_STOP\_Y Because you indicated that you are no longer taking **finasteride (sometimes called: Proscar or Propecia)**, please tell us why you are no longer taking it. (Check all that apply.)

- I no longer needed the hormones/medications. (1)
  - I had achieved the desired effect I wanted from the hormones/medications. (2)
  - I didn't like the effects of the hormones/medications. (3)
  - I had health or medical complications as a result of the hormones/medications. (4)
  - I was unable to access them (e.g., unable to get a prescription). (5)
  - I was unable to afford them. (6)
  - Another reason(s) (please specify) (7)
- 

Page Break

Display This Question:  
 If GAHORMONE\_TYPE\_EVER = Histarelin acetate (sometimes called: Vantas or Supprelin)

HORMONE\_HISTA\_START Please tell us when you STARTED taking **histarelin acetate (sometimes called: Vantas or Supprelin)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Never (14)	2006 (14)
Other (15)	2005 (15)
Other (16)	2004 (16)
Other (17)	2003 (17)
Other (18)	2002 (18)
Other (19)	2001 (19)
Other (20)	2000 (20)
Other (21)	1999 (21)
Other (22)	1998 (22)
Other (23)	1997 (23)
Other (24)	1996 (24)
Other (25)	1995 (25)
Other (26)	1994 (26)
Other (27)	1993 (27)
Other (28)	1992 (28)
Other (29)	1991 (29)
Other (30)	1990 (30)
Other (31)	1989 (31)
Other (32)	1988 (32)
Other (33)	1987 (33)
Other (34)	1986 (34)
Other (35)	1985 (35)
Other (36)	1984 (36)
Other (37)	1983 (37)
Other (38)	1982 (38)
Other (39)	1981 (39)
Other (40)	1980 (40)
Other (41)	1979 (41)
Other (42)	1978 (42)
Other (43)	1977 (43)
Other (44)	1976 (44)
Other (45)	1975 (45)
Other (46)	1974 (46)
Other (47)	1973 (47)
Other (48)	1972 (48)
Other (49)	1971 (49)
Other (50)	1970 (50)
Other (51)	1969 (51)
Other (52)	1968 (52)
Other (53)	1967 (53)
Other (54)	1966 (54)
Other (55)	1965 (55)
Other (56)	1964 (56)
Other (57)	1963 (57)
Other (58)	1962 (58)
Other (59)	1961 (59)
Other (60)	1960 (60)
Other (61)	1959 (61)
Other (62)	1958 (62)
Other (63)	1957 (63)
Other (64)	1956 (64)
Other (65)	1955 (65)
Other (66)	1954 (66)
Other (67)	1953 (67)
Other (68)	1952 (68)
Other (69)	1951 (69)
Other (70)	1950 (70)
Other (71)	1949 (71)
Other (72)	1948 (72)
Other (73)	1947 (73)
Other (74)	1946 (74)
Other (75)	1945 (75)
Other (76)	1944 (76)
Other (77)	1943 (77)
Other (78)	1942 (78)
Other (79)	1941 (79)
Other (80)	1940 (80)
Other (81)	1939 (81)
Other (82)	1938 (82)
Other (83)	1937 (83)
Other (84)	1936 (84)
Other (85)	1935 (85)
Other (86)	1934 (86)
Other (87)	1933 (87)
Other (88)	1932 (88)
Other (89)	1931 (89)
Other (90)	1930 (90)
Other (91)	1929 (91)
Other (92)	1928 (92)
Other (93)	1927 (93)
Other (94)	1926 (94)
Other (95)	1925 (95)
Other (96)	1924 (96)
Other (97)	1923 (97)
Other (98)	1922 (98)
Other (99)	1921 (99)
Other (100)	1920 (100)

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*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Histarelin acetate (sometimes called: Vantas or Supprelin)*

*And GAHORMONE\_TYPE\_NOW != Histarelin acetate (sometimes called: Vantas or Supprelin)*

HORMONE\_HISTA\_STOP Please tell us when you STOPPED taking **histarelin acetate** (sometimes called: **Vantas** or **Supprelin**) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	Don't know (13)
Other (14)	Other (14)
Other (15)	Other (15)
Other (16)	Other (16)
Other (17)	Other (17)
Other (18)	Other (18)
Other (19)	Other (19)
Other (20)	Other (20)
Other (21)	Other (21)
Other (22)	Other (22)
Other (23)	Other (23)
Other (24)	Other (24)
Other (25)	Other (25)
Other (26)	Other (26)
Other (27)	Other (27)
Other (28)	Other (28)
Other (29)	Other (29)
Other (30)	Other (30)
Other (31)	Other (31)
Other (32)	Other (32)
Other (33)	Other (33)
Other (34)	Other (34)
Other (35)	Other (35)
Other (36)	Other (36)
Other (37)	Other (37)
Other (38)	Other (38)
Other (39)	Other (39)
Other (40)	Other (40)
Other (41)	Other (41)
Other (42)	Other (42)
Other (43)	Other (43)
Other (44)	Other (44)
Other (45)	Other (45)
Other (46)	Other (46)
Other (47)	Other (47)
Other (48)	Other (48)
Other (49)	Other (49)
Other (50)	Other (50)
Other (51)	Other (51)
Other (52)	Other (52)
Other (53)	Other (53)
Other (54)	Other (54)
Other (55)	Other (55)
Other (56)	Other (56)
Other (57)	Other (57)
Other (58)	Other (58)
Other (59)	Other (59)
Other (60)	Other (60)
Other (61)	Other (61)
Other (62)	Other (62)
Other (63)	Other (63)
Other (64)	Other (64)
Other (65)	Other (65)
Other (66)	Other (66)
Other (67)	Other (67)
Other (68)	Other (68)
Other (69)	Other (69)
Other (70)	Other (70)
Other (71)	Other (71)
Other (72)	Other (72)
Other (73)	Other (73)
Other (74)	Other (74)
Other (75)	Other (75)
Other (76)	Other (76)
Other (77)	Other (77)
Other (78)	Other (78)
Other (79)	Other (79)
Other (80)	Other (80)
Other (81)	Other (81)
Other (82)	Other (82)
Other (83)	Other (83)
Other (84)	Other (84)
Other (85)	Other (85)
Other (86)	Other (86)
Other (87)	Other (87)
Other (88)	Other (88)
Other (89)	Other (89)
Other (90)	Other (90)
Other (91)	Other (91)
Other (92)	Other (92)
Other (93)	Other (93)
Other (94)	Other (94)
Other (95)	Other (95)
Other (96)	Other (96)
Other (97)	Other (97)
Other (98)	Other (98)
Other (99)	Other (99)
Other (100)	Other (100)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Histarelin acetate (sometimes called: Vantas or Supprelin)

And GAHORMONE\_TYPE\_NOW != Histarelin acetate (sometimes called: Vantas or Supprelin)

HORMONE\_HISTA\_STOP\_Y Because you indicated that you are no longer taking **histarelin acetate (sometimes called: Vantas or Supprelin)**, please tell us why you are no longer taking it. (Check all that apply.)

I no longer needed the hormones/medications. (1)

I had achieved the desired effect I wanted from the hormones/medications. (2)

I didn't like the effects of the hormones/medications. (3)

(4)

I had health or medical complications as a result of the hormones/medications.

I was unable to access them (e.g., unable to get a prescription). (5)

I was unable to afford them. (6)

Another reason(s) (please specify) (7)

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Page Break

Display This Question:

If GAHORMONE\_TYPE\_EVER = Progesterone (sometimes called: progestagen or progestins)

HORMONE\_PROGE\_START Please tell us when you STARTED taking **progesterone (sometimes called: progestagen or progestins)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	January (1)	February (2)	March (3)	April (4)	May (5)	June (6)	July (7)	August (8)	September (9)	October (10)	November (11)	December (12)	Don't know (13)	Never (14)	Other (15)	Other (16)	Other (17)	Other (18)	Other (19)	Other (20)
Year (2)	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000

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*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Progesterone (sometimes called: progestagen or progestins)*

*And GAHORMONE\_TYPE\_NOW != Progesterone (sometimes called: progestagen or progestins)*



HORMONE\_PROGE\_STOP Please tell us when you STOPPED taking **progesterone** (sometimes called: **progestagen** or **progestins**) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	Don't know (13)
Don't know (14)	Don't know (14)
Don't know (15)	Don't know (15)
Don't know (16)	Don't know (16)
Don't know (17)	Don't know (17)
Don't know (18)	Don't know (18)
Don't know (19)	Don't know (19)
Don't know (20)	Don't know (20)
Don't know (21)	Don't know (21)
Don't know (22)	Don't know (22)
Don't know (23)	Don't know (23)
Don't know (24)	Don't know (24)
Don't know (25)	Don't know (25)
Don't know (26)	Don't know (26)
Don't know (27)	Don't know (27)
Don't know (28)	Don't know (28)
Don't know (29)	Don't know (29)
Don't know (30)	Don't know (30)
Don't know (31)	Don't know (31)
Don't know (32)	Don't know (32)
Don't know (33)	Don't know (33)
Don't know (34)	Don't know (34)
Don't know (35)	Don't know (35)
Don't know (36)	Don't know (36)
Don't know (37)	Don't know (37)
Don't know (38)	Don't know (38)
Don't know (39)	Don't know (39)
Don't know (40)	Don't know (40)
Don't know (41)	Don't know (41)
Don't know (42)	Don't know (42)
Don't know (43)	Don't know (43)
Don't know (44)	Don't know (44)
Don't know (45)	Don't know (45)
Don't know (46)	Don't know (46)
Don't know (47)	Don't know (47)
Don't know (48)	Don't know (48)
Don't know (49)	Don't know (49)
Don't know (50)	Don't know (50)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Progesterone (sometimes called: progestagen or progestins)

And GAHORMONE\_TYPE\_NOW != Progesterone (sometimes called: progestagen or progestins)

HORMONE\_PROGE\_STOP\_Y Because you indicated that you are no longer taking **progesterone (sometimes called: progestagen or progestins)**, please tell us why you are no longer taking it. (Check all that apply.)

I no longer needed the hormones/medications. (1)

I had achieved the desired effect I wanted from the hormones/medications. (2)

I didn't like the effects of the hormones/medications. (3)

(4)

I had health or medical complications as a result of the hormones/medications.

I was unable to access them (e.g., unable to get a prescription). (5)

I was unable to afford them. (6)

Another reason(s) (please specify) (7)

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Page Break

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Micronized progesterone (sometimes called: Prometrium or Provera)*

HORMONE\_MICRO\_START Please tell us when you STARTED taking **micronized progesterone (sometimes called: Prometrium or Provera)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Don't know (14)	2006 (14)
Don't know (15)	2005 (15)
Don't know (16)	2004 (16)
Don't know (17)	2003 (17)
Don't know (18)	2002 (18)
Don't know (19)	2001 (19)
Don't know (20)	2000 (20)
Don't know (21)	1999 (21)
Don't know (22)	1998 (22)
Don't know (23)	1997 (23)
Don't know (24)	1996 (24)
Don't know (25)	1995 (25)
Don't know (26)	1994 (26)
Don't know (27)	1993 (27)
Don't know (28)	1992 (28)
Don't know (29)	1991 (29)
Don't know (30)	1990 (30)
Don't know (31)	1989 (31)
Don't know (32)	1988 (32)
Don't know (33)	1987 (33)
Don't know (34)	1986 (34)
Don't know (35)	1985 (35)
Don't know (36)	1984 (36)
Don't know (37)	1983 (37)
Don't know (38)	1982 (38)
Don't know (39)	1981 (39)
Don't know (40)	1980 (40)
Don't know (41)	1979 (41)
Don't know (42)	1978 (42)
Don't know (43)	1977 (43)
Don't know (44)	1976 (44)
Don't know (45)	1975 (45)
Don't know (46)	1974 (46)
Don't know (47)	1973 (47)
Don't know (48)	1972 (48)
Don't know (49)	1971 (49)
Don't know (50)	1970 (50)
Don't know (51)	1969 (51)
Don't know (52)	1968 (52)
Don't know (53)	1967 (53)
Don't know (54)	1966 (54)
Don't know (55)	1965 (55)
Don't know (56)	1964 (56)
Don't know (57)	1963 (57)
Don't know (58)	1962 (58)
Don't know (59)	1961 (59)
Don't know (60)	1960 (60)
Don't know (61)	1959 (61)
Don't know (62)	1958 (62)
Don't know (63)	1957 (63)
Don't know (64)	1956 (64)
Don't know (65)	1955 (65)
Don't know (66)	1954 (66)
Don't know (67)	1953 (67)
Don't know (68)	1952 (68)
Don't know (69)	1951 (69)
Don't know (70)	1950 (70)
Don't know (71)	1949 (71)
Don't know (72)	1948 (72)
Don't know (73)	1947 (73)
Don't know (74)	1946 (74)
Don't know (75)	1945 (75)
Don't know (76)	1944 (76)
Don't know (77)	1943 (77)
Don't know (78)	1942 (78)
Don't know (79)	1941 (79)
Don't know (80)	1940 (80)
Don't know (81)	1939 (81)
Don't know (82)	1938 (82)
Don't know (83)	1937 (83)
Don't know (84)	1936 (84)
Don't know (85)	1935 (85)
Don't know (86)	1934 (86)
Don't know (87)	1933 (87)
Don't know (88)	1932 (88)
Don't know (89)	1931 (89)
Don't know (90)	1930 (90)
Don't know (91)	1929 (91)
Don't know (92)	1928 (92)
Don't know (93)	1927 (93)
Don't know (94)	1926 (94)
Don't know (95)	1925 (95)
Don't know (96)	1924 (96)
Don't know (97)	1923 (97)
Don't know (98)	1922 (98)
Don't know (99)	1921 (99)
Don't know (100)	1920 (100)

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Micronized progesterone (sometimes called: Prometrium or Provera)*

*And GAHORMONE\_TYPE\_NOW != Micronized progesterone (sometimes called: Prometrium or Provera)*

HORMONE\_MICRO\_STOP Please tell us when you STOPPED taking **micronized progesterone (sometimes called: Prometrium or Provera)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
January (13)	2007 (13)
February (14)	2006 (14)
March (15)	2005 (15)
April (16)	2004 (16)
May (17)	2003 (17)
June (18)	2002 (18)
July (19)	2001 (19)
August (20)	2000 (20)
September (21)	1999 (21)
October (22)	1998 (22)
November (23)	1997 (23)
December (24)	1996 (24)
January (25)	1995 (25)
February (26)	1994 (26)
March (27)	1993 (27)
April (28)	1992 (28)
May (29)	1991 (29)
June (30)	1990 (30)
July (31)	1989 (31)
August (32)	1988 (32)
September (33)	1987 (33)
October (34)	1986 (34)
November (35)	1985 (35)
December (36)	1984 (36)
January (37)	1983 (37)
February (38)	1982 (38)
March (39)	1981 (39)
April (40)	1980 (40)
May (41)	1979 (41)
June (42)	1978 (42)
July (43)	1977 (43)
August (44)	1976 (44)
September (45)	1975 (45)
October (46)	1974 (46)
November (47)	1973 (47)
December (48)	1972 (48)
January (49)	1971 (49)
February (50)	1970 (50)
March (51)	1969 (51)
April (52)	1968 (52)
May (53)	1967 (53)
June (54)	1966 (54)
July (55)	1965 (55)
August (56)	1964 (56)
September (57)	1963 (57)
October (58)	1962 (58)
November (59)	1961 (59)
December (60)	1960 (60)
January (61)	1959 (61)
February (62)	1958 (62)
March (63)	1957 (63)
April (64)	1956 (64)
May (65)	1955 (65)
June (66)	1954 (66)
July (67)	1953 (67)
August (68)	1952 (68)
September (69)	1951 (69)
October (70)	1950 (70)
November (71)	1949 (71)
December (72)	1948 (72)
January (73)	1947 (73)
February (74)	1946 (74)
March (75)	1945 (75)
April (76)	1944 (76)
May (77)	1943 (77)
June (78)	1942 (78)
July (79)	1941 (79)
August (80)	1940 (80)
September (81)	1939 (81)
October (82)	1938 (82)
November (83)	1937 (83)
December (84)	1936 (84)
January (85)	1935 (85)
February (86)	1934 (86)
March (87)	1933 (87)
April (88)	1932 (88)
May (89)	1931 (89)
June (90)	1930 (90)
July (91)	1929 (91)
August (92)	1928 (92)
September (93)	1927 (93)
October (94)	1926 (94)
November (95)	1925 (95)
December (96)	1924 (96)
January (97)	1923 (97)
February (98)	1922 (98)
March (99)	1921 (99)
April (100)	1920 (100)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Micronized progesterone (sometimes called: Prometrium or Provera)

And GAHORMONE\_TYPE\_NOW != Micronized progesterone (sometimes called: Prometrium or Provera)

HORMONE\_MICRO\_STOP\_Y Because you indicated that you are no longer taking **micronized progesterone (sometimes called: Prometrium or Provera)**, please tell us why you are no longer taking it. (Check all that apply.)

- I no longer needed the hormones/medications. (1)
  - I had achieved the desired effect I wanted from the hormones/medications. (2)
  - I didn't like the effects of the hormones/medications. (3)
  - I had health or medical complications as a result of the hormones/medications. (4)
  - I was unable to access them (e.g., unable to get a prescription). (5)
  - I was unable to afford them. (6)
  - Another reason(s) (please specify) (7)
- 

Page Break

Display This Question:

If GAHORMONE\_TYPE\_EVER = Spironolactone (sometimes called: "Spiro" or Aldactone)

HORMONE\_SPIRO\_START Please tell us when you STARTED taking **spironolactone** (sometimes called: "**Spiro**" or **Aldactone**) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Other (14)	2006 (14)
Other (15)	2005 (15)
Other (16)	2004 (16)
Other (17)	2003 (17)
Other (18)	2002 (18)
Other (19)	2001 (19)
Other (20)	2000 (20)
Other (21)	1999 (21)
Other (22)	1998 (22)
Other (23)	1997 (23)
Other (24)	1996 (24)
Other (25)	1995 (25)
Other (26)	1994 (26)
Other (27)	1993 (27)
Other (28)	1992 (28)
Other (29)	1991 (29)
Other (30)	1990 (30)
Other (31)	1989 (31)
Other (32)	1988 (32)
Other (33)	1987 (33)
Other (34)	1986 (34)
Other (35)	1985 (35)
Other (36)	1984 (36)
Other (37)	1983 (37)
Other (38)	1982 (38)
Other (39)	1981 (39)
Other (40)	1980 (40)
Other (41)	1979 (41)
Other (42)	1978 (42)
Other (43)	1977 (43)
Other (44)	1976 (44)
Other (45)	1975 (45)
Other (46)	1974 (46)
Other (47)	1973 (47)
Other (48)	1972 (48)
Other (49)	1971 (49)
Other (50)	1970 (50)
Other (51)	1969 (51)
Other (52)	1968 (52)
Other (53)	1967 (53)
Other (54)	1966 (54)
Other (55)	1965 (55)
Other (56)	1964 (56)
Other (57)	1963 (57)
Other (58)	1962 (58)
Other (59)	1961 (59)
Other (60)	1960 (60)
Other (61)	1959 (61)
Other (62)	1958 (62)
Other (63)	1957 (63)
Other (64)	1956 (64)
Other (65)	1955 (65)
Other (66)	1954 (66)
Other (67)	1953 (67)
Other (68)	1952 (68)
Other (69)	1951 (69)
Other (70)	1950 (70)
Other (71)	1949 (71)
Other (72)	1948 (72)
Other (73)	1947 (73)
Other (74)	1946 (74)
Other (75)	1945 (75)
Other (76)	1944 (76)
Other (77)	1943 (77)
Other (78)	1942 (78)
Other (79)	1941 (79)
Other (80)	1940 (80)
Other (81)	1939 (81)
Other (82)	1938 (82)
Other (83)	1937 (83)
Other (84)	1936 (84)
Other (85)	1935 (85)
Other (86)	1934 (86)
Other (87)	1933 (87)
Other (88)	1932 (88)
Other (89)	1931 (89)
Other (90)	1930 (90)
Other (91)	1929 (91)
Other (92)	1928 (92)
Other (93)	1927 (93)
Other (94)	1926 (94)
Other (95)	1925 (95)
Other (96)	1924 (96)
Other (97)	1923 (97)
Other (98)	1922 (98)
Other (99)	1921 (99)
Other (100)	1920 (100)



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*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Spironolactone (sometimes called: "Spiro" or Aldactone)*

*And GAHORMONE\_TYPE\_NOW != Spironolactone (sometimes called: "Spiro" or Aldactone)*

HORMONE\_SPIRO\_STOP Please tell us when you STOPPED taking **spironolactone** (sometimes called: "**Spiro**" or **Aldactone**) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	Don't know (13)
Never used (14)	Never used (14)
Used but not for gender affirmation (15)	Used but not for gender affirmation (15)
Used but not for gender transition (16)	Used but not for gender transition (16)
Used for gender affirmation but not for gender transition (17)	Used for gender affirmation but not for gender transition (17)
Used for gender transition but not for gender affirmation (18)	Used for gender transition but not for gender affirmation (18)
Used for both gender affirmation and gender transition (19)	Used for both gender affirmation and gender transition (19)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Spironolactone (sometimes called: "Spiro" or Aldactone)

And GAHORMONE\_TYPE\_NOW != Spironolactone (sometimes called: "Spiro" or Aldactone)

HORMONE\_SPIRO\_STOP\_Y Because you indicated that you are no longer taking **spironolactone (sometimes called: "Spiro" or Aldactone)**, please tell us why you are no longer taking it. (Check all that apply.)

I no longer needed the hormones/medications. (1)

I had achieved the desired effect I wanted from the hormones/medications. (2)

I didn't like the effects of the hormones/medications. (3)

(4)

I had health or medical complications as a result of the hormones/medications.

I was unable to access them (e.g., unable to get a prescription). (5)

I was unable to afford them. (6)

Another reason(s) (please specify) (7)

---

Page Break

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Testosterone (any type in any formulation such as: gel, injection, patch)*

HORMONE\_TEST\_START Please tell us when you STARTED taking **testosterone (any type in any formulation such as: gel, injection, patch)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Never (14)	2006 (14)
Other (15)	2005 (15)
Other (16)	2004 (16)
Other (17)	2003 (17)
Other (18)	2002 (18)
Other (19)	2001 (19)
Other (20)	2000 (20)
Other (21)	1999 (21)
Other (22)	1998 (22)
Other (23)	1997 (23)
Other (24)	1996 (24)
Other (25)	1995 (25)
Other (26)	1994 (26)
Other (27)	1993 (27)
Other (28)	1992 (28)
Other (29)	1991 (29)
Other (30)	1990 (30)
Other (31)	1989 (31)
Other (32)	1988 (32)
Other (33)	1987 (33)
Other (34)	1986 (34)
Other (35)	1985 (35)
Other (36)	1984 (36)
Other (37)	1983 (37)
Other (38)	1982 (38)
Other (39)	1981 (39)
Other (40)	1980 (40)
Other (41)	1979 (41)
Other (42)	1978 (42)
Other (43)	1977 (43)
Other (44)	1976 (44)
Other (45)	1975 (45)
Other (46)	1974 (46)
Other (47)	1973 (47)
Other (48)	1972 (48)
Other (49)	1971 (49)
Other (50)	1970 (50)
Other (51)	1969 (51)
Other (52)	1968 (52)
Other (53)	1967 (53)
Other (54)	1966 (54)
Other (55)	1965 (55)
Other (56)	1964 (56)
Other (57)	1963 (57)
Other (58)	1962 (58)
Other (59)	1961 (59)
Other (60)	1960 (60)
Other (61)	1959 (61)
Other (62)	1958 (62)
Other (63)	1957 (63)
Other (64)	1956 (64)
Other (65)	1955 (65)
Other (66)	1954 (66)
Other (67)	1953 (67)
Other (68)	1952 (68)
Other (69)	1951 (69)
Other (70)	1950 (70)
Other (71)	1949 (71)
Other (72)	1948 (72)
Other (73)	1947 (73)
Other (74)	1946 (74)
Other (75)	1945 (75)
Other (76)	1944 (76)
Other (77)	1943 (77)
Other (78)	1942 (78)
Other (79)	1941 (79)
Other (80)	1940 (80)
Other (81)	1939 (81)
Other (82)	1938 (82)
Other (83)	1937 (83)
Other (84)	1936 (84)
Other (85)	1935 (85)
Other (86)	1934 (86)
Other (87)	1933 (87)
Other (88)	1932 (88)
Other (89)	1931 (89)
Other (90)	1930 (90)
Other (91)	1929 (91)
Other (92)	1928 (92)
Other (93)	1927 (93)
Other (94)	1926 (94)
Other (95)	1925 (95)
Other (96)	1924 (96)
Other (97)	1923 (97)
Other (98)	1922 (98)
Other (99)	1921 (99)
Other (100)	1920 (100)

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Testosterone (any type in any formulation such as: gel, injection, patch)*

*And GAHORMONE\_TYPE\_NOW != Testosterone (any type in any formulation such as: gel, injection, patch)*

HORMONE\_TEST\_STOP Please tell us when you STOPPED taking **testosterone (any type in any formulation such as: gel, injection, patch)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Never used (14)	2006 (14)
Used but not sure (15)	2005 (15)
Used but not sure (16)	2004 (16)
Used but not sure (17)	2003 (17)
Used but not sure (18)	2002 (18)
Used but not sure (19)	2001 (19)
Used but not sure (20)	2000 (20)
Used but not sure (21)	1999 (21)
Used but not sure (22)	1998 (22)
Used but not sure (23)	1997 (23)
Used but not sure (24)	1996 (24)
Used but not sure (25)	1995 (25)
Used but not sure (26)	1994 (26)
Used but not sure (27)	1993 (27)
Used but not sure (28)	1992 (28)
Used but not sure (29)	1991 (29)
Used but not sure (30)	1990 (30)
Used but not sure (31)	1989 (31)
Used but not sure (32)	1988 (32)
Used but not sure (33)	1987 (33)
Used but not sure (34)	1986 (34)
Used but not sure (35)	1985 (35)
Used but not sure (36)	1984 (36)
Used but not sure (37)	1983 (37)
Used but not sure (38)	1982 (38)
Used but not sure (39)	1981 (39)
Used but not sure (40)	1980 (40)
Used but not sure (41)	1979 (41)
Used but not sure (42)	1978 (42)
Used but not sure (43)	1977 (43)
Used but not sure (44)	1976 (44)
Used but not sure (45)	1975 (45)
Used but not sure (46)	1974 (46)
Used but not sure (47)	1973 (47)
Used but not sure (48)	1972 (48)
Used but not sure (49)	1971 (49)
Used but not sure (50)	1970 (50)
Used but not sure (51)	1969 (51)
Used but not sure (52)	1968 (52)
Used but not sure (53)	1967 (53)
Used but not sure (54)	1966 (54)
Used but not sure (55)	1965 (55)
Used but not sure (56)	1964 (56)
Used but not sure (57)	1963 (57)
Used but not sure (58)	1962 (58)
Used but not sure (59)	1961 (59)
Used but not sure (60)	1960 (60)
Used but not sure (61)	1959 (61)
Used but not sure (62)	1958 (62)
Used but not sure (63)	1957 (63)
Used but not sure (64)	1956 (64)
Used but not sure (65)	1955 (65)
Used but not sure (66)	1954 (66)
Used but not sure (67)	1953 (67)
Used but not sure (68)	1952 (68)
Used but not sure (69)	1951 (69)
Used but not sure (70)	1950 (70)
Used but not sure (71)	1949 (71)
Used but not sure (72)	1948 (72)
Used but not sure (73)	1947 (73)
Used but not sure (74)	1946 (74)
Used but not sure (75)	1945 (75)
Used but not sure (76)	1944 (76)
Used but not sure (77)	1943 (77)
Used but not sure (78)	1942 (78)
Used but not sure (79)	1941 (79)
Used but not sure (80)	1940 (80)
Used but not sure (81)	1939 (81)
Used but not sure (82)	1938 (82)
Used but not sure (83)	1937 (83)
Used but not sure (84)	1936 (84)
Used but not sure (85)	1935 (85)
Used but not sure (86)	1934 (86)
Used but not sure (87)	1933 (87)
Used but not sure (88)	1932 (88)
Used but not sure (89)	1931 (89)
Used but not sure (90)	1930 (90)
Used but not sure (91)	1929 (91)
Used but not sure (92)	1928 (92)
Used but not sure (93)	1927 (93)
Used but not sure (94)	1926 (94)
Used but not sure (95)	1925 (95)
Used but not sure (96)	1924 (96)
Used but not sure (97)	1923 (97)
Used but not sure (98)	1922 (98)
Used but not sure (99)	1921 (99)
Used but not sure (100)	1920 (100)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Testosterone (any type in any formulation such as: gel, injection, patch)

And GAHORMONE\_TYPE\_NOW != Testosterone (any type in any formulation such as: gel, injection, patch)

HORMONE\_TEST\_STOP\_Y Because you indicated that you are no longer taking **testosterone (any type in any formulation such as: gel, injection, patch)**, please tell us why you are no longer taking it. (Check all that apply.)

- I no longer needed the hormones/medications. (1)
  - I had achieved the desired effect I wanted from the hormones/medications. (2)
  - I didn't like the effects of the hormones/medications. (3)
  - I had health or medical complications as a result of the hormones/medications. (4)
  - I was unable to access them (e.g., unable to get a prescription). (5)
  - I was unable to afford them. (6)
  - Another reason(s) (please specify) (7)
- 

Page Break



Display This Question:

If GAHORMONE\_TYPE\_EVER = Testosterone cypionate (a specific type of testosterone)

HORMONE\_TCYP1\_START Please tell us when you STARTED taking **testosterone cypionate (a specific type of testosterone)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Don't know (14)	2006 (14)
Don't know (15)	2005 (15)
Don't know (16)	2004 (16)
Don't know (17)	2003 (17)
Don't know (18)	2002 (18)
Don't know (19)	2001 (19)
Don't know (20)	2000 (20)
Don't know (21)	1999 (21)
Don't know (22)	1998 (22)
Don't know (23)	1997 (23)
Don't know (24)	1996 (24)
Don't know (25)	1995 (25)
Don't know (26)	1994 (26)
Don't know (27)	1993 (27)
Don't know (28)	1992 (28)
Don't know (29)	1991 (29)
Don't know (30)	1990 (30)
Don't know (31)	1989 (31)
Don't know (32)	1988 (32)
Don't know (33)	1987 (33)
Don't know (34)	1986 (34)
Don't know (35)	1985 (35)
Don't know (36)	1984 (36)
Don't know (37)	1983 (37)
Don't know (38)	1982 (38)
Don't know (39)	1981 (39)
Don't know (40)	1980 (40)
Don't know (41)	1979 (41)
Don't know (42)	1978 (42)
Don't know (43)	1977 (43)
Don't know (44)	1976 (44)
Don't know (45)	1975 (45)
Don't know (46)	1974 (46)
Don't know (47)	1973 (47)
Don't know (48)	1972 (48)
Don't know (49)	1971 (49)
Don't know (50)	1970 (50)
Don't know (51)	1969 (51)
Don't know (52)	1968 (52)
Don't know (53)	1967 (53)
Don't know (54)	1966 (54)
Don't know (55)	1965 (55)
Don't know (56)	1964 (56)
Don't know (57)	1963 (57)
Don't know (58)	1962 (58)
Don't know (59)	1961 (59)
Don't know (60)	1960 (60)
Don't know (61)	1959 (61)
Don't know (62)	1958 (62)
Don't know (63)	1957 (63)
Don't know (64)	1956 (64)
Don't know (65)	1955 (65)
Don't know (66)	1954 (66)
Don't know (67)	1953 (67)
Don't know (68)	1952 (68)
Don't know (69)	1951 (69)
Don't know (70)	1950 (70)
Don't know (71)	1949 (71)
Don't know (72)	1948 (72)
Don't know (73)	1947 (73)
Don't know (74)	1946 (74)
Don't know (75)	1945 (75)
Don't know (76)	1944 (76)
Don't know (77)	1943 (77)
Don't know (78)	1942 (78)
Don't know (79)	1941 (79)
Don't know (80)	1940 (80)
Don't know (81)	1939 (81)
Don't know (82)	1938 (82)
Don't know (83)	1937 (83)
Don't know (84)	1936 (84)
Don't know (85)	1935 (85)
Don't know (86)	1934 (86)
Don't know (87)	1933 (87)
Don't know (88)	1932 (88)
Don't know (89)	1931 (89)
Don't know (90)	1930 (90)
Don't know (91)	1929 (91)
Don't know (92)	1928 (92)
Don't know (93)	1927 (93)
Don't know (94)	1926 (94)
Don't know (95)	1925 (95)
Don't know (96)	1924 (96)
Don't know (97)	1923 (97)
Don't know (98)	1922 (98)
Don't know (99)	1921 (99)
Don't know (100)	1920 (100)

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*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Testosterone cypionate (a specific type of testosterone)*

*And GAHORMONE\_TYPE\_NOW != Testosterone cypionate (a specific type of testosterone)*

HORMONE\_TCYPI\_STOP Please tell us when you STOPPED taking **testosterone cypionate** (a specific type of testosterone) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	Don't know (13)
Other (14)	Other (14)
Other (15)	Other (15)
Other (16)	Other (16)
Other (17)	Other (17)
Other (18)	Other (18)
Other (19)	Other (19)
Other (20)	Other (20)
Other (21)	Other (21)
Other (22)	Other (22)
Other (23)	Other (23)
Other (24)	Other (24)
Other (25)	Other (25)
Other (26)	Other (26)
Other (27)	Other (27)
Other (28)	Other (28)
Other (29)	Other (29)
Other (30)	Other (30)
Other (31)	Other (31)
Other (32)	Other (32)
Other (33)	Other (33)
Other (34)	Other (34)
Other (35)	Other (35)
Other (36)	Other (36)
Other (37)	Other (37)
Other (38)	Other (38)
Other (39)	Other (39)
Other (40)	Other (40)
Other (41)	Other (41)
Other (42)	Other (42)
Other (43)	Other (43)
Other (44)	Other (44)
Other (45)	Other (45)
Other (46)	Other (46)
Other (47)	Other (47)
Other (48)	Other (48)
Other (49)	Other (49)
Other (50)	Other (50)
Other (51)	Other (51)
Other (52)	Other (52)
Other (53)	Other (53)
Other (54)	Other (54)
Other (55)	Other (55)
Other (56)	Other (56)
Other (57)	Other (57)
Other (58)	Other (58)
Other (59)	Other (59)
Other (60)	Other (60)
Other (61)	Other (61)
Other (62)	Other (62)
Other (63)	Other (63)
Other (64)	Other (64)
Other (65)	Other (65)
Other (66)	Other (66)
Other (67)	Other (67)
Other (68)	Other (68)
Other (69)	Other (69)
Other (70)	Other (70)
Other (71)	Other (71)
Other (72)	Other (72)
Other (73)	Other (73)
Other (74)	Other (74)
Other (75)	Other (75)
Other (76)	Other (76)
Other (77)	Other (77)
Other (78)	Other (78)
Other (79)	Other (79)
Other (80)	Other (80)
Other (81)	Other (81)
Other (82)	Other (82)
Other (83)	Other (83)
Other (84)	Other (84)
Other (85)	Other (85)
Other (86)	Other (86)
Other (87)	Other (87)
Other (88)	Other (88)
Other (89)	Other (89)
Other (90)	Other (90)
Other (91)	Other (91)
Other (92)	Other (92)
Other (93)	Other (93)
Other (94)	Other (94)
Other (95)	Other (95)
Other (96)	Other (96)
Other (97)	Other (97)
Other (98)	Other (98)
Other (99)	Other (99)
Other (100)	Other (100)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Testosterone cypionate (a specific type of testosterone)

And GAHORMONE\_TYPE\_NOW != Testosterone cypionate (a specific type of testosterone)

HORMONE\_TCYPI\_STOP\_Y Because you indicated that you are no longer taking **testosterone cypionate (a specific type of testosterone)**, please tell us why you are no longer taking it. (Check all that apply.)

I no longer needed the hormones/medications. (1)

I had achieved the desired effect I wanted from the hormones/medications. (2)

I didn't like the effects of the hormones/medications. (3)

(4)

I had health or medical complications as a result of the hormones/medications.

I was unable to access them (e.g., unable to get a prescription). (5)

I was unable to afford them. (6)

Another reason(s) (please specify) (7)

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Page Break

Display This Question:

If GAHORMONE\_TYPE\_EVER = Testosterone enanthate (a specific type of testosterone)

HORMONE\_TENAN\_START Please tell us when you STARTED taking **testosterone enanthate (a specific type of testosterone)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Don't know (14)	2006 (14)
Don't know (15)	2005 (15)
Don't know (16)	2004 (16)
Don't know (17)	2003 (17)
Don't know (18)	2002 (18)
Don't know (19)	2001 (19)
Don't know (20)	2000 (20)
Don't know (21)	1999 (21)
Don't know (22)	1998 (22)
Don't know (23)	1997 (23)
Don't know (24)	1996 (24)
Don't know (25)	1995 (25)
Don't know (26)	1994 (26)
Don't know (27)	1993 (27)
Don't know (28)	1992 (28)
Don't know (29)	1991 (29)
Don't know (30)	1990 (30)
Don't know (31)	1989 (31)
Don't know (32)	1988 (32)
Don't know (33)	1987 (33)
Don't know (34)	1986 (34)
Don't know (35)	1985 (35)
Don't know (36)	1984 (36)
Don't know (37)	1983 (37)
Don't know (38)	1982 (38)
Don't know (39)	1981 (39)
Don't know (40)	1980 (40)
Don't know (41)	1979 (41)
Don't know (42)	1978 (42)
Don't know (43)	1977 (43)
Don't know (44)	1976 (44)
Don't know (45)	1975 (45)
Don't know (46)	1974 (46)
Don't know (47)	1973 (47)
Don't know (48)	1972 (48)
Don't know (49)	1971 (49)
Don't know (50)	1970 (50)
Don't know (51)	1969 (51)
Don't know (52)	1968 (52)
Don't know (53)	1967 (53)
Don't know (54)	1966 (54)
Don't know (55)	1965 (55)
Don't know (56)	1964 (56)
Don't know (57)	1963 (57)
Don't know (58)	1962 (58)
Don't know (59)	1961 (59)
Don't know (60)	1960 (60)
Don't know (61)	1959 (61)
Don't know (62)	1958 (62)
Don't know (63)	1957 (63)
Don't know (64)	1956 (64)
Don't know (65)	1955 (65)
Don't know (66)	1954 (66)
Don't know (67)	1953 (67)
Don't know (68)	1952 (68)
Don't know (69)	1951 (69)
Don't know (70)	1950 (70)
Don't know (71)	1949 (71)
Don't know (72)	1948 (72)
Don't know (73)	1947 (73)
Don't know (74)	1946 (74)
Don't know (75)	1945 (75)
Don't know (76)	1944 (76)
Don't know (77)	1943 (77)
Don't know (78)	1942 (78)
Don't know (79)	1941 (79)
Don't know (80)	1940 (80)
Don't know (81)	1939 (81)
Don't know (82)	1938 (82)
Don't know (83)	1937 (83)
Don't know (84)	1936 (84)
Don't know (85)	1935 (85)
Don't know (86)	1934 (86)
Don't know (87)	1933 (87)
Don't know (88)	1932 (88)
Don't know (89)	1931 (89)
Don't know (90)	1930 (90)
Don't know (91)	1929 (91)
Don't know (92)	1928 (92)
Don't know (93)	1927 (93)
Don't know (94)	1926 (94)
Don't know (95)	1925 (95)
Don't know (96)	1924 (96)
Don't know (97)	1923 (97)
Don't know (98)	1922 (98)
Don't know (99)	1921 (99)
Don't know (100)	1920 (100)

---

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Testosterone enanthate (a specific type of testosterone)*

*And GAHORMONE\_TYPE\_NOW != Testosterone enanthate (a specific type of testosterone)*

HORMONE\_TENAN\_STOP Please tell us when you STOPPED taking **testosterone enanthate** (a specific type of testosterone) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
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November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	Don't know (13)
Other (14)	Other (14)
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Other (59)	Other (59)
Other (60)	Other (60)
Other (61)	Other (61)
Other (62)	Other (62)
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Other (83)	Other (83)
Other (84)	Other (84)
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Other (98)	Other (98)
Other (99)	Other (99)
Other (100)	Other (100)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Testosterone enanthate (a specific type of testosterone)

And GAHORMONE\_TYPE\_NOW != Testosterone enanthate (a specific type of testosterone)

HORMONE\_TENAN\_STOP\_Y Because you indicated that you are no longer taking **testosterone enanthate (a specific type of testosterone)**, please tell us why you are no longer taking it. (Check all that apply.)

I no longer needed the hormones/medications. (1)

I had achieved the desired effect I wanted from the hormones/medications. (2)

I didn't like the effects of the hormones/medications. (3)

(4)

I had health or medical complications as a result of the hormones/medications.

I was unable to access them (e.g., unable to get a prescription). (5)

I was unable to afford them. (6)

Another reason(s) (please specify) (7)

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Page Break



Display This Question:

If GAHORMONE\_TYPE\_EVER = Testosterone undecanoate (a specific type of testosterone)

HORMONE\_TUNDE\_START Please tell us when you STARTED taking **testosterone undecanoate (a specific type of testosterone)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Don't know (14)	2006 (14)
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Don't know (18)	2002 (18)
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Don't know (21)	1999 (21)
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Don't know (26)	1994 (26)
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Don't know (28)	1992 (28)
Don't know (29)	1991 (29)
Don't know (30)	1990 (30)
Don't know (31)	1989 (31)
Don't know (32)	1988 (32)
Don't know (33)	1987 (33)
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Don't know (37)	1983 (37)
Don't know (38)	1982 (38)
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Don't know (52)	1968 (52)
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Don't know (66)	1954 (66)
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Don't know (70)	1950 (70)
Don't know (71)	1949 (71)
Don't know (72)	1948 (72)
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Don't know (79)	1941 (79)
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Don't know (81)	1939 (81)
Don't know (82)	1938 (82)
Don't know (83)	1937 (83)
Don't know (84)	1936 (84)
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Don't know (96)	1924 (96)
Don't know (97)	1923 (97)
Don't know (98)	1922 (98)
Don't know (99)	1921 (99)
Don't know (100)	1920 (100)

---

*Display This Question:*

*If GAHORMONE\_TYPE\_EVER = Testosterone undecanoate (a specific type of testosterone)*

*And GAHORMONE\_TYPE\_NOW != Testosterone undecanoate (a specific type of testosterone)*

HORMONE\_TUNDE\_STOP Please tell us when you STOPPED taking **testosterone undecanoate (a specific type of testosterone)** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
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August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	Don't know (13)
Don't know (14)	Don't know (14)
Don't know (15)	Don't know (15)
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Don't know (18)	Don't know (18)
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Don't know (31)	Don't know (31)
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Don't know (36)	Don't know (36)
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Don't know (38)	Don't know (38)
Don't know (39)	Don't know (39)
Don't know (40)	Don't know (40)
Don't know (41)	Don't know (41)
Don't know (42)	Don't know (42)
Don't know (43)	Don't know (43)
Don't know (44)	Don't know (44)
Don't know (45)	Don't know (45)
Don't know (46)	Don't know (46)
Don't know (47)	Don't know (47)
Don't know (48)	Don't know (48)
Don't know (49)	Don't know (49)
Don't know (50)	Don't know (50)

Display This Question:

If GAHORMONE\_TYPE\_EVER = Testosterone undecanoate (a specific type of testosterone)

And GAHORMONE\_TYPE\_NOW != Testosterone undecanoate (a specific type of testosterone)

HORMONE\_TUNDE\_STOP\_Y Because you indicated that you are no longer taking **testosterone undecanoate (a specific type of testosterone)**, please tell us why you are no longer taking it. (Check all that apply.)

I no longer needed the hormones/medications. (1)

I had achieved the desired effect I wanted from the hormones/medications. (2)

I didn't like the effects of the hormones/medications. (3)

(4)

I had health or medical complications as a result of the hormones/medications.

I was unable to access them (e.g., unable to get a prescription). (5)

I was unable to afford them. (6)

Another reason(s) (please specify) (7)

---

Page Break

*Display This Question:*

*If If Which hormones or medications for the purposes of gender affirmation (also called gender transiti... Another hormone/medication not listed here (please specify) Is Not Empty*

HORMONE\_OTHER\_START Please tell us when you STARTED taking **{GAHORMONE\_TYPE\_EVER/ChoiceTextEntryValue/17}** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	January (1)	February (2)	March (3)	April (4)	May (5)	June (6)	July (7)	August (8)	September (9)	October (10)	November (11)	December (12)	Don't know (13)	Never (14)	Other (15)	Other (16)	Other (17)
Year (2)	2019 (1)	2018 (2)	2017 (3)	2016 (4)	2015 (5)	2014 (6)	2013 (7)	2012 (8)	2011 (9)	2010 (10)	2009 (11)	2008 (12)	2007 (13)	2006 (14)	2005 (15)	2004 (16)	2003 (17)

Display This Question:

*If If Which hormones or medications for the purposes of gender affirmation (also called gender transiti... Another hormone/medication not listed here (please specify) Is Not Empty*

*And GAHORMONE\_TYPE\_NOW != \${q://QID1289/ChoiceTextEntryValue/17}*

HORMONE\_OTHER\_STOP Please tell us when you STOPPED taking **{GAHORMONE\_TYPE\_EVER/ChoiceTextEntryValue/17}** for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.)

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Never (14)	2006 (14)
Other (15)	2005 (15)
Other (16)	2004 (16)
Other (17)	2003 (17)
Other (18)	2002 (18)
Other (19)	2001 (19)
Other (20)	2000 (20)



Display This Question:

If If Which hormones or medications for the purposes of gender affirmation (also called gender transiti... Another hormone/medication not listed here (please specify) Is Not Empty

And GAHORMONE\_TYPE\_NOW != \${q://QID1289/ChoiceTextEntryValue/17}

HORMONE\_OTHER\_STOP\_Y Because you indicated that you are no longer taking **GAHORMONE\_TYPE\_EVER/ChoiceTextEntryValue/17**, please tell us why you are no longer taking it. (Check all that apply.)

- I no longer needed the hormones/medications. (1)
  - I had achieved the desired effect I wanted from the hormones/medications. (2)
  - I didn't like the effects of the hormones/medications. (3)
  - I had health or medical complications as a result of the hormones/medications. (4)
  - I was unable to access them (e.g., unable to get a prescription). (5)
  - I was unable to afford them. (6)
  - Another reason(s) (please specify) (7)
- 

Page Break

Display This Question:

*If brow = 1*  
*Or chin = 1*  
*Or fore = 1*  
*Or jaw = 1*  
*Or liplift = 1*  
*Or rhino = 1*  
*Or scalp = 1*  
*Or trach = 1*  
*Or vocal = 1*  
*Or breast\_aug = 1*  
*Or breast\_red = 1*  
*Or top\_inf = 1*  
*Or top\_key = 1*  
*Or ooph\_gas = 1*  
*Or salping\_gas = 1*  
*Or sch\_gas = 1*  
*Or total\_hyst\_gas = 1*  
*Or vaginect = 1*  
*Or meta = 1*  
*Or phallo = 1*  
*Or phallo\_imp = 1*  
*Or scroto = 1*  
*Or testi\_imp = 1*  
*Or orchi = 1*  
*Or labioplast = 1*  
*Or vaginoplast\_c = 1*  
*Or vaginoplast\_p = 1*  
*Or fatgraft = 1*  
*Or filler = 1*

GAS\_PORTAL\_INTRO According to information that you entered in "My Health," you have reported that you have the following gender-affirming or transition-related surgeries or procedures:

---

*Display This Question:*

*If brow = 1*

**BROW** Brow lift

---

*Display This Question:*

*If chin = 1*

**CHIN** Chin augmentation (genioplasty)

---

*Display This Question:*

*If fore = 1*

**FORE** Forehead reconstruction/contouring

---

*Display This Question:*

*If jaw = 1*

**JAW** Jaw bone revision (mandible contouring)

---

*Display This Question:*

*If liplift = 1*

**LIP** Lip lift

---

*Display This Question:*

*If rhino = 1*

**RHINO** Nose reconstruction (rhinoplasty)

---

*Display This Question:*

*If scalp = 1*

SCALP Scalp advancement

---

*Display This Question:*

*If trach = 1*

TRACH Tracheal shave (reduction thyrochondroplasty)

---

*Display This Question:*

*If vocal = 1*

VOCAL Vocal cord/voice surgery

---

*Display This Question:*

*If breast\_aug = 1*

BREAST\_AUG Breast augmentation

---

*Display This Question:*

*If breast\_red = 1*

BREAST\_RED Breast/chest reduction (total reduction mammoplasty)

---

*Display This Question:*

*If top\_inf = 1*

TOP\_INF Top surgery/chest reconstruction/mastectomy (scars under the chest)

---

*Display This Question:*

*If top\_key = 1*

TOP\_KEY Top surgery/chest reconstruction/mastectomy (keyhole, through the areola)

---

*Display This Question:*

*If ooph\_gas = 1*

OOPH\_GAS Ovary removal (oophorectomy)

---

*Display This Question:*

*If salping\_gas = 1*

SALPING\_GAS Fallopian tube removal (salpingectomy)

---

*Display This Question:*

*If sch\_gas = 1*

SCH\_GAS Uterus removal with cervix retained (supracervical hysterectomy)

---

*Display This Question:*

*If total\_hyst\_gas = 1*

TOTAL\_HYST\_GAS Uterus removal with cervix removed (total hysterectomy)

---

*Display This Question:*

*If vaginect = 1*

VAGINECT Removal of vaginal tissue (vaginectomy)

---

*Display This Question:*

*If meta = 1*

META Meta/meto or clitoral release (metoidioplasty)

---

*Display This Question:*

*If phallo = 1*

PHALLO Phallo/creation of a new penis (phalloplasty)

---

*Display This Question:*

*If phallo\_imp = 1*

PHALLO\_IMP Penile implant insertion

---

*Display This Question:*

*If scroto = 1*

SCROTO Creation of new scrotum (scrotoplasty)

---

*Display This Question:*

*If testi\_imp = 1*

TESTI\_IMP Testicular implant insertion

---

*Display This Question:*

*If orchi = 1*

ORCHI Removal of the testes (orchietomy)

---

*Display This Question:*

*If labioplast = 1*

LABIOPLAST Creation of new labia without creation of new vagina (labioplasty)

---

*Display This Question:*

*If vaginoplast\_c = 1*

VAGINOPLAST\_C Creation of a new vagina using colon graft (vaginoplasty, colon graft)

---

*Display This Question:*

*If vaginoplast\_p = 1*

VAGINOPLAST\_P Creation of a new vagina using penile tissue (vaginoplasty, penile inversion)

---

*Display This Question:*

*If fatgraft = 1*

FATGRAFT Fat grafting (e.g., face, hips, buttocks, breasts/chest)

---

*Display This Question:*

*If filler = 1*

FILLER Soft tissue filler injection (e.g., silicone)

---

Display This Question:

*If brow = 1*  
*Or chin = 1*  
*Or fore = 1*  
*Or jaw = 1*  
*Or liplift = 1*  
*Or rhino = 1*  
*Or scalp = 1*  
*Or trach = 1*  
*Or vocal = 1*  
*Or breast\_aug = 1*  
*Or breast\_red = 1*  
*Or top\_inf = 1*  
*Or top\_key = 1*  
*Or ooph\_gas = 1*  
*Or salping\_gas = 1*  
*Or total\_hyst\_gas = 1*  
*Or vaginect = 1*  
*Or meta = 1*  
*Or phallo = 1*  
*Or phallo\_imp = 1*  
*Or scroto = 1*  
*Or testi\_imp = 1*  
*Or orchi = 1*  
*Or labioplast = 1*  
*Or vaginoplast\_c = 1*  
*Or vaginoplast\_p = 1*  
*Or fatgraft = 1*  
*Or filler = 1*



GAS\_PORTAL\_CORRECT Is this list of gender-affirming or transition-related surgeries or procedures correct?

- Yes (1)
- No (0)



---

*Display This Question:*

*If GAS\_PORTAL\_CORRECT != Yes*

GAS\_AQ Have you had any gender-affirming or transition-related surgeries or procedures?

Although this question and the ones that follow about procedures may seem to repeat what you may have entered in "My Health," getting the most up-to-date information will make sure that we can customize the survey for you.

Yes (1)

No (2)

---

*Display This Question:*

*If GAS\_AQ = Yes*

GAS\_HEAD\_NECK Have you had any of the following gender-affirming or transition-related surgeries or procedures that involve your head or neck? (Check all that apply.)

- Brow lift (1)
- Chin augmentation (genioplasty) (2)
- Forehead reconstruction/contouring (3)
- Jaw bone revision (mandible contouring) (4)
- Lip lift (5)
- Nose reconstruction (rhinoplasty) (6)
- Scalp advancement (7)
- Tracheal shave (reduction thyrochondroplasty) (8)
- Vocal cord/voice surgery (9)
- None of these (10)

---

*Display This Question:*  
If GAS\_AQ = Yes

GAS\_CHEST Have you had any of the following gender-affirming or transition-related surgeries or procedures that involve your chest? (Check all that apply.)

- Breast augmentation (1)
- Breast/chest reduction (total reduction mammoplasty) (2)
- Top surgery/chest reconstruction/mastectomy (scars under the chest) (3)
- Top surgery/chest reconstruction/mastectomy (keyhole, through the areola) (4)
- None of these (5)

---

*Display This Question:*  
If GAS\_AQ = Yes

GAS\_PELVIS Have you had any of the following gender-affirming or transition-related surgeries or procedures that involve abdomen or pelvis? (Check all that apply.)

- Ovary removal (oophorectomy) (1)
  - Fallopian tube removal (salpingectomy) (2)
  - Uterus removal with cervix retained (supracervical hysterectomy) (3)
  - Uterus removal with cervix removed (total hysterectomy) (4)
  - Removal of vaginal tissue (vaginectomy) (5)
  - Meta/meto or clitoral release (metoidioplasty) (6)
  - Phallo/creation of a new penis (phalloplasty) (7)
  - Penile implant insertion (8)
  - Creation of new scrotum (scrotoplasty) (9)
  - Testicular implant insertion (10)
  - Removal of the testes (orchiectomy) (11)
  - Creation of new labia without creation of new vagina (labioplasty) (12)
  - Creation of a new vagina using colon graft (vaginoplasty, colon graft) (13)
  - Creation of a new vagina using penile tissue (vaginoplasty, penile inversion) (14)
  - None of these (15)
-

Display This Question:

If GAS\_AQ = Yes

GAS\_OTHER Last set! Have you had any of the following gender-affirming or transition-related surgeries or procedures? (Check all that apply.)

- Electrolysis (long-term hair removal) (1)
- Fat grafting (e.g., face, hips, buttocks, breasts/chest) (2)
- Soft tissue filler injection (e.g., silicone) (3)
- None of these (4)

Display This Question:

If GAS\_PORTAL\_CORRECT = Yes

Or GAS\_AQ = Yes

ADDGAS Please list up to five additional gender-affirming surgeries/procedures that you had. (One surgery/procedure per line.) If no additional surgeries/procedures, please click next.

Gender-affirming surgery/procedure 1 (1)

---

Gender-affirming surgery/procedure 2 (2)

---

Gender-affirming surgery/procedure 3 (3)

---

Gender-affirming surgery/procedure 4 (4)

---

Gender-affirming surgery/procedure 5 (5)

---

Page Break

PROMIS\_INTRO Now we are going to switch to general health considerations.

---



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)
- 



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)
- 



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)
- 



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 imaginable pain (10)

## 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



SUPP Have you EVER used the following drugs/supplements for the purpose of enhancing appearance or performance? (Check all that apply.)

- Anabolic Steroids (1)
- Protein supplements (such as whey protein, protein shakes, protein bars) (2)
- Creatine supplements (including creatine monohydrate, creatine ethyl ester, and others) (3)
- Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) (4)
- Diuretics/water pills (such as furosemide (Lasix), hydrochlorothiazide, spironolactone, and others) (5)
- I have never used these drugs or supplements. (0)

---

*Display This Question:*

*If SUPP = Anabolic Steroids*

SUPP\_WHY\_STEROIDS I use/have used **anabolic steroids** primarily for:

- Performance (including athletic performance) (1)
  - Appearance (2)
  - Both performance and appearance (3)
  - Neither performance or appearance (4)
-

Display This Question:

If SUPP = Anabolic Steroids



SUPP\_FREQ\_STEROIDS IN THE PAST 12 MONTHS, I have used **anabolic steroids** for approximately:

- Not used in the last 12 months (0)
- 1-2 months (1)
- 3-4 months (2)
- 5-6 months (3)
- 7-8 months (4)
- 9-10 months (5)
- 11-12 months (6)

---

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)
  - There is NO place (2)
  - There is MORE THAN ONE place (3)
  - I don't know (88)
- 

*Display This Question:*

*If PLACESICK = Yes*

*Or PLACESICK = There is MORE THAN ONE place*



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

Or PLACESICK = There is MORE THAN ONE place

X→

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

X→

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)

X→

TROUBLEFIND DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or health care provider who would see you?

- Yes (1)
- No (0)
- I haven't tried to see a doctor or health care provider in the past 12 months. (2)
- I don't know (88)

-----  
Page Break



PROV\_LASTYEAR DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health? (Check all that apply.)

- A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker (1)
- An optometrist, ophthalmologist, or eye doctor (someone who prescribes eye glasses) (2)
- A foot doctor (a podiatrist) (3)
- A chiropractor (4)
- A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist (5)
- A nurse practitioner, physician assistant, or midwife (6)
- A doctor who specializes in women's health (an obstetrician/gynecologist) (7)
- A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist) (8)
- A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine) (9)
- I have not seen or talked to any of these providers. (0)



SPECIALIST In the PAST 12 MONTHS, have you seen any of the following specialists? (Check all that apply.)

- I did not see any specialists (0)
- Addiction medicine specialist (1)
- Allergist or immunologist (allergy doctor) (2)
- Cardiologist (heart doctor) (3)
- Dermatologist (skin doctor) (4)
- Endocrinologist (hormone doctor) (5)
- Gastroenterologist (digestive doctor) (6)
- Hematologist (blood doctor) (7)
- Hepatologist (liver doctor) (8)
- Infectious disease specialist (9)
- Oncologist (cancer doctor) (10)
- Nephrologist (kidney doctor) (11)
- Neurologist (brain and nerve doctor) (12)
- Neurosurgeon (brain and spine surgeon) (13)
- Gynecologist (reproductive and genital/urinary doctor) (14)
- Ophthalmologist (eye doctor) (15)

- Orthopedist (bone and joint doctor) (16)
  - Otorhinolaryngologist (ear, nose, and throat doctor) (17)
  - Pain management specialist (18)
  - Plastic surgeon (repair, reconstruction, and physical replacement surgeon) (19)
  - Podiatrist (foot doctor) (20)
  - Psychiatric nurse practitioner (21)
  - Psychiatrist (mental health doctor) (22)
  - Psychologist, psychotherapist, or other mental health counselor (23)
  - Pulmonologist (lung doctor) (24)
  - Rheumatologist (joint and inflammation doctor) (25)
  - Sleep specialist (26)
  - Speech/language therapist (27)
  - Urologist (genital/urinary health doctor) (28)
  - Someone not listed here (please specify) (29)
- 
- I did not see any specialists (0)
-



PCP A primary care provider is a health care provider who takes care of your overall general health and may coordinate your care with other medical specialists. Do you have a primary care provider (PCP)?

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

*Display This Question:*

*If PCP = Yes*



PCP\_LASTYEAR Have you seen your primary care provider in the past 12 months?

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



TRANS\_DOC In the PAST 12 MONTHS, have you gone to a doctor, health care provider, or clinic for transgender-related health care (such as hormone treatment)?

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

Display This Question:

If TRANS\_DOC = Yes



TRANS\_DOCPCP Does the person or place who provides your transgender-related health care also take care of your overall general health?

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



SEX\_DOC In the PAST 12 MONTHS, have you visited a doctor, health care provider, or clinic that focuses on sexual or reproductive health (such as sexually transmitted infections, PrEP, birth control, abortion, etc.)?

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

Display This Question:

If SEX\_DOC = Yes



SEX\_DOCPCP Does the person or place who provides your sexual or reproductive health care also take care of your overall general health?

- 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 current 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 health care provider believed necessary?

- Yes (1)
- No (0)



*Display This Question:*  
If DELAYCARE = Yes



DELAYCARE\_WHY Which of these reasons describes why you were DELAYED in getting medical care, tests, or treatments you or a health care provider believed necessary? (Check all that apply.)

- I couldn't afford care (0)
  - My insurance company wouldn't approve, cover, or pay for care (1)
  - Health care provider refused to accept the insurance plan (2)
  - Problems getting to health care provider's office (3)
  - The health care provider could not schedule me in a timely fashion (13)
  - 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 thought I would be mistreated or disrespected on the basis of my sexual orientation (11)
  - I thought I would be mistreated or disrespected on the basis of my gender identity (12)
  - I couldn't get child care (8)
  - I didn't have time or took too long (9)
  - Other (please specify) (10)
-



NOCARE In the last 12 months, were you **UNABLE** to obtain medical care, tests, or treatments that you or a health care provider 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 health care provider 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)
- The health care provider could not schedule me in a timely fashion (13)
- 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 thought I would be mistreated or disrespected on the basis of my sexual orientation (11)
- I thought I would be mistreated or disrespected on the basis of my gender identity (12)
- I couldn't get child care (8)
- I didn't have time or took too long (9)
- Other (please specify) (10)

---

Page Break

ORGAN\_INTRO The next set of questions mentions body organs. 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.

---

ORGANS\_BORN To understand your health and customize this survey for you, we need to know what organs you were born with.

Note: People may have a wide range of language or terms for their physical anatomy. Some people are not comfortable with the term 'vagina' and may prefer the term 'front hole.' The PRIDE Study chooses to include both the terms 'vagina' and 'front hole' for all relevant questions to honor the preferences and comfort of our participants. Later you will have an opportunity to tell us more about language you prefer that we use.

Which of the following organs were you born with? (Check all that apply.)

- Cervix (you likely have this if you have a uterus or womb) (1)
  - Ovaries (2)
  - Penis/Phallus (this is a part of your body, not a dildo) (3)
  - Prostate (you likely have this if you were assigned male sex at birth) (4)
  - Testicles (5)
  - Uterus/Womb (6)
  - Vagina/Frontal genital opening/Front hole (7)
- 





ORGANS\_BREASTS Have you ever had breasts or breast tissue?

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

ORGANS\_NOW Which of the following organs do you have now? (Check all that apply.)

- Breasts or breast tissue (1)
  - Cervix (you likely have this if you have a uterus or womb) (2)
  - Ovaries (3)
  - Penis/Phallus (this is a part of your body, not a dildo) (4)
  - Prostate (you likely have this if you were assigned male sex at birth) (5)
  - Testicles (6)
  - Uterus/Womb (7)
  - Vagina/Frontal genital opening/Front hole (8)
- 



ORGAN\_NAMESOK The PRIDE Study is exploring new ways to ask about body parts as we recognize that the names we provided above may not apply to everyone. Do you feel that the way we asked about body parts and organs works for you?

Yes (1)

No (0)

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Page Break

---

*Display This Question:*

*If ORGAN\_NAMESOK = No*

*And If*

*ORGANS\_NOW = Breasts or breast tissue*

*Or ORGANS\_NOW = Vagina/Frontal genital opening/Front hole*

*Or ORGANS\_NOW = Penis/Phallus (this is a part of your body, not a dildo)*

*Or ORGANS\_NOW = Cervix (you likely have this if you have a uterus or womb)*

*Or ORGANS\_NOW = Ovaries*

*Or ORGANS\_NOW = Prostate (you likely have this if you were assigned male sex at birth)*

*Or ORGANS\_NOW = Testicles*

*Or ORGANS\_NOW = Uterus/Womb*

NEWORDS Please indicate which word(s) you use for the following body part(s).

Display This Choice:  
If ORGANS\_NOW = Breasts or breast tissue

Breasts or breast tissue (1)

Display This Choice:  
If ORGANS\_NOW = Cervix (you likely have this if you have a uterus or womb)

Cervix (you likely have this if you have a uterus or womb) (2)

Display This Choice:  
If ORGANS\_NOW = Ovaries

Ovaries (3)

Display This Choice:  
If ORGANS\_NOW = Penis/Phallus (this is a part of your body, not a dildo)

Penis/Phallus (this is a part of your body, not a dildo) (4)

Display This Choice:  
If ORGANS\_NOW = Prostate (you likely have this if you were assigned male sex at birth)

Prostate (you likely have this if you were assigned male sex at birth) (5)

Display This Choice:  
If ORGANS\_NOW = Testicles

Testicles (6)

Display This Choice:  
If ORGANS\_NOW = Uterus/Womb

Uterus/Womb (7)

Display This Choice:  
If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

Vagina/Frontal genital opening/Front Hole (8)



Page Break

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CANCER\_INTRO **Cancer Screening**

---

*Display This Question:*

*If ORGANS\_BORN = Cervix (you likely have this if you have a uterus or womb)*  
*Or ORGANS\_BORN = Ovaries*  
*Or ORGANS\_BORN = Uterus/Womb*  
*Or ORGANS\_BORN = Vagina/Frontal genital opening/Front hole*  
*Or ORGANS\_NOW = Cervix (you likely have this if you have a uterus or womb)*  
*Or ORGANS\_NOW = Ovaries*  
*Or ORGANS\_NOW = Uterus/Womb*  
*Or ORGANS\_NOW = Vagina/Frontal genital opening/Front hole*



PAP\_EVER Have you EVER had a Pap smear or Pap test? (A Pap smear or Pap test is a routine test in which a health care provider places an instrument inside the vagina or front hole, examines the cervix, and takes a few cells from the cervix with a small stick or brush to look for abnormal or cancer cells.)

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

---

*Display This Question:*

*If PAP\_EVER = Yes*



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*  
*And If*  
*ORGANS\_NOW = Cervix (you likely have this if you have a uterus or womb)*  
*Or ORGANS\_NOW = Ovaries*  
*Or ORGANS\_NOW = Uterus/Womb*  
*Or ORGANS\_NOW = Vagina/Frontal genital opening/Front hole*



NOPAP5YR\_WHY What is the **most important reason** you have NOT had a Pap test in the LAST 5 YEARS?

- I do not have a reason or I never thought about it (0)
- I did not know I needed this type of test (1)
- My health care provider told me I did not need it (2)
- I was told I could stop screening or I am over the age of 65 (12)
- I have not had any problems (3)
- I put it off or I did not get around to it (4)
- It was too expensive or I have no insurance (5)
- It was too painful, unpleasant, or embarrassing (6)
- I do not have a cervix or I have had a hysterectomy (7)
- I do not have a provider (8)
- I had an HPV vaccine (9)
- I don't know (10)

---

*Display This Question:*

*If PAP\_EVER = No*





NEVERPAP\_WHY What is the **most important reason** you have NEVER had a Pap test?

- I do not have a reason or I never thought about it (0)
- I did not know I needed this type of test (1)
- My health care provider told me I did not need it (2)
- I have not had any problems (3)
- I put it off or I did not get around to it (4)
- It was too expensive or I have no insurance (5)
- It was too painful, unpleasant, or embarrassing (6)
- I do not have a cervix or I have had a hysterectomy (7)
- I do not have a provider (8)
- I had an HPV vaccine (9)
- I am under the age of 21 (10)
- I don't know (11)

---

*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\_NOW = Cervix (you likely have this if you have a uterus or womb)*

*Or ORGANS\_NOW = Ovaries*

*Or ORGANS\_NOW = Uterus/Womb*



HPV\_HEARD Have you ever heard of HPV? HPV stands for human papillomavirus. Some types of HPV increase risk for cervical or anal cancer while others do not.

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

---

*Display This Question:*

*If HPV\_HEARD = Yes*

*And PAP\_EVER = Yes*



HPV\_RECENTPAP An HPV test is sometimes added to the Pap test for cervical cancer screening. Did you have an 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 cervical 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 = Yes*



MAMMO\_EVER Have you EVER HAD a mammogram? A mammogram is when breast tissue is squeezed between two firm surfaces to obtain X-rays/pictures of the breast tissue.

- 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 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\_BORN = Prostate (you likely have this if you were assigned male sex at birth)  
Or ORGANS\_NOW = 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 health care provider 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



PSA\_ADVANT Did a doctor or health care provider EVER talk with you about the advantages of the PSA test?

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



DRE IN THE LAST YEAR, have you had a digital anal rectal examination performed by a doctor or health care provider? This is when the doctor or health care provider inserts their finger into your anus (butt).

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

ANORECTCA\_SCREEN Have you EVER had any of the following tests as an evaluation for anal or rectal cancer? (Check all that apply.)

- Digital anal rectal exam (an examination with a health care provider's finger) (1)
- Anal HPV test (a routine test with a swab that tests for human papillomavirus, HPV) (2)
- Anal Pap smear (a routine test in which a health care provider takes a few cells from the anus using a swab to look for abnormal or cancer cells) (3)
- High-Resolution Anoscopy (HRA) (an exam with a microscope of the rectum and anus) (4)
- I don't know (5)
- None of these (6)

---

*Display This Question:*  
If ANORECTCA\_SCREEN = Digital anal rectal exam (an examination with a health care provider's finger)



ANORECTCA\_SCREEN\_DRE Was your digital anal/rectal examination test ever abnormal?

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

---

*Display This Question:*  
If ANORECTCA\_SCREEN = Anal HPV test (a routine test with a swab that tests for human papillomavirus, HPV)



ANORECTA\_SCREEN\_HPV Was your anal HPV test ever abnormal?

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

---

*Display This Question:*

*If ANORECTCA\_SCREEN = Anal Pap smear (a routine test in which a health care provider takes a few cells from the anus using a swab to look for abnormal or cancer cells)*



ANORECTCA\_SCREEN\_PAP Was your anal Pap smear ever abnormal?

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

---

*Display This Question:*

*If ANORECTCA\_SCREEN = High-Resolution Anoscopy (HRA) (an exam with a microscope of the rectum and anus)*



ANORECTCA\_SCREEN\_HRA Was your high-resolution anoscopy (HRA) ever abnormal?

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





COLON\_DISCUSS Have you and your doctor or other health care provider ever DISCUSSED getting a test to check for colon or rectal cancer?

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



COLON\_TEST Colon or rectal 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 or rectal 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 = Blood stool test (FIT test)



FIT\_ABNL Have you EVER had a blood stool test (FIT) where the results were NOT normal?

- Yes (1)
  - No (2)
  - 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 = Sigmoidoscopy*



SIG\_ABNL Have you EVER had a sigmoidoscopy where the results were NOT normal?

- Yes (1)
- No (2)
- 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)

---

*Display This Question:*  
If COLON\_TEST = Colonoscopy



COL\_ABNL Have you EVER had a colonoscopy where the results were NOT normal?

- Yes (1)
- No (2)
- I don't know (88)

---

Page Break

## 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.)

---

## 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)



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)
- I thought I would be mistreated or disrespected on the basis of my sexual orientation (10)
- I thought I would be mistreated or disrespected on the basis of my gender identity (11)
- I thought I would be mistreated or disrespected on the basis of my HIV status (12)
- Other (13) \_\_\_\_\_



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)

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





## SEXHEALTH\_OPTOUT **Sexual Health and Activities**

The next questions will ask you about your sexual activities including specific sexual behaviors and acts.

If you wish to opt out of this survey because of this, please indicate below.

- I wish to answer this section. (1)
- I wish to skip this section. (0)

*Skip To: STI\_INTRO If SEXHEALTH\_OPTOUT = I wish to skip this section.*



SEX\_PASTYR Have you engaged in **any** kind of sexual activity with another person in the **PAST 12 MONTHS?**

- Yes (1)
- No (0)

*Display This Question:*

*If SEX\_PASTYR != Yes*



SEX\_EVER Have you **EVER** engaged in **any** kind of sexual activity **with** another person?

- Yes (1)
- No (0)

*Display This Question:*

*If SEX\_PASTYR = Yes*



SEXPARTNER\_GENDER\_YR Thinking about all your sexual partner(s) from the LAST 12 MONTHS, what is the gender identity of your sexual partner(s)? (Check all that apply.) We

use the term 'cisgender' to describe someone whose current gender identity is consistent with their sex assigned at birth and 'transgender' to describe someone whose current gender identity is different than their sex assigned at birth.

- I didn't have any sexual partners in the LAST 12 MONTHS (0)
  - Cisgender man (identifies as a man and was assigned male sex at birth) (1)
  - Cisgender woman (identifies as a woman and was assigned female sex at birth) (2)
  - Transgender man (identifies as a man and was assigned female sex at birth) (3)
  - Transgender woman (identifies as a woman and was assigned male sex at birth) (4)
  - Genderqueer/non-binary/gender non-conforming individual(s) who were assigned female sex at birth (5)
  - Genderqueer/non-binary/gender non-conforming individual(s) who were assigned male sex at birth (6)
  - Person of another gender(s) (please specify) (7)
- 
- I don't know (88)
  - Decline to state (89)

Display This Question:  
If SEX\_PASTYR = Yes  
Or SEX\_EVER = Yes



SEXPARTNER\_GENDER\_LI Thinking about all your sexual partner(s) IN YOUR LIFE, what is the gender identity of your sexual partner(s)? (Check all that apply.) We use the term

'cisgender' to describe someone whose current gender identity is consistent with their sex assigned at birth and 'transgender' to describe someone whose current gender identity is different than their sex assigned at birth.

- Cisgender man (identifies as a man and was assigned male sex at birth) (1)
  - Cisgender woman (identifies as a woman and was assigned female sex at birth) (2)
  - Transgender man (identifies as a man and was assigned female sex at birth) (3)
  - Transgender woman (identifies as a woman and was assigned male sex at birth) (4)
  - Genderqueer/non-binary/gender non-conforming individual(s) who were assigned female sex at birth (5)
  - Genderqueer/non-binary/gender non-conforming individual(s) who were assigned male sex at birth (6)
  - Person of another gender(s) (please specify) (7)
- 
- I don't know (88)
  - Decline to state (0)

Page Break

Display This Question:

If SEX\_PASTYR = Yes

And ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

VAGSEX\_VAG\_YR IN THE LAST 12 MONTHS, have you had receptive vaginal/front hole sex? This means a penis/phallus (this is a part of another person's body, not a dildo) in your vagina/front hole.

Yes (1)

No (2)

-----  
Display This Question:

If SEX\_EVER = Yes

And VAGSEX\_VAG\_YR != Yes

And ORGANS\_NOW = Vagina/Frontal genital opening/Front hole



VAGSEX\_VAG Have you **ever** had receptive vaginal/front hole sex? This means a penis/phallus (this is a part of another person's body, not a dildo) in your vagina/front hole.

Yes (1)

No (0)

-----  
Display This Question:

If VAGSEX\_VAG\_YR = Yes

VAGSEX\_VAG\_FREQ How often do you have receptive vaginal/front hole sex? This means a penis/phallus (this is a part of another person's body, not a dildo) in your vagina/front hole.

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

*Display This Question:*

*If SEX\_PASTYR = Yes*

*And ORGANS\_NOW = Penis/Phallus (this is a part of your body, not a dildo)*

VAGSEX\_PEN\_YR IN THE LAST 12 MONTHS, have you had insertive vaginal/front hole sex? This means putting your penis/phallus (this is a part of your body, not a dildo) in someone's vagina/front hole.

- Yes (1)
- No (2)

---

*Display This Question:*

*If SEX\_EVER = Yes*

*And VAGSEX\_PEN\_YR != Yes*

*And ORGANS\_NOW = Penis/Phallus (this is a part of your body, not a dildo)*



VAGSEX\_PEN Have you **ever** had insertive vaginal/front hole sex? This means putting your penis/phallus (this is a part of your body, not a dildo) in someone's vagina/front hole.

- Yes (1)
- No (0)

---

*Display This Question:*  
If VAGSEX\_PEN\_YR = Yes

VAGSEX\_PEN\_FREQ How often do you have insertive vaginal/front hole sex? This means putting your penis/phallus (this is a part of your body, not a dildo) in someone's vagina/front hole.

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

Page Break

Display This Question:

If SEX\_PASTYR = Yes

And ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

VAG2VAG\_YR IN THE LAST 12 MONTHS, have you had sex where your vagina/front hole is touching another person's vagina/front hole?

Yes (1)

No (2)

---

Display This Question:

If SEX\_EVER = Yes

And VAG2VAG\_YR != Yes



VAG2VAG Have you **ever** had sex where your vagina/front hole is touching another person's vagina/front hole?

Yes (1)

No (0)

---

Display This Question:

If VAG2VAG\_YR = Yes

And ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

VAG2VAG\_FREQ How often do you have sex where your vagina/front hole is touching another person's vagina/front hole?

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

*Display This Question:*  
If SEX\_PASTYR = Yes



ORAL\_GIVE\_PASTYR Have you **performed** oral sex in the **LAST 12 MONTHS**? This means putting your mouth on another person's genitals. (Check all that apply.)

- Yes, on a person with a penis/phallus (this is a part of another person's body, not a dildo) (1)
- Yes, on a person with a vagina/front hole (2)
- No (0)

---

*Display This Question:*  
If ORAL\_GIVE\_PASTYR != Yes, on a person with a penis/phallus (this is a part of another person's body, not a dildo)  
And ORAL\_GIVE\_PASTYR != Yes, on a person with a vagina/front hole  
And If  
SEX\_EVER = Yes





ORAL\_GIVE\_EVER 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 (this is a part of another person's body, not a dildo) (1)
- Yes, on a person with a vagina/front hole (2)
- No (0)

---

*Display This Question:*

*If ORAL\_GIVE\_PASTYR = Yes, on a person with a penis/phallus (this is a part of another person's body, not a dildo)*

ORAL\_GIVE\_PEN\_FREQ How often do you perform oral sex on a person with a penis/phallus (this is a part of another person's body, not a dildo)?

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

*Display This Question:*

*If ORAL\_GIVE\_PASTYR = Yes, on a person with a vagina/front hole*

ORAL\_GIVE\_VAG\_FREQ How often do you perform oral sex on a person with a vagina/front hole?

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

*Display This Question:*

*If SEX\_PASTYR = Yes*



ORAL\_GET\_PASTYR Have you **received** oral sex in the **LAST 12 MONTHS**? This means someone put their mouth on your genitals.

- Yes (1)
- No (0)

---

*Display This Question:*

*If SEX\_EVER = Yes*

*And ORAL\_GET\_PASTYR != Yes*



ORAL\_GET\_EVER Have you **EVER received** oral sex? This means someone put their mouth on your genitals.

- Yes (1)
  - No (0)
-

Display This Question:

If ORAL\_GET\_PASTYR = Yes

ORAL\_GET\_FREQ How often have you received oral sex? This means someone put their mouth on your genitals.

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

Page Break

*Display This Question:*

*If SEX\_PASTYR = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening/Front hole*

ANAL\_VAG\_YR IN THE PAST 12 MONTHS, have you had anal sex? This means contact between a penis/phallus (this is a part of another person's body, not a dildo) and your anus or butt.

Yes (1)

No (2)

---

*Display This Question:*

*If SEX\_EVER = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening/Front hole*

*And ANAL\_VAG\_YR != Yes*



ANAL\_VAG\_EVER Have you **ever** had anal sex? This means contact between a penis/phallus (this is a part of another person's body, not a dildo) and your anus or butt.

Yes (1)

No (0)

---

*Display This Question:*

*If ANAL\_VAG\_YR = Yes*

ANAL\_VAG\_FREQ How often do you have anal sex? This means contact between a penis/phallus (this is a part of another person's body, not a dildo) and your anus or butt.

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

*Display This Question:*  
If SEX\_PASTYR = Yes  
And ORGANS\_NOW = Penis/Phallus (this is a part of your body, not a dildo)



ANAL\_PEN\_PASTYR Have you had anal sex in the **LAST 12 MONTHS**? (Check all that apply.)

- Yes, I have had contact between my penis/phallus (this is a part of my body, not a dildo) and someone's anus or butt (also known as insertive anal sex or "topping") (1)
- Yes, I have had contact between someone's penis/phallus (this is a part of my body, not a dildo) and my anus or butt (also known as receptive anal sex or "bottoming") (2)
- No (0)

Display This Question:

If SEX\_EVER = Yes

And ORGANS\_NOW = Penis/Phallus (this is a part of your body, not a dildo)

And ANAL\_PEN\_PASTYR != Yes, I have had contact between my penis/phallus (this is a part of my body, not a dildo) and someone's anus or butt (also known as <u>insertive</u> anal sex or "topping")

And ANAL\_PEN\_PASTYR != Yes, I have had contact between someone's penis/phallus (this is a part of my body, not a dildo) and my anus or butt (also known as <u>receptive</u> anal sex or "bottoming")



ANAL\_PEN\_EVER Have you **EVER** had anal sex? (Check all that apply.)

- Yes, I have had contact between my penis/phallus (this is a part of my body, not a dildo) and someone's anus or butt (also known as insertive anal sex or "topping") (1)
- Yes, I have had contact between someone's penis/phallus (this is a part of my body, not a dildo) and my anus or butt (also known as receptive anal sex or "bottoming") (2)
- No (0)

Display This Question:

If ANAL\_PEN\_PASTYR = Yes, I have had contact between my penis/phallus (this is a part of my body, not a dildo) and someone's anus or butt (also known as <u>insertive</u> anal sex or "topping")

ANAL\_PEN\_INSERT\_FREQ How often do you have contact between your penis/phallus (a part of your body, not a dildo) and someone's anus or butt (also known as insertive anal sex or "topping")?

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

Display This Question:

If ANAL\_PEN\_PASTYR = Yes, I have had contact between someone's penis/phallus (this is a part of my body, not a dildo) and my anus or butt (also known as <u>receptive</u> anal sex or "bottoming")

ANAL\_PEN\_RECEP\_FREQ How often do you have contact between someone's penis/phallus (a part of another person's body, not a dildo) and your anus or butt (also known as receptive anal sex or "bottoming")?

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

Page Break

Display This Question:

If SEX\_PASTYR = Yes

RIM\_PASTYR Have you performed oral-anal sex (also called "rimming") in the **LAST 12 MONTHS**? This means contact between your mouth and someone's anus or butt.

Yes (1)

No (2)

---

Display This Question:

If SEX\_EVER = Yes

And RIM\_PASTYR != Yes



RIM\_EVER 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 RIM\_PASTYR = Yes



RIM\_FREQ How often do you perform oral-anal sex (also called "rimming")? This means contact between your mouth and someone's anus or butt.

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

*Display This Question:*  
If SEX\_PASTYR = Yes



FINGER\_PASTYR Have you **performed** digital penetration (also called "fingering") in the **LAST 12 MONTHS**? 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  
And FINGER\_PASTYR != Yes, I have had contact between my finger(s) and someone's vagina/front hole  
And FINGER\_PASTYR != Yes, I have had contact between my finger(s) and someone's anus or butt



FINGER\_EVER 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 FINGER\_PASTYR = Yes, I have had contact between my finger(s) and someone's vagina/front hole*

FINGER\_VAG\_FREQ How often do you perform digital penetration (also called "fingering") by putting your fingers into someone's vagina/front hole?

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

*Display This Question:*

*If FINGER\_PASTYR = Yes, I have had contact between my finger(s) and someone's anus or butt*

FINGER\_ANAL\_FREQ How often do you perform digital penetration (also called "fingering") by putting your fingers into someone's anus or butt?

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

Page Break

Display This Question:

If SEX\_PASTYR = Yes

X→

SEXTOY\_PASTYR Have you used sex toys (such as dildos) with a sexual partner in the **LAST 12 MONTHS**? (Check all that apply.)

- Yes, I inserted the sex toy into someone's body (1)
- Yes, I received the sex toy into my body (2)
- No (0)

Display This Question:

If SEX\_EVER = Yes

And SEXTOY\_PASTYR != Yes, I inserted the sex toy into someone's body

And SEXTOY\_PASTYR != Yes, I received the sex toy into my body

X→

SEXTOY\_EVER Have you **EVER** used sex toys (such as dildos) with a sexual partner?

- Yes, I inserted the sex toy into someone's body (1)
- Yes, I received the sex toy into my body (2)
- No (0)

Display This Question:

If SEXTOY\_PASTYR = Yes, I inserted the sex toy into someone's body

SEXTOYUSE\_INSERT\_FRE How often do you insert a sex toy into someone's body?

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

*Display This Question:*  
*If SEXTOY\_PASTYR = Yes, I received the sex toy into my body*

SEXTOYUSE\_RECEP\_FREQ How often do you receive a sex toy into your body?

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

---

Page Break

Display This Question:  
If SEX\_EVER = Yes

SEX\_OTHER Please tell us about other kinds of sex that you have.

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---

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Page Break

Display This Question:

If SEX\_EVER = Yes



DEBUT How old were you the first time you had **any** kind of sex with another person including vaginal/front hole, oral, and anal? (Do not include masturbation.)

---

Display This Question:

If SEX\_EVER = Yes



SEXPART\_LIFE In your **lifetime**, with how many different people have you had **any** kind of sex? (If you are unsure, please estimate as best you can.)

---

Display This Question:

If SEX\_PASTYR = Yes



SEXPART\_YEAR In the **past 12 months**, with how many different people have you had **any** kind of sex? (If you are unsure, please estimate as best you can.)

---

Display This Question:

If VAGSEX\_VAG\_YR = Yes



VAGSEX\_YEAR\_VAG In the **past 12 months**, with how many people have you had receptive vaginal/front hole sex? (This means someone put their penis/phallus (this is a part of another person's body, not a dildo) in your vagina/front hole.)

---

Display This Question:

If In the past 12 months, with how many people have you had receptive vaginal/front hole sex?  
(This... Text Response Is Greater Than or Equal to 1



VAGSEX\_RECEP\_NOCON In the **past 12 months**, about how often have you had receptive 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\_RECEP\_NOCON = Less than half of the time

Or VAGSEX\_RECEP\_NOCON = About half of the time

Or VAGSEX\_RECEP\_NOCON = Not always, but more than half of the time

Or VAGSEX\_RECEP\_NOCON = Always



VAGSEX\_RECEP\_QUANT In the **past 12 months**, with how many different people have you had receptive vaginal/front hole sex without a condom?

---

---

Display This Question:

If VAGSEX\_PEN\_YR = Yes



VAGSEX\_YEAR\_PEN In the **past 12 months**, with how many people have you had insertive vaginal/front hole sex? (This means you put your penis/phallus (this is a part of your body, not a dildo) in someone's vagina/front hole.)

---



---

Display This Question:

If In the past 12 months, with how many people have you had insertive vaginal/front hole sex?  
(This... Text Response Is Greater Than or Equal to 1



VAGSEX\_INSERT\_NOCON In the **past 12 months**, about how often have you had insertive 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\_INSERT\_NOCON = Less than half of the time  
Or VAGSEX\_INSERT\_NOCON = About half of the time  
Or VAGSEX\_INSERT\_NOCON = Not always, but more than half of the time  
Or VAGSEX\_INSERT\_NOCON = Always



VAGSEX\_INSERT\_QUANT In the **past 12 months**, with how many different people have you had insertive vaginal/front hole sex without a condom?

---

---

Page Break

Display This Question:

If ANAL\_VAG\_YR = Yes



ANALSEX\_YEAR In the **past 12 months**, with how many people have you "bottomed" or had receptive anal sex? (This means contact between a penis/phallus (this is a part of another person's body, not a dildo) and your anus or butt.) (If you are unsure, please estimate as best you can.)

---

Display This Question:

If In the past 12 months, with how many people have you "bottomed" or had receptive anal sex? (This... Text Response Is Greater Than or Equal to 1



ANALSEX\_NOCON In the **past 12 months**, about how often have you "bottomed" or had receptive anal sex without using a condom? (This means contact between a penis/phallus (a part of another person's body, not a dildo) 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 "bottomed" or had receptive anal sex without a condom? (This means contact between a penis/phallus (this is a part of another person's body, not a dildo) and your anus or butt.)

---

---

Page Break

---

Display This Question:

If ANAL\_PEN\_PASTYR = Yes, I have had contact between my penis/phallus (this is a part of my body, not a dildo) and someone's anus or butt (also known as <u>insertive</u> anal sex or "topping")



TOP\_YEAR In the **past 12 months**, with how many people have you "topped" or had insertive anal sex? (This means contact between your penis/phallus (this is a part of your body, not a dildo) and someone's anus or butt.)

---

Display This Question:

If In the past 12 months, with how many people have you "topped" or had insertive anal sex? (This me... Text Response Is Greater Than or Equal to 1



TOP\_NOCON In the **past 12 months**, about how often have you "topped" or had insertive anal sex without using a condom? (This means contact between your penis/phallus (this is a part of your body, not a dildo) and someone's 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 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 "topped" or had insertive anal sex without a condom? (This means contact between your

penis/phallus (this is a part of your body, not a dildo) and someone's anus or butt.) (If you are unsure, please estimate as best you can.)

---

---

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)

---

*Display This Question:*

*If MEDHX2 != HIV*

*And hiv != 1*



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 in the last 12 months?

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

---

*Display This Question:*  
*If HIVTEST\_EVER = Yes*  
*And MEDHX2 != HIV*  
*And hiv != 1*



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



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. Regardless of your current HIV status, have you ever heard of PREP before today?

- 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 for yourself or others?

- 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



PREP\_NOW Are you CURRENTLY on PrEP to prevent HIV infection?

- Yes (1)
- No (0)

---

*Display This Question:*  
If PREP\_NOW = Yes



PREP\_STUDY Are you currently on PrEP as part of a clinical or research study?

- Yes (1)
- No (0)

---

*Display This Question:*  
If PREP\_NOW = Yes



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



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



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.)

And If

PREP\_LEARNMORE = Yes

And If

MEDHX2 != HIV

And If

hiv = 0

Or hiv = 99

PREPRESOURCES\_A If you are interested in learning more about PrEP, we encourage you to check out the following resources and talk with your medical provider. For information about PrEP from the Centers for Disease Control and Prevention, please visit: [cdc.gov/hiv/risk/prep/](https://cdc.gov/hiv/risk/prep/)

To find a PrEP provider near you, please visit: [pleaseprepme.org](https://pleaseprepme.org) For information on programs to help pay for PrEP, please visit: [gilead.com/responsibility/us-patient-access](https://gilead.com/responsibility/us-patient-access)

Display This Question:

If HIVSTATUS = Positive (I have HIV.)

Or MEDHX2 = HIV

Or hiv = 1

PREPRESOURCES\_B Although PrEP is for individuals who are HIV negative, we want to share more information about PrEP with individuals who are living with HIV in case they wish to pass this along to other individuals close to them. For information about PrEP from the Centers for Disease Control and Prevention, please visit: [cdc.gov/hiv/risk/prep/](https://cdc.gov/hiv/risk/prep/) To find a PrEP provider near you, please visit: [pleaseprepme.org](https://pleaseprepme.org) For information on programs to help pay for PrEP, please visit: [gilead.com/responsibility/us-patient-access](https://gilead.com/responsibility/us-patient-access)

Page Break



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. Regardless of your HIV status, have you ever heard of PEP (post-exposure prophylaxis)?

- Yes (1)
- No (0)

---

*Display This Question:*  
If PEP\_HEARD = Yes



PEP\_EVER Regardless of your current HIV status, have you EVER taken anti-HIV medications (PEP) AFTER potentially being exposed to HIV?

- Yes (1)
- No (0)

---

Page Break



Display This Question:

If HIVSTATUS = Positive (I have HIV.)

Or MEDHX2 = HIV

Or hiv = 1



HIVDOC Do you have a doctor or other health care provider who manages your HIV care? This person may be the same 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 health care provider?

- Monthly (0)
- Every 1-3 months (1)
- Every 4-6 months (2)
- Every 7-12 months (3)
- Less than every 12 months (4)

Display This Question:

If HIVSTATUS = Positive (I have HIV.)

Or MEDHX2 = HIV

Or hiv = 1



HIVLABS How frequently do you have HIV blood work (lab tests) done?

- Monthly (1)
- Every 1-3 months (2)
- Every 4-6 months (3)
- Every 7-12 months (4)
- Less than every 12 months (5)
- I don't know (88)
- I have never had these lab tests done (0)

---

*Display This Question:*  
If HIVSTATUS = Positive (I have HIV.)  
Or MEDHX2 = HIV  
Or hiv = 1

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.)  
Or MEDHX2 = HIV  
Or hiv = 1



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.”

- Within the last month (1)
- 1-3 months ago (2)
- 4-6 months ago (3)
- 7-12 months ago (4)
- More than 1 year ago (5)
- I don't know (88)
- I have never had my HIV viral load checked (0)

---

*Display This Question:*  
*If HIVSTATUS = Positive (I have HIV.)*  
*Or MEDHX2 = HIV*  
*Or hiv = 1*

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 protect 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)



HPVSHOT Have you ever received an HPV shot or vaccine? HPV stands for human papillomavirus. The vaccines are sometimes called CERVARIX® or GARDASIL®. The HPV vaccine is given as a three-dose series routinely to people from age 9-26. It was released in 2006.

- Yes (1)
- No (0)
- Doctor refused when asked (2)
- I don't know (88)

---

*Display This Question:*  
If HPVSHOT = Yes



HPVQUANT How many HPV vaccine shots did you have?

- One (1)
- Two (2)
- Three (3)
- I don't know (88)

---

Page Break

## REPRO\_INTRO Reproductive History

---

Display This Question:

If *ORGANS\_BORN* = Testicles

Or *ORGANS\_BORN* = Penis/Phallus (this is a part of your body, not a dildo)

Or *SAAB* = Male



*PREGNANT\_SPERM* Has your sperm (also known as semen, cum, nut, ejaculate) EVER resulted in a pregnancy?

Yes (1)

No (0)

I don't know (88)

---

Display This Question:

If *PREGNANT\_SPERM* = Yes



*PREGNANT\_SPERM\_QUANT* How many pregnancies? (If you are unsure, please estimate.)

---

Display This Question:

If *ORGANS\_BORN* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_BORN* = Ovaries

Or *ORGANS\_BORN* = Uterus/Womb

Or *ORGANS\_BORN* = Vagina/Frontal genital opening/Front hole

Or *ORGANS\_NOW* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_NOW* = Ovaries

Or *ORGANS\_NOW* = Uterus/Womb



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(s) that you have not had a period **in the past 12 months**? (Check all that apply.)

- Pregnancy (1)
  - Breastfeeding/chestfeeding (2)
  - Hysterectomy (removal of the uterus) (3)
  - Menopause/change of life (4)
  - Hormones, medications, or devices (like an IUD) to stop my periods (5)
  - Other (please specify) (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 *ORGANS\_BORN* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_BORN* = Ovaries

Or *ORGANS\_BORN* = Uterus/Womb

Or *ORGANS\_BORN* = Vagina/Frontal genital opening/Front hole

Or *ORGANS\_NOW* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_NOW* = Ovaries

Or *ORGANS\_NOW* = Uterus/Womb

**PREG\_INTRO** The next questions are about pregnancy planning and your pregnancy history, if applicable.

---

Display This Question:

If *ORGANS\_NOW* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_NOW* = Ovaries

Or *ORGANS\_NOW* = Uterus/Womb



**PREG\_PLAN** Are you personally planning to be pregnant in the next year?

Yes (1)

No (0)

I don't know (88)

---

Display This Question:

If *ORGANS\_NOW* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_NOW* = Ovaries

Or *ORGANS\_NOW* = Uterus/Womb

Or *ORGANS\_BORN* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_BORN* = Ovaries

Or *ORGANS\_BORN* = Uterus/Womb

Or *ORGANS\_BORN* = Vagina/Frontal genital opening/Front hole



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 ORGANS\_NOW = Cervix (you likely have this if you have a uterus or womb)  
Or ORGANS\_NOW = Ovaries  
Or ORGANS\_NOW = Uterus/Womb  
Or ORGANS\_BORN = Cervix (you likely have this if you have a uterus or womb)  
Or ORGANS\_BORN = Ovaries  
Or ORGANS\_BORN = Uterus/Womb  
Or ORGANS\_BORN = Vagina/Frontal genital opening/Front hole*



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 ORGANS\_NOW = Cervix (you likely have this if you have a uterus or womb)

Or ORGANS\_NOW = Ovaries

Or ORGANS\_NOW = Uterus/Womb

Or ORGANS\_BORN = Cervix (you likely have this if you have a uterus or womb)

Or ORGANS\_BORN = Ovaries

Or ORGANS\_BORN = Uterus/Womb

Or ORGANS\_BORN = Vagina/Frontal genital opening/Front hole



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 ORGANS\_NOW = Cervix (you likely have this if you have a uterus or womb)

Or ORGANS\_NOW = Ovaries

Or ORGANS\_NOW = Uterus/Womb

Or ORGANS\_BORN = Cervix (you likely have this if you have a uterus or womb)

Or ORGANS\_BORN = Ovaries

Or ORGANS\_BORN = Uterus/Womb

Or ORGANS\_BORN = Vagina/Frontal genital opening/Front hole



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 `ORGANS_NOW` = Cervix (you likely have this if you have a uterus or womb)

Or `ORGANS_NOW` = Ovaries

Or `ORGANS_NOW` = Uterus/Womb

And If

`PREG_EVER` = Yes



`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 when you became pregnant with 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\_FIRST Please tell us the month and year of your FIRST live birth.

Month (1)	Year (2)
January (1)	2019 (1)
February (2)	2018 (2)
March (3)	2017 (3)
April (4)	2016 (4)
May (5)	2015 (5)
June (6)	2014 (6)
July (7)	2013 (7)
August (8)	2012 (8)
September (9)	2011 (9)
October (10)	2010 (10)
November (11)	2009 (11)
December (12)	2008 (12)
Don't know (13)	2007 (13)
Refused (14)	2006 (14)
Other (15)	2005 (15)
Other (16)	2004 (16)
Other (17)	2003 (17)
Other (18)	2002 (18)
Other (19)	2001 (19)
Other (20)	2000 (20)
Other (21)	1999 (21)
Other (22)	1998 (22)
Other (23)	1997 (23)
Other (24)	1996 (24)
Other (25)	1995 (25)
Other (26)	1994 (26)
Other (27)	1993 (27)
Other (28)	1992 (28)
Other (29)	1991 (29)
Other (30)	1990 (30)
Other (31)	1989 (31)
Other (32)	1988 (32)
Other (33)	1987 (33)
Other (34)	1986 (34)
Other (35)	1985 (35)
Other (36)	1984 (36)
Other (37)	1983 (37)
Other (38)	1982 (38)
Other (39)	1981 (39)
Other (40)	1980 (40)
Other (41)	1979 (41)
Other (42)	1978 (42)
Other (43)	1977 (43)
Other (44)	1976 (44)
Other (45)	1975 (45)
Other (46)	1974 (46)
Other (47)	1973 (47)
Other (48)	1972 (48)
Other (49)	1971 (49)
Other (50)	1970 (50)
Other (51)	1969 (51)
Other (52)	1968 (52)
Other (53)	1967 (53)
Other (54)	1966 (54)
Other (55)	1965 (55)
Other (56)	1964 (56)
Other (57)	1963 (57)
Other (58)	1962 (58)
Other (59)	1961 (59)
Other (60)	1960 (60)
Other (61)	1959 (61)
Other (62)	1958 (62)
Other (63)	1957 (63)
Other (64)	1956 (64)
Other (65)	1955 (65)
Other (66)	1954 (66)
Other (67)	1953 (67)
Other (68)	1952 (68)
Other (69)	1951 (69)
Other (70)	1950 (70)
Other (71)	1949 (71)
Other (72)	1948 (72)
Other (73)	1947 (73)
Other (74)	1946 (74)
Other (75)	1945 (75)
Other (76)	1944 (76)
Other (77)	1943 (77)
Other (78)	1942 (78)
Other (79)	1941 (79)
Other (80)	1940 (80)
Other (81)	1939 (81)
Other (82)	1938 (82)
Other (83)	1937 (83)
Other (84)	1936 (84)
Other (85)	1935 (85)
Other (86)	1934 (86)
Other (87)	1933 (87)
Other (88)	1932 (88)
Other (89)	1931 (89)
Other (90)	1930 (90)
Other (91)	1929 (91)
Other (92)	1928 (92)
Other (93)	1927 (93)
Other (94)	1926 (94)
Other (95)	1925 (95)
Other (96)	1924 (96)
Other (97)	1923 (97)
Other (98)	1922 (98)
Other (99)	1921 (99)
Other (100)	1920 (100)



Display This Question:

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 2

PREG\_LIVEBIRTH\_LAST Please tell us the month and year of your MOST RECENT live birth.

Month (1)	January (1)	February (2)	March (3)	April (4)	May (5)	June (6)	July (7)	August (8)	September (9)	October (10)	November (11)	December (12)	Don't know (13)	Refused to answer (14)	Other (15)	Other (16)	Other (17)	Other (18)	Other (19)	Other (20)
Year (2)	(019)	(018)	(017)	(016)	(015)	(014)	(013)	(012)	(011)	(010)	(009)	(008)	(007)	(006)	(005)	(004)	(003)	(002)	(001)	(000)

---

Display This Question:

If *ORGANS\_BORN* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_BORN* = Ovaries

Or *ORGANS\_BORN* = Uterus/Womb

Or *ORGANS\_BORN* = Vagina/Frontal genital opening/Front hole

Or *ORGANS\_NOW* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_NOW* = Ovaries

Or *ORGANS\_NOW* = Uterus/Womb

Or *ORGANS\_NOW* = Breasts or breast tissue



**BREASTFED** Have you **ever** breast/chest fed a child?

Yes (1)

No (0)

---

Display This Question:

If *BREASTFED* = Yes

And If

*ORGANS\_BORN* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_BORN* = Ovaries

Or *ORGANS\_BORN* = Uterus/Womb

Or *ORGANS\_BORN* = Vagina/Frontal genital opening/Front hole

Or *ORGANS\_NOW* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_NOW* = Ovaries

Or *ORGANS\_NOW* = Uterus/Womb



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)

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Page Break

Display This Question:

If `ORGANS_NOW` = Uterus/Womb

Or `ORGANS_NOW` = Cervix (you likely have this if you have a uterus or womb)

Or `ORGANS_NOW` = Ovaries

Or `ORGANS_BORN` = Cervix (you likely have this if you have a uterus or womb)

Or `ORGANS_BORN` = Ovaries

Or `ORGANS_BORN` = Uterus/Womb

Or `ORGANS_BORN` = Vagina/Frontal genital opening/Front hole



`BIRTHCONTROL_EVER` Have you EVER used any type of method for birth control (prevention of pregnancy)?

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

---

Display This Question:

If `BIRTHCONTROL_EVER` = Yes

BIRTHCONTROL\_HOW\_EVR Please select the method(s) of birth control you have EVER used. (Check all that apply.)

- Abstinence (1)
- Condoms (2)
- Diaphragm (3)
- Arm implant (4)
- Injection (5)
- Intrauterine Device (IUD) -- Copper -- has no hormones (6)
- Intrauterine Device (IUD) -- "Mirena" or "Skyla" -- has hormones (7)
- Intrauterine Device (IUD) -- I'm not sure what type (8)
- Menopause (9)
- Pill (10)
- Rhythm method (11)
- Spermicide (12)
- Sponge (13)
- Surgical (permanent) sterilization (e.g., tubal ligation, "tubes tied") (14)
- Surgical (permanent) sterilization of your partner (e.g., vasectomy) (15)
- Patch/transdermal (16)

- Vaginal ring (17)
- Withdrawal (18)
- Another method not listed here (please specify) (19)
- 
- None of these (20)

Display This Question:

If *ORGANS\_NOW* = Uterus/Womb

Or *ORGANS\_NOW* = Cervix (you likely have this if you have a uterus or womb)

Or *ORGANS\_NOW* = Ovaries

And If

*MENSES\_NOYEAR* != Hysterectomy (removal of the uterus)

Or *MENSES\_NOYEAR* != Menopause/change of life

And If

*BIRTHCONTROL\_HOW\_EVR* != Menopause

Or *BIRTHCONTROL\_HOW\_EVR* != Surgical (permanent) sterilization (e.g., tubal ligation, "tubes tied")

And If

*BIRTHCONTROL\_EVER* = Yes



*BIRTHCONTROL\_YR* Have you used any type of method for birth control (prevention of pregnancy) in the past 12 MONTHS?

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

*Display This Question:*

*If BIRTHCONTROL\_YR = Yes*

BIRTHCONTROL\_HOW\_YR Please select the method(s) of birth control you have used in the past 12 MONTHS. (Check all that apply.)

- Abstinence (1)
- Condoms (2)
- Diaphragm (3)
- Arm implant (4)
- Injection (5)
- Intrauterine Device (IUD) -- Copper -- has no hormones (6)
- Intrauterine Device (IUD) -- "Mirena" or "Skyla" -- has hormones (7)
- Intrauterine Device (IUD) -- I'm not sure what type (8)
- Menopause (9)
- Pill (10)
- Rhythm method (11)
- Spermicide (12)
- Sponge (13)
- Surgical (permanent) sterilization (e.g., tubal ligation, "tubes tied") (14)
- Surgical (permanent) sterilization of your partner (e.g., vasectomy) (15)
- Patch/transdermal (16)



Vaginal ring (17)

Withdrawal (18)

Another method not listed here (please specify) (19)

---

None of these (20)

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Page Break

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MEDMJ\_INTRO **Medical Marijuana**

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MEDMJ Do you currently use medical cannabis/marijuana to manage any physical or mental health conditions?

- Yes, it is legal in my state and/or I have a health care provider's recommendation to do so (2)
  - Yes, but it is not legal in my state and/or I do not have a health care provider's recommendation to do so (1)
  - No (0)
- 

*Display This Question:*

*If MEDMJ = Yes, it is legal in my state and/or I have a health care provider's recommendation to do so*

*Or MEDMJ = Yes, but it is not legal in my state and/or I do not have a health care provider's recommendation to do so*

MEDMJ\_PROBS What problems or conditions do you use medical cannabis/marijuana to manage? (One problem or condition per line.)

- Condition 1 (please specify) (1)  
\_\_\_\_\_
  - Condition 2 (please specify) (2)  
\_\_\_\_\_
  - Condition 3 (please specify) (3)  
\_\_\_\_\_
  - Condition 4 (please specify) (4)  
\_\_\_\_\_
  - Condition 5 (please specify) (5)  
\_\_\_\_\_
-

*Display This Question:*

*If MEDMJ = Yes, it is legal in my state and/or I have a health care provider's recommendation to do so*

*Or MEDMJ = Yes, but it is not legal in my state and/or I do not have a health care provider's recommendation to do so*



MEDMJ\_EFFECTIVE How effective has medical cannabis/marijuana been in managing this/these problem(s) or condition(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/or I have a health care provider's recommendation to do so*

*Or MEDMJ = Yes, but it is not legal in my state and/or I do not have a health care provider'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)
- 

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PH\_OUTRO You have completed the Physical Health Block! This is one of 3 blocks! WOOHOO - another one done! Each block you will out helps us understand LGBTQ peoples' unique lives and health experiences as we work towards helping LGBTQ people thrive. Thank you for bringing us closer to health equity for LGBTQ+ people. You rock!

**End of Block: Physical Health**

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**Start of Block: Miscellaneous**

MISC\_INTRO This final section asks additional questions about you and your identities, your sex communities, and your military service. Your honest answers will help us understand the overall health of our communities. 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. While we recommend that you complete the survey in one sitting, you pause the survey to complete later by selecting "Save and Exit" in the upper-right corner.



Page Break

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ADDITIONALQ\_INTRO **More About Me**



ZIP\_RAISED In what ZIP code did you spend most of your childhood (until age 18)? (If you do not remember or if it was not within the United States, please leave blank.)

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Page Break

Display This Question:

*If In what ZIP code did you spend most of your childhood (until age 18)? (If you do not remember or if it was not within the United States, please leave blank.) Text Response Is Empty*

CITY\_RAISED It looks like you did not fill in the ZIP code where you spent most of your childhood. Some people may have difficulty remembering this. Please provide the city and state (and country if outside the United States) where you spent most of your childhood (until age 18).

City (1) \_\_\_\_\_

State (2) \_\_\_\_\_

Country (3) \_\_\_\_\_

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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)

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Page Break



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)
  - Furry (8)
  - Polyamorous (9)
  - Another community (please specify) (10)
- 

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## 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. To protect your privacy, 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)

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*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\_START\_WHEN When did you begin your military service? (If you can't recall precisely, please estimate.)

Month (1)	January (1)	February (2)	March (3)	April (4)	May (5)	June (6)	July (7)	August (8)	September (9)	October (10)	November (11)	December (12)	Don't know (13)	Other (14)	Other (15)	Other (16)
Year (2)	019 (1)	018 (2)	017 (3)	016 (4)	015 (5)	014 (6)	013 (7)	012 (8)	011 (9)	010 (10)	009 (11)	008 (12)	007 (13)	006 (14)	005 (15)	004 (16)

Display This Question:

If MIL\_NOW = No



MIL\_END\_WHEN When did you separate from military service? (If you can't recall precisely, please estimate.)

M o n t h ( 1 )	( J a n u a r y ( 1 ) )	( F e b r u a r y ( 2 ) )	( M a r c h ( 3 ) )	( A p r i l ( 4 ) )	( M a y ( 5 ) )	( J u n e ( 6 ) )	( J u l y ( 7 ) )	( A u g u s t ( 8 ) )	( S e p t e m b e r ( 9 ) )	( O c t o b e r ( 10 ) )	( N o v e m b e r ( 11 ) )	( D e c e m b e r ( 12 ) )	( N o n e ( 13 ) )	( D o n o t k n o w ( 14 ) )	( D o n o t k n o w ( 15 ) )	( D o n o t k n o w ( 16 ) )	( D o n o t k n o w ( 17 ) )	( D o n o t k n o w ( 18 ) )	( D o n o t k n o w ( 19 ) )	( D o n o t k n o w ( 20 ) )
Y e a r ( 2 )	( 0 1 9 ( 1 ) )	( 0 1 8 ( 2 ) )	( 0 1 7 ( 3 ) )	( 0 1 6 ( 4 ) )	( 0 1 5 ( 5 ) )	( 0 1 4 ( 6 ) )	( 0 1 3 ( 7 ) )	( 0 1 2 ( 8 ) )	( 0 1 1 ( 9 ) )	( 0 1 0 ( 10 ) )	( 0 0 9 ( 11 ) )	( 0 0 8 ( 12 ) )	( 0 0 7 ( 13 ) )	( 0 0 6 ( 14 ) )	( 0 0 5 ( 15 ) )	( 0 0 4 ( 16 ) )	( 0 0 3 ( 17 ) )	( 0 0 2 ( 18 ) )	( 0 0 1 ( 19 ) )	( 0 0 0 ( 20 ) )

*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)

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



OTHER\_HEALTH Is there anything else you would like to share with us about your health or well-being?

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Page Break

TY\_RESOURCES

**YOU ARE ALMOST DONE WITH THIS SURVEY - PLEASE READ BELOW AND THEN CLICK NEXT**

**This is required in order for the system to mark your survey as "Complete."**

Thank you for completing the **2018 Annual Questionnaire** and for advancing scientific knowledge about the health of LGBTQ people!

In addition to our commitment to communicating findings from the study back to our community in the future, we also want to connect our participants with some resources that may be helpful to them now. Please find below a list of websites, organizations, and hotlines that may be helpful in promoting LGBTQ people's health, safety, and wellbeing.

- Find an LGBTQ+ center near you with Centerlink, The Community of LGBT Centers: [lgbtcenters.org](http://lgbtcenters.org)
- Find free HIV testing in your area through the Centers for Disease Control's GetTested program: <https://gettested.cdc.gov/>
- Find an LGBTQ+-friendly doctor through GLMA: Health Professionals Advancing LGBT Equality: [https://glmaimpak.networkats.com/members\\_online\\_new/members/dir\\_provider.asp](https://glmaimpak.networkats.com/members_online_new/members/dir_provider.asp)
- Talk with someone 24/7 if you are in crisis or thinking of suicide: National Suicide Prevention Lifeline: **1-800-273-8255**
- Talk with someone 24/7 if you need support related to being a survivor of sexual assault: National Sexual Assault Hotline: **1-800-656-4673**

Thank you again for completing the 2018 Annual Questionnaire. We deeply appreciate for your time, your interest in The PRIDE Study, and your investment in research that will help our communities understand how the experience of being LGBTQ+ is related to all aspects of health and life.

**TO LOG YOUR SURVEY AS COMPLETE, PLEASE ADVANCE TO THE NEXT SCREEN and then select "Back to Dashboard"**

End of Block: Miscellaneous

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