

# 2018 Annual Questionnaire Supplement (Part 2)

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## Start of Block: Introduction

### SUPP\_INTRO **Welcome to the 2018 Annual Questionnaire Supplement!**

**PLEASE READ THIS** The PRIDE Study 2018 Annual Questionnaire Supplement includes items that are very important to your physical, mental, and social health and well-being, that we couldn't fit into the Annual Questionnaire. We request that you please take the time to complete the 2018 Annual Questionnaire Supplement.

We estimate that it will take 15-20 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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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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Display This Question:  
If RACE\_ETHN = White <em>(For example: English, European, French, German, Irish, Italian, Polish, etc.)</em>

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

- Dutch (1)
- English (2)
- European (3)
- French (4)
- German (5)
- Irish (6)
- Italian (7)
- Norwegian (8)
- Polish (9)
- Scottish (10)
- Spanish (11)
- None of these fully describe me (please tell us about additional categories that describe you) (12) \_\_\_\_\_

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*Display This Question:*  
If RACE\_ETHN = Hispanic, Latino, or Spanish *(For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)*

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

- Colombian (1)
- Cuban (2)
- Dominican (3)
- Ecuadorian (4)
- Honduran (5)
- Mexican or Mexican American (6)
- Puerto Rican (7)
- Salvadoran (8)
- Spanish (9)
- None of these fully describe me (please tell us about additional categories that describe you) (10) \_\_\_\_\_

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*Display This Question:*  
If RACE\_ETHN = Asian *(For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)*

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

- Asian Indian (1)
- Cambodian (2)
- Chinese (3)
- Filipino (4)
- Hmong (5)
- Japanese (6)
- Korean (7)
- Pakistani (8)
- Vietnamese (9)
- None of these fully describe me (please tell us about additional categories that describe you) (10) \_\_\_\_\_

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*Display This Question:*  
If RACE\_ETHN = Black, African American or African *<em>(For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)</em>*

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

- African American (1)
- Barbadian (2)
- Caribbean (3)
- Ethiopian (4)
- Ghanaian (5)
- Haitian (6)
- Jamaican (7)
- Liberian (8)
- Nigerian (9)
- Somali (10)
- South African (11)
- None of these fully describe me (please tell us about additional categories that describe you) (12) \_\_\_\_\_

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*Display This Question:*  
If RACE\_ETHN = American Indian or Alaska Native (For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)

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

- American Indian (1)
- Alaska Native (2)
- Central or South American Indian (3)
- None of these fully describe me (please tell us about additional categories that describe you) (4) \_\_\_\_\_

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*Display This Question:*  
If RACE\_AIAN = American Indian  
Or RACE\_AIAN = Alaska Native  
Or RACE\_AIAN = Central or South American Indian

RACE\_AIAN\_TRIBE Please provide the name of the tribe(s) in which you are enrolled or affiliated or your tribal descent. (For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.) Please list tribes separated by commas.

For example, one answer may be: "Navajo Nation, Pomo"

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*Display This Question:*  
If RACE\_ETHN = Middle Eastern or North African *(For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.)*

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

- Afghan (1)
- Algerian (2)
- Egyptian (3)
- Iranian (4)
- Iraqi (5)
- Israeli (6)
- Lebanese (7)
- Moroccan (8)
- Syrian (9)
- Tunisian (10)
- None of these fully describe me (please tell us about additional categories that describe you) (11) \_\_\_\_\_

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*Display This Question:*  
If RACE\_ETHN = Native Hawaiian or other Pacific Islander <em>(For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan, etc.)</em>

RACE\_PI Which additional categories describe you? (Check all that apply?)

- Chamorro (1)
- Chuukese (2)
- Fijian (3)
- Marshallese (4)
- Native Hawaiian (5)
- Palauan (6)
- Samoan (7)
- Tahitian (8)
- Tongan (9)
- None of these fully describe me (please tell us about additional categories that describe you) (10) \_\_\_\_\_

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

CULTURE With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.)

- Ethnic and/or cultural group 1 (1)  
\_\_\_\_\_
- Ethnic and/or cultural group 2 (2)  
\_\_\_\_\_
- Ethnic and/or cultural group 3 (3)  
\_\_\_\_\_
- Ethnic and/or cultural group 4 (4)  
\_\_\_\_\_
- Ethnic and/or cultural group 5 (5)  
\_\_\_\_\_

*Display This Question:*  
*If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.) Ethnic and/or cultural group 1 Is Not Empty*

CULTURE\_ID1 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/1}

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

*Display This Question:*

*If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.) Ethnic and/or cultural group 1 Is Not Empty*

CULTURE\_BELONG1 I have a strong sense of BELONGING to my ethnic/cultural group:  $\{\{CULTURE/ChoiceTextEntryValue/1\}$

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

*Display This Question:*

*If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.) Ethnic and/or cultural group 2 Is Not Empty*

CULTURE\_ID2 I have a strong sense of IDENTIFICATION with my ethnic/cultural group:  $\{\{CULTURE/ChoiceTextEntryValue/2\}$

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

*Display This Question:*

*If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.) Ethnic and/or cultural group 2 Is Not Empty*

CULTURE\_BELONG2 I have a strong sense of BELONGING to my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/2}

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

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*Display This Question:*

*If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.) Ethnic and/or cultural group 3 Is Not Empty*

CULTURE\_ID3 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/3}

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

---

*Display This Question:*

*If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.) Ethnic and/or cultural group 3 Is Not Empty*

CULTURE\_BELONG3 I have a strong sense of BELONGING to my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/3}

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

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*Display This Question:*

*If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.) Ethnic and/or cultural group 4 Is Not Empty*

CULTURE\_ID4 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/4}

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

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*Display This Question:*

*If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.) Ethnic and/or cultural group 4 Is Not Empty*

CULTURE\_BELONG4 I have a strong sense of BELONGING to my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/4}

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

*Display This Question:*

*If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.) Ethnic and/or cultural group 5 Is Not Empty*

CULTURE\_ID5 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/5}

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

*Display This Question:*

*If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cultural groups with which you identify. Please list only one ethnic or cultural group per box.) Ethnic and/or cultural group 5 Is Not Empty*

CULTURE\_BELONG5 I have a strong sense of BELONGING to my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/5}

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

End of Block: Introduction

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Start of Block: Mental Health

BDDQ\_INTRO Now we will ask you questions about your appearance and body image.

---



BDDQ\_1A Are you worried about how you look?

- Yes (1)
  - No (0)
- 

*Display This Question:*

*If BDDQ\_1A = Yes*



BDDQ\_1B Do you think about your appearance problems a lot and wish you could think about them less?

- Yes (1)
  - No (0)
-

Display This Question:

If BDDQ\_1B = Yes

BDDQ\_1C Please list the areas of your body you don't like. Examples of disliked body areas include: your skin (for example, acne, scars, wrinkles, paleness, redness); hair; the shape or size of your nose, mouth, jaw, lips, stomach, hips, etc.; or defects of your hands, genitals, breasts, or any other body part.

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Display This Question:

If BDDQ\_1B = Yes

Or BDDQ\_1A = Yes



BDDQ\_2A Is your main concern with how you look is that you aren't thin enough or that you might get too fat?

Yes (1)

No (0)

Display This Question:

If BDDQ\_2A = No



BDDQ\_2B\_MUSC Is your main concern with how you look that you aren't muscular enough?

Yes (1)

No (0)

Display This Question:

If BDDQ\_1B = Yes

Or BDDQ\_1A = Yes

BDDQ\_3INTRO For the following questions, please consider how this problem with how you look has affected your life.

---

Display This Question:

If BDDQ\_1B = Yes

Or BDDQ\_1A = Yes



BDDQ\_3A Has it often upset you a lot?

Yes (1)

No (0)

---

Display This Question:

If BDDQ\_1B = Yes

Or BDDQ\_1A = Yes



BDDQ\_3B Has it often gotten in the way of doing things with friends, dating, your relationships with people, or your social activities?

Yes (1)

No (0)

---

Display This Question:

If BDDQ\_1B = Yes

Or BDDQ\_1A = Yes



BDDQ\_3C Has it caused any problems with school, work, or other activities?

- Yes (1)
- No (0)

---

*Display This Question:*

*If BDDQ\_1B = Yes*

*Or BDDQ\_1A = Yes*



BDDQ\_3D Are there things you avoid because of how you look?

- Yes (1)
- No (0)

---

*Display This Question:*

*If BDDQ\_1B = Yes*

*Or BDDQ\_1A = Yes*

BDDQ\_4 On an average day, how much time do you usually spend thinking about how you look? (Add up all the time you spend in total in a day then select one.)

- Less than 1 hour a day (1)
- 1-3 hours a day (2)
- More than 3 hours a day (3)

**End of Block: Mental Health**

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**Start of Block: Social Health**

AUTISMQUO\_INTRO Please select how much you agree or disagree with the following statements.

---

AUTISMQUO1 I often notice small sounds when others do not.

- Strongly agree (1)
  - Slightly agree (2)
  - Slightly disagree (3)
  - Strongly disagree (4)
- 

AUTISMQUO2 When I'm reading a story I find it difficult to work out the characters' intentions.

- Strongly agree (1)
  - Slightly agree (2)
  - Slightly disagree (3)
  - Strongly disagree (4)
- 

AUTISMQUO3 I find it easy to 'read between the lines' when someone is talking to me.

- Strongly agree (1)
  - Slightly agree (2)
  - Slightly disagree (3)
  - Strongly disagree (4)
-

AUTISMQUO4 I usually concentrate more on the whole picture, rather than the small details.

- Strongly agree (1)
  - Slightly agree (2)
  - Slightly disagree (3)
  - Strongly disagree (4)
- 

AUTISMQUO5 I know how to tell if someone listening to me is getting bored.

- Strongly agree (1)
  - Slightly agree (2)
  - Slightly disagree (3)
  - Strongly disagree (4)
- 

AUTISMQUO6 I find it easy to do more than one thing at once.

- Strongly agree (1)
  - Slightly agree (2)
  - Slightly disagree (3)
  - Strongly disagree (4)
-

AUTISMQUO7 I find it easy to work out what someone is thinking or feeling just by looking at their face.

- Strongly agree (1)
  - Slightly agree (2)
  - Slightly disagree (3)
  - Strongly disagree (4)
- 

AUTISMQUO8 If there is an interruption, I can switch back to what I was doing very quickly.

- Strongly agree (1)
  - Slightly agree (2)
  - Slightly disagree (3)
  - Strongly disagree (4)
- 

AUTISMQUO9 I like to collect information about categories of things (e.g., types of cars, types of birds, types of trains, types of plants, etc.)

- Strongly agree (1)
  - Slightly agree (2)
  - Slightly disagree (3)
  - Strongly disagree (4)
-

AUTISMQUO10 I find it difficult to work out people's intentions.

- Strongly agree (1)
- Slightly agree (2)
- Slightly disagree (3)
- Strongly disagree (4)

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

PROMIS\_INTRO The next few items ask about how you feel in your environment relating to other people.

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PROMIS\_SOCISO1 I feel left out.

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



PROMIS\_SOCISO2 I feel that people barely know me.

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



PROMIS\_SOCISO3 I feel isolated from others.

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



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

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

Page Break

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SA\_OPTIN The following questions concern types of unwanted sexual experiences that you may have had. Your responses to these questions help us better understand the unwanted sexual experiences of LGBTQ people. We understand that responding to these questions may bring up memories of very difficult experiences.

Please indicate if you would like to complete these questions, or if you would like to skip these questions and move on to the next topic.

- Yes, I would like to complete these questions (1)
- No, I would like to skip these questions (0)

*Skip To: DISCFREE If SA\_OPTIN = No, I would like to skip these questions*

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Page Break

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SES1 Have you **ever** had the following experience?

Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent (*but DID NOT attempt sexual penetration*)

Yes (1)

No (0)

---

*Display This Question:*

*If SES1 != No*



SES1\_YEAR How many times has this happened in the **past 12 months**?

0 (0)

1 (1)

2 (2)

3+ (3)

---

*Display This Question:*

*If SES1 != No*



SES1\_LIFEAD How many times has this happened **since age 14**?

0 (0)

1 (1)

2 (2)

3+ (3)

---

Display This Question:

If SES1 != No



SES1\_LIFECH How many times did this happen to you **before age 14**?

- 0 (0)
- 1 (2)
- 2 (2)
- 3+ (3)



SES2 Have you **ever** had the following experience?

Someone had oral sex with me or made me have oral sex with them without my consent.

- Yes (1)
- No (0)

---

Display This Question:

If SES2 != No



SES2\_YEAR How many times has this happened in the **past 12 months**?

- 0 (0)
  - 1 (1)
  - 2 (2)
  - 3+ (3)
-

Display This Question:

If SES2 != No

X→

SES2\_LIFEAD How many times has this happened **since age 14**?

- 0 (0)
  - 1 (1)
  - 2 (2)
  - 3+ (3)
- 

Display This Question:

If SES2 != No

X→

SES2\_LIFECH How many times did this happen to you **before age 14**?

- 0 (0)
  - 1 (1)
  - 2 (2)
  - 3+ (3)
- 

Page Break



SES3 Have you **ever** had the following experience?

Someone put their penis, fingers, or objects into my butt and/or vagina/front hole without my consent.

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.

Yes (1)

No (0)

---

*Display This Question:*

*If SES3 != No*



SES3\_YEAR How many times has this happened in the **past 12 months**?

0 (1)

1 (1)

2 (2)

3+ (3)

---

*Display This Question:*

*If SES3 != No*



SES3\_LIFEAD How many times has this happened **since age 14**?

- 0 (0)
- 1 (1)
- 2 (2)
- 3+ (3)

---

*Display This Question:*  
If SES3 != No



SES3\_LIFECH How many times did this happen to you **before age 14**?

- 0 (0)
- 1 (1)
- 2 (2)
- 3+ (3)



SES4 Have you **ever** had the following experience?

Even though it didn't happen, someone TRIED to make me have oral sex with them, or TRIED to put fingers, objects, or a penis into my butt and/or vagina/front hole.

- Yes (1)
- No (0)

Display This Question:

If SES4 != No

X→

SES4\_YEAR How many times has this happened in the **past 12 months**?

- 0 (0)
  - 1 (1)
  - 2 (2)
  - 3+ (3)
- 

Display This Question:

If SES4 != No

X→

SES4\_LIFE How many times has this happened **since age 14**?

- 0 (1)
  - 1 (1)
  - 2 (2)
  - 3+ (3)
- 

Display This Question:

If SES4 != No

X→

SES4\_LIFECH How many times did this happen to you **before age 14**?

- 0 (1)
  - 1 (1)
  - 2 (2)
  - 3+ (3)
- 



RAPE Have you ever been sexually assaulted and/or raped?

- Yes (1)
  - No (0)
- 

SA\_RESOURCES Thank you for answering these questions to better our understanding of LGBTQ people's experiences with sexual violence. 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)).

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Page Break

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DISCFREE The PRIDE Study is interested in giving voice to our communities' experiences with discrimination, violence, and harassment. If you would like to tell us more about any experiences that you have had along these lines, please do so here.

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

CYOA\_INTRO We are asking the following question in the 2018 Annual Questionnaire Supplement 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.

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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)

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RELIGION\_INTRO The next questions are about your experiences with spiritual and/or religious groups.

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RAISED\_REL Were you raised with spiritual or religious involvement?

- Yes (1)
- No (2)

-----

Display This Question:

If RAISED\_REL = Yes

And If

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

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



RELACCEPT\_SM\_RAISED How accepting of sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, etc.) was the religious community in which you were raised?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)

---

Display This Question:

If RAISED\_REL = Yes

And If

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

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



RELACCEPT\_GM\_RAISED How accepting of gender minority people (for example: genderqueer, non-binary, transgender, etc.) was the religious community in which you were raised?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)

---

*Display This Question:*  
If RAISED\_REL = Yes



RELIGION\_RAISED In which religion or spiritual tradition were you raised? (Check all that apply.)

- Agnostic (1)
- Atheist (2)
- Baha'i (3)
- Buddhist (4)
- Christian (5)
- Confucianist (6)
- Druid (7)
- Hindu (8)
- Jain (9)
- Jehovah's Witness (10)
- Jewish (11)
- Muslim (12)
- Native American Traditional Practitioner or Ceremonial (13)
- Pagan (14)
- Rastafarian (15)
- Scientologist (16)

- Secular Humanist (17)
  - Shinto (18)
  - Sikh (19)
  - Taoist (20)
  - Tenrikyo (21)
  - Wiccan (22)
  - Spiritual, but no religious affiliation (23)
  - No affiliation (0)
  - A religious affiliation or spiritual identity not listed above (please specify) (24)
- 

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*Display This Question:*

*If RELIGION\_RAISED = Christian*

X→

CHRISTIAN\_RAISED In which Christian affiliation were you raised?

- African Methodist Episcopal (1)
- African Methodist Episcopal Zion (2)
- Assembly of God (3)
- Baptist (4)
- Catholic/Roman Catholic (5)
- Church of Christ (6)
- Church of God in Christ (7)
- Christian Orthodox (8)
- Christian Methodist Episcopal (9)
- Christian Reformed Church (CRC) (10)
- Episcopalian (11)
- Evangelical (12)
- Greek Orthodox (13)
- Lutheran (14)
- Mennonite (15)
- Moravian (16)
- Nondenominational Christian (17)
- Pentecostal (18)
- Presbyterian (19)
- Protestant (20)
- Protestant Reformed Church (21)

- Quaker (22)
  - Reformed Church of America (RCA) (23)
  - Russian Orthodox (24)
  - Seventh Day Adventist (25)
  - The Church of Jesus Christ of Latter-day Saints (26)
  - United Methodist (27)
  - Unitarian Universalist (28)
  - United Church of Christ (29)
  - A Christian affiliation not listed above (please specify) (30)
- 

-----

*Display This Question:*

*If RELIGION\_RAISED = Jewish*



JEWISH\_RAISED In which Jewish affiliation were you raised?

- Conservative (1)
  - Hasidic (2)
  - Humanist (3)
  - Orthodox (4)
  - Reconstructionist (5)
  - Reform (6)
  - A Jewish affiliation not listed above (please specify) (7)
-

Display This Question:

If RELIGION\_RAISED = Muslim

MUSLIM\_RAISED In which Muslim affiliation were you raised?

- Muslim (not specifically Sunni or Shia) (1)
  - Sunni (for example, Hanafi, Maliki, Shafi, or Hanbali) (2)
  - Shia (for example, Ithna Ashari/Twelve or Ismaili/Sevener) (3)
  - A Muslim affiliation not listed above (please specify) (4)
- 

Page Break

---



RELIGIOUS Are you currently spiritual or religious?

- Yes (1)
- No (0)

---

*Display This Question:*

*If RELIGIOUS = Yes*

*And If*

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

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



RELACCEPT\_SM\_NOW How accepting of sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, etc.) is your current spiritual or religious community?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)
- Does not apply to me, I don't have a spiritual or religious community (5)

---

*Display This Question:*

*If RELIGIOUS = Yes*

*And 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*



RELACCEPT\_GM\_NOW How accepting of gender minority people (for example: genderqueer, non-binary, transgender, etc.) is your current spiritual or religious community?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)
- Does not apply to me, I don't have a spiritual or religious community (5)

---

*Display This Question:*  
If RELIGIOUS = Yes



RELIGION What is your current religious or spiritual identity? (Check all that apply.)

- Agnostic (1)
- Atheist (2)
- Baha'i (3)
- Buddhist (4)
- Christian (5)
- Confucianist (6)
- Druid (7)
- Hindu (8)
- Jain (9)
- Jehovah's Witness (10)
- Jewish (11)
- Muslim (12)
- Native American Traditional Practitioner or Ceremonial (13)
- Pagan (14)
- Rastafarian (15)
- Scientologist (16)

- Secular Humanist (17)
  - Shinto (18)
  - Sikh (19)
  - Taoist (20)
  - Tenrikyo (21)
  - Wiccan (22)
  - Spiritual, but no religious affiliation (23)
  - No affiliation (0)
  - A religious affiliation or spiritual identity not listed above (please specify) (24)
- 

-----

*Display This Question:*

*If RELIGION = Christian*



CHRISTIAN Please select your Christian affiliation.

- African Methodist Episcopal (1)
- African Methodist Episcopal Zion (2)
- Assembly of God (3)
- Baptist (4)
- Catholic/Roman Catholic (5)
- Church of Christ (6)
- Church of God in Christ (7)
- Christian Orthodox (8)
- Christian Methodist Episcopal (9)
- Christian Reformed Church (CRC) (10)
- Episcopalian (11)
- Evangelical (12)
- Greek Orthodox (13)
- Lutheran (14)
- Mennonite (15)
- Moravian (16)
- Nondenominational Christian (17)
- Pentecostal (18)
- Presbyterian (19)
- Protestant (20)
- Protestant Reformed Church (21)

- Quaker (22)
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  - United Methodist (27)
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  - United Church of Christ (29)
  - A Christian affiliation not listed above (please specify) (30)
- 

*Display This Question:*  
*If RELIGION = Jewish*



**JEWISH** Please select your Jewish affiliation.

- Conservative (1)
  - Hasidic (2)
  - Humanist (3)
  - Orthodox (4)
  - Reconstructionist (5)
  - Reform (6)
  - A Jewish affiliation not listed above (please specify) (7)
-

Display This Question:

If RELIGION = Muslim

MUSLIM Please select your Muslim affiliation.

- Muslim (not specifically Sunni or Shia) (1)
  - Sunni (for example, Hanafi, Maliki, Shafi, or Hanbali) (2)
  - Shia (for example, Ithna Ashari/Twelve or Ismaili/Sevener) (3)
  - A Muslim affiliation not listed above (please specify) (4)
- 

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Page Break

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RELATE\_INTRO\_TEXT The following questions are going to ask you about your family relationships.

---

#### RELATE\_NAMES

We are going to ask you questions about up to four different people who raised you (for example, parents, family members, or parental figures). 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 questions that follow.

Family member 1 (1) \_\_\_\_\_

Family member 2 (2) \_\_\_\_\_

Family member 3 (3) \_\_\_\_\_

Family member 4 (4) \_\_\_\_\_

---

Page Break

*Display This Question:*

*If We are going to ask you questions about up to four different people who raised you (for example,... Family member 1 Is Not Empty*

RELATE\_1 How is \${RELATE\_NAMES/ChoiceTextEntryValue/1} related to you?

- Mother (1)
  - Father (2)
  - Parent (3)
  - Stepmother (4)
  - Stepfather (5)
  - Step-parent (6)
  - Foster mother (7)
  - Foster father (8)
  - Foster parent (9)
  - Aunt (10)
  - Uncle (11)
  - Grandmother (12)
  - Grandfather (13)
  - Grandparent (14)
  - Cousin (15)
  - Sister (16)
  - Brother (17)
  - Sibling (18)
  - Another way (please specify) (19)
-

*Display This Question:*

*If If We are going to ask you questions about up to four different people who raised you (for example,... Family member 2 Is Not Empty*

RELATE\_2 How is \${RELATE\_NAMES/ChoiceTextEntryValue/2} related to you?

- Mother (1)
  - Father (2)
  - Stepmother (3)
  - Stepfather (4)
  - Foster mother (5)
  - Foster father (6)
  - Aunt (7)
  - Uncle (8)
  - Grandmother (9)
  - Grandfather (10)
  - Cousin (11)
  - Sister (12)
  - Brother (13)
  - Another way (please specify) (14)
- 

*Display This Question:*

*If If We are going to ask you questions about up to four different people who raised you (for example,... Family member 3 Is Not Empty*

RELATE\_3 How is \${RELATE\_NAMES/ChoiceTextEntryValue/3} related to you?

- Mother (1)
  - Father (2)
  - Parent (3)
  - Stepmother (4)
  - Stepfather (5)
  - Step-parent (6)
  - Foster mother (7)
  - Foster father (8)
  - Foster parent (9)
  - Aunt (10)
  - Uncle (11)
  - Grandmother (12)
  - Grandfather (13)
  - Grandparent (14)
  - Cousin (15)
  - Sister (16)
  - Brother (17)
  - Sibling (18)
  - Another way (please specify) (19)
-

Display This Question:

*If If We are going to ask you questions about up to four different people who raised you (for example,... Family member 4 Is Not Empty*

RELATE\_4 How is \${RELATE\_NAMES/ChoiceTextEntryValue/4} related to you?

- Mother (1)
  - Father (2)
  - Stepmother (3)
  - Stepfather (4)
  - Foster mother (5)
  - Foster father (6)
  - Aunt (7)
  - Uncle (8)
  - Grandmother (9)
  - Grandfather (10)
  - Cousin (11)
  - Sister (12)
  - Brother (13)
  - Another way (please specify) (14)
- 

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*

*And And We are going to ask you questions about up to four different people who raised you (for example,... Family member 1 Is Not Empty*

PARENT\_ACC1 The next questions are about how  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/1}\}$  reacted to learning about your identity.

---

Display This Question:

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

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And If

*If We are going to ask you questions about up to four different people who raised you (for example,... Family member 1 Is Not Empty*



ACCPAST\_GM\_1 When  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/1}\}$  INITIALLY LEARNED about your gender identity, how accepting were they?

- Very accepting (4)
  - Somewhat accepting (3)
  - Neutral (2)
  - Somewhat rejecting (1)
  - Very rejecting (0)
  - Does not know about my gender identity (88)
  - Did not know about my gender identity and is now deceased or not in contact (87)
-

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

And If

If We are going to ask you questions about up to four different people who raised you (for example,... Family member 1 Is Not Empty



ACCNOW\_GM\_1 In your most RECENT INTERACTIONS with [\\${RELATE\\_NAMES/ChoiceTextEntryValue/1}](#), how accepting were they of your gender identity?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
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- Very rejecting (0)
- Does not know about my gender identity (88)
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And If

If We are going to ask you questions about up to four different people who raised you (for example,... Family member 1 Is Not Empty



ACCPAST\_SM\_1 When  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/1}\}$  INITIALLY LEARNED about your sexual orientation, how accepting were they?

- Very accepting (4)
  - Somewhat accepting (3)
  - Neutral (2)
  - Somewhat rejecting (1)
  - Very rejecting (0)
  - Does not know about my sexual orientation (88)
  - Did not know about my sexual orientation and is now deceased or not in contact (87)
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*If CYOA = Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)*

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*And If*

*If We are going to ask you questions about up to four different people who raised you (for example,... Family member 1 Is Not Empty*



ACCNOW\_SM\_1 In your most RECENT INTERACTIONS with [\\${RELATE\\_NAMES/ChoiceTextEntryValue/1}](#), how accepting were they of your sexual orientation?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
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And If

If We are going to ask you questions about up to four different people who raised you (for example,... Family member 2 Is Not Empty

PARENT\_ACC2 The next questions are about how  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/2}\}$  reacted to learning about your identity.

Display This Question:

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

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And If

If We are going to ask you questions about up to four different people who raised you (for example,... Family member 2 Is Not Empty



ACCPAST\_GM\_2 When  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/2}\}$  INITIALLY LEARNED about your gender identity, how accepting were they?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
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ACCNOW\_GM\_2 In your most RECENT INTERACTIONS with  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/2}\}$ , how accepting were they of your gender identity?

- Very accepting (4)
- Somewhat accepting (3)
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Or CYOA = People who identify as both a sexual AND gender minority

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If We are going to ask you questions about up to four different people who raised you (for example,... Family member 2 Is Not Empty



ACCPAST\_SM\_2 When  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/2}\}$  INITIALLY LEARNED about your sexual orientation, how accepting were they?

- Very accepting (4)
  - Somewhat accepting (3)
  - Neutral (2)
  - Somewhat rejecting (1)
  - Very rejecting (0)
  - Does not know about my sexual orientation (88)
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*Or CYOA = People who identify as both a sexual AND gender minority*

*And If*

*If We are going to ask you questions about up to four different people who raised you (for example,... Family member 2 Is Not Empty*



ACCNOW\_SM\_2 In your most RECENT INTERACTIONS with [\\${RELATE\\_NAMES/ChoiceTextEntryValue/2}](#), how accepting were they of your sexual orientation?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
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Family member 3 Is Not Empty

PARENT\_ACC3 The next questions are about how  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/3}\}$  reacted to learning about your identity.

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And If

If We are going to ask you questions about up to four different people who raised you (for example,...  
Family member 3 Is Not Empty



ACCPAST\_GM\_3 When  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/3}\}$  INITIALLY LEARNED about your gender identity, how accepting were they?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
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- Does not know about my gender identity (88)
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ACCNOW\_GM\_3 In your most RECENT INTERACTIONS with [\\${RELATE\\_NAMES/ChoiceTextEntryValue/3}](#), how accepting were they of your gender identity?

- Very accepting (4)
- Somewhat accepting (3)
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ACCPAST\_SM\_3 When  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/3}\}$  INITIALLY LEARNED about your sexual orientation, how accepting were they?

- Very accepting (4)
  - Somewhat accepting (3)
  - Neutral (2)
  - Somewhat rejecting (1)
  - Very rejecting (0)
  - Does not know about my sexual orientation (88)
  - Did not know about my sexual orientation and is now deceased or not in contact (87)
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*And If*

*If We are going to ask you questions about up to four different people who raised you (for example,... Family member 3 Is Not Empty*



ACCNOW\_SM\_3 In your most RECENT INTERACTIONS with [\\${RELATE\\_NAMES/ChoiceTextEntryValue/3}](#), how accepting were they of your sexual orientation?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
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And If

If We are going to ask you questions about up to four different people who raised you (for example,... Family member 4 Is Not Empty

PARENT\_ACC4 The next questions are about how  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/4}\}$  reacted to learning about your identity.

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

And If

If We are going to ask you questions about up to four different people who raised you (for example,... Family member 4 Is Not Empty



ACCPAST\_GM\_4 When  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/4}\}$  INITIALLY LEARNED about your gender identity, how accepting were they?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
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And If

If We are going to ask you questions about up to four different people who raised you (for example,... Family member 4 Is Not Empty



ACCNOW\_GM\_4 In your most RECENT INTERACTIONS with  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/4}\}$ , how accepting were they of your gender identity?

- Very accepting (4)
- Somewhat accepting (3)
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- Somewhat rejecting (1)
- Very rejecting (0)
- Does not know about my gender identity (88)
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Display This Question:

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

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And If

If We are going to ask you questions about up to four different people who raised you (for example,... Family member 4 Is Not Empty



ACCPAST\_SM\_4 When  $\{\text{RELATE\_NAMES/ChoiceTextEntryValue/4}\}$  INITIALLY LEARNED about your sexual orientation, how accepting were they?

- Very accepting (4)
  - Somewhat accepting (3)
  - Neutral (2)
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  - Did not know about my sexual orientation and is now deceased or not in contact (87)
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*And If*

*If We are going to ask you questions about up to four different people who raised you (for example,... Family member 4 Is Not Empty*



ACCNOW\_SM\_4 In your most RECENT INTERACTIONS with [\\${RELATE\\_NAMES/ChoiceTextEntryValue/4}](#), how accepting were they of your sexual orientation?

- Very accepting (4)
- Somewhat accepting (3)
- Neutral (2)
- Somewhat rejecting (1)
- Very rejecting (0)
- Does not know about my sexual orientation (88)
- Did not know about my sexual orientation and is now deceased or not in contact (87)

---

Page Break



CHOFAM Some in our community have people who they are emotionally close to and consider family even though they are not biologically or legally related. This is sometimes called a chosen family.

Do you have a chosen family?

- Yes (1)
- No (0)

---

*Display This Question:*  
*If CHOFAM = Yes*

CHOFAM\_FREE Please describe anything you would like to share about your chosen family and their role in your life.

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Page Break

OOP\_INTRO The next questions are about money that you have spent out of pocket on medical care.

---



OOP In the PAST 12 MONTHS, about how much did you **spend in total** for medical care and dental care? Please include copays, coinsurance, prescription medications, etc. Please do NOT include your monthly health insurance premiums, over-the-counter drugs, or costs that you will be reimbursed for.

- Zero (0)
  - Less than \$500 (1)
  - \$500 - \$1,999 (2)
  - \$2,000 - \$2,999 (3)
  - \$3,000 - \$4,999 (4)
  - \$5,000 or more (5)
  - I don't know (88)
- 

*Display This Question:*

*If OOP = Less than \$500  
Or OOP = \$500 - \$1,999  
Or OOP = \$2,000 - \$2,999  
Or OOP = \$3,000 - \$4,999  
Or OOP = \$5,000 or more  
Or OOP = I don't know  
Or OOP != Zero*



BORROW In the PAST 12 MONTHS, did you **borrow** money to pay for health care? Please do NOT count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for.

Yes (1)

No (0)

---



OOP\_RX In the PAST 12 MONTHS, about how much did you spend for **prescription medications**?

Zero (0)

Less than \$500 (1)

\$500 - \$1,999 (2)

\$2,000 - \$2,999 (3)

\$3,000 - \$4,999 (4)

\$5,000 or more (5)

I don't know (88)

---

Page Break

VITS\_INTRO **Vitamins and Minerals**



VITAMINS Are you taking any of the following supplements? (Check all that apply.)

- None of these (0)
- Biotin (1)
- Calcium (2)
- Coenzyme Q10 (3)
- Cranberry (pills, capsules) (4)
- Echinacea (5)
- Fiber Supplement (6)
- Fish Oil/Omega-3 Fatty Acids (7)
- Folate/Folic Acid (B-9) (8)
- Garlic supplements (9)
- Ginkgo biloba (10)
- Ginseng (11)
- Glucosamine and/or chondroitin (12)
- Iron (13)
- Magnesium (14)
- Melatonin (15)

- Multivitamin - not prenatal vitamin (16)
- Prenatal vitamins (17)
- Probiotics/prebiotics (18)
- Turmeric (19)
- Vitamin B-12 (20)
- Vitamin B Complex (21)
- Vitamin C (22)
- Vitamin D (23)
- Zinc (24)
- Other (please specify, enter 1 item only) (25)

---

Other (please specify, enter 1 item only) (26)

---

Other (please specify, enter 1 item only) (27)

---

None of these (0)

-----  
Page Break

ORALHEATH\_INTRO Now we will ask you about your oral health and symptoms.

---



MOUTHPAIN How often during the last year have you had painful aching anywhere in your mouth? Would you say...?

- Very often (4)
  - Fairly often (3)
  - Occasionally (2)
  - Hardly ever (1)
  - Never (0)
- 



ORCAEXAM Have you ever had an exam for oral cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

- Yes (1)
  - No (0)
- 

Page Break

## CIH\_INTRO Complementary and Integrative Health

---

CIH\_INTRO2 The next questions are about your use of various practices that some people use to manage physical and/or mental health conditions.

---



CIH\_PASTYR IN THE PAST YEAR, have you used any of the following to manage physical and/or mental health conditions? (Check all that apply.)

- Acupuncture (1)
- Chiropractic or osteopathic manipulation (2)
- Energy healing (3)
- Massage therapy (4)
- None of these (0)

---

*Display This Question:*

*If CIH\_PASTYR = Acupuncture*

ACU\_PROBS What problem(s) or condition(s) do you use acupuncture to manage? (One 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 CIH\_PASTYR = Acupuncture*



ACU\_EFFECTIVE How effective has acupuncture 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 CIH\_PASTYR = Chiropractic or osteopathic manipulation*

CHIRO\_PROBS What problem(s) or condition(s) do you use chiropractic or osteopathic manipulation to manage? (One 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 CIH\_PASTYR = Chiropractic or osteopathic manipulation



CHIRO\_EFFECTIVE How effective has chiropractic or osteopathic manipulation 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 CIH\_PASTYR = Energy healing

ENERGY\_PROBS What problem(s) or condition(s) do you use energy healing to manage?

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 CIH\_PASTYR = Energy healing*



ENERGY\_EFFECTIVE How effective has energy healing 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 CIH\_PASTYR = Massage therapy*

MESSAGE\_PROBS What problem(s) or condition(s) do you use massage therapy to manage?  
(One 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 CIH\_PASTYR = Massage therapy*



MESSAGE\_EFFECTIVE How effective has massage therapy 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)

-----  
Page Break



MEDITATION IN THE PAST YEAR, have you practiced any form of meditation regularly?

Yes (1)

No (0)

---

*Display This Question:*

*If MEDITATION = Yes*



MEDITATION\_MINS Please estimate how many **minutes per week** you spent meditating, on average, over the past year.

---

---

*Display This Question:*

*If MEDITATION = Yes*



MEDITATION\_MANAGE Was your meditation practice intended to manage physical and/or mental health conditions?

Yes (1)

No (0)

---

*Display This Question:*

*If MEDITATION\_MANAGE = Yes*

MEDITATION\_PROBS What problem(s) or condition(s) do you use meditation to manage?  
(One 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 MEDITATION\_MANAGE = Yes



MEDITATION\_EFFECTIVE How effective has meditation 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)



YOGA IN THE PAST YEAR, have you practiced any form of yoga regularly?

- Yes (1)
- No (0)

---

*Display This Question:*

*If YOGA = Yes*



YOGA\_MINS Please estimate how many **minutes per week** you spent practicing yoga, on average, over the past year.

---

---

*Display This Question:*

*If YOGA = Yes*



YOGA\_MANAGE Was your yoga practice intended to manage physical and/or mental health conditions?

- Yes (1)
- No (0)

---

*Display This Question:*

*If YOGA\_MANAGE = Yes*

YOGA\_PROBS What problem(s) or condition(s) do you use yoga to manage? (One 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 YOGA\_MANAGE = Yes*



YOGA\_EFFECTIVE How effective has yoga 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)

---

Page Break

## INTRO\_SH **Sexual Health and Activities**

The next questions will ask you about your sexual health and activities.

---

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

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.

---

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 (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)

---

Page Break

MASTURBATE\_EVER Have you ever masturbated? Masturbation is touching yourself for sexual pleasure.

- Yes (1)
- No (2)

---

*Display This Question:*

*If MASTURBATE\_EVER = Yes*

MASTURBATE\_FREQ How often do you masturbate?

- 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 MASTURBATE\_EVER = Yes*

MASTURBATE\_MUTUAL Do you ever masturbate in the presence of an intimate or romantic partner?

- Yes (1)
- No (2)

---

Page Break

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

Or ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)

## SEXSATIS\_INTRO Sexual Satisfaction / Dysfunction

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

### INTRO\_FSFI

These questions ask about your sexual feelings and responses **during the past 4 weeks**. Please answer the following questions as honestly and clearly as possible.

In answering these questions the following definitions apply:

Sexual activity can be any kind of sex with a partner(s) or self-stimulation (masturbation).

Sexual stimulation includes situations like sexual activity with a partner(s), self-stimulation (masturbation), or sexual fantasy.

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole



FSFI1 Over the past 4 weeks, how **often** did you feel sexual desire or interest?

- Almost always or always (5)
  - Most times (more than half the time) (4)
  - Sometimes (about half the time) (3)
  - A few times (less than half the time) (2)
  - Almost never or never (1)
-

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

FSFI\_PAST4WKS Have you had any sexual activity in the last 4 weeks? Recall that sexual activity can be any kind of sex with a partner(s) or self-stimulation (masturbation).

Yes (1)

No (2)

-----  
Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole



FSFI2 Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest?

Very high (5)

High (4)

Moderate (3)

Low (2)

Very low or none at all (1)

-----  
Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

Or FSFI\_PAST4WKS = Yes



FSFI3 Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity?

- No sexual activity (0)
- Almost always or always (5)
- Most times (more than half the time) (4)
- Sometimes (about half the time) (3)
- A few times (less than half the time) (2)
- Almost never or never (1)

---

*Display This Question:*

*If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole  
And FSFI\_PAST4WKS = Yes*



FSFI4 Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity?

- No sexual activity (0)
- Very high (5)
- High (4)
- Moderate (3)
- Low (2)
- Very low or none at all (1)

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole  
And FSFI\_PAST4WKS = Yes



FSFI5 Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity?

- No sexual activity (0)
- Very high confidence (5)
- High confidence (4)
- Moderate confidence (3)
- Low confidence (2)
- Very low or no confidence (1)

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole  
And FSFI\_PAST4WKS = Yes



FSFI6 Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity?

- No sexual activity (0)
- Almost always or always (5)
- Most times (more than half the time) (4)
- Sometimes (about half the time) (3)
- A few times (less than half the time) (2)
- Almost never or never (1)

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

And FSFI\_PAST4WKS = Yes



FSFI7 Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity?

- No sexual activity (0)
- Almost always or always (5)
- Most times (more than half the time) (4)
- Sometimes (about half the time) (3)
- A few times (less than half the time) (2)
- Almost never or never (1)

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

And FSFI\_PAST4WKS = Yes



FSFI8 Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity?

- No sexual activity (0)
- Extremely difficult or impossible (1)
- Very difficult (2)
- Difficult (3)
- Slightly difficult (4)
- Not difficult (5)

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

And FSFI\_PAST4WKS = Yes



FSFI9 Over the past 4 weeks, how often did you **maintain** your lubrication ("wetness") until completion of sexual activity?

- No sexual activity (0)
- Almost always or always (5)
- Most times (more than half the time) (4)
- Sometimes (about half the time) (3)
- A few times (less than half the time) (2)
- Almost never or never (1)

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

And FSFI\_PAST4WKS = Yes



FSFI10 Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity?

- No sexual activity (0)
- Extremely difficult or impossible (1)
- Very difficult (2)
- Difficult (3)
- Slightly difficult (4)
- Not difficult (5)

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

And FSFI\_PAST4WKS = Yes



FSFI11 Over the past 4 weeks, when you had sexual stimulation, how **often** did you reach orgasm (climax)?

- No sexual activity (0)
- Almost always or always (5)
- Most times (more than half the time) (4)
- Sometimes (about half the time) (3)
- A few times (less than half the time) (2)
- Almost never or never (1)

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

And FSFI\_PAST4WKS = Yes



FSFI12 Over the past 4 weeks, when you had sexual stimulation, how **difficult** was it for you to reach orgasm (climax)?

- No sexual activity (0)
- Extremely difficult or impossible (1)
- Very difficult (2)
- Difficult (3)
- Slightly difficult (4)
- Not difficult (5)

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

And FSFI\_PAST4WKS = Yes

X→

FSFI13 Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity?

- No sexual activity (0)
- Very satisfied (5)
- Moderately satisfied (4)
- About equally satisfied and dissatisfied (3)
- Moderately dissatisfied (2)
- Very dissatisfied (1)

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

And FSFI\_PAST4WKS = Yes

X→

FSFI14 Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner?

- No sexual activity (0)
- Very satisfied (5)
- Moderately satisfied (4)
- About equally satisfied and dissatisfied (3)
- Moderately dissatisfied (2)
- Very dissatisfied (1)
- Not applicable. I don't have a partner(s) (88)

---

*Display This Question:*  
If ORGANS NOW = Vagina/Frontal genital opening/Front hole



FSFI15 Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner?

- Very satisfied (5)
- Moderately satisfied (4)
- About equally satisfied and dissatisfied (3)
- Moderately dissatisfied (2)
- Very dissatisfied (1)
- Not applicable, I don't have a partner(s) (88)

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

X→

FSFI16 Over the past 4 weeks, how **satisfied** have you been with your overall sexual life?

- Very satisfied (5)
- Moderately satisfied (4)
- About equally satisfied and dissatisfied (3)
- Moderately dissatisfied (2)
- Very dissatisfied (1)

---

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole

And FSFI\_PAST4WKS = Yes

X→

FSFI17 Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal or front hole penetration?

- Did not attempt or do not engage in vaginal/front hole penetration (0)
  - Almost always or always (1)
  - Most times (more than half the time) (2)
  - Sometimes (about half the time) (3)
  - A few times (less than half the time) (4)
  - Almost never or never (5)
-

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole  
And FSFI\_PAST4WKS = Yes



FSFI18 Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal or front hole penetration?

- Did not attempt or do not engage in vaginal/front hole penetration (0)
- Almost always or always (1)
- Most times (more than half the time) (2)
- Sometimes (about half the time) (3)
- A few times (less than half the time) (4)
- Almost never or never (5)

Display This Question:

If ORGANS\_NOW = Vagina/Frontal genital opening/Front hole  
And FSFI\_PAST4WKS = Yes



FSFI19 Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal or front hole penetration?

- Did not attempt or do not engage in vaginal/front hole penetration (0)
- Very high (1)
- High (2)
- Moderate (3)
- Low (4)
- Very low or none at all (5)

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*

INTRO\_MSHQ The following questions concern various aspects of your ability to have sex. In answering these questions, please think about all aspects of the sexual activity you have had with your main partner, with other partners, or masturbating. By sexual activity, we mean any type of sex you may have had, including intercourse, oral sex or other sexual activities. Some of these questions might be difficult to answer. Please answer as many as possible, and be as honest as you can when answering them. The first questions concern your erections, which some people refer to as "hard-ons".

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*



MSHQ1 In the last month, have you taken Viagra or any similar drugs for problems with your erection?

Yes (1)

No (0)

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*



MSHQ2 **In the last month**, without using drugs like Viagra, how often have you been able to get an erection when you wanted to? (Check only one)

- All of the time (5)
- Most of the time (4)
- About half of the time (3)
- Less than half of the time (2)
- None of the time (1)
- Used Viagra or similar drug with every sexual encounter (0)
- Not applicable. I did not want to get an erection (7)

---

*Display This Question:*

*If ORGANS NOW = Prostate (you likely have this if you were assigned male sex at birth)*



MSHQ3 **In the last month**, if you were able to get an erection without using drugs like Viagra, how often were you able to stay hard as long as you wanted to? (Check only one)

- All of the time (5)
  - Most of the time (4)
  - About half of the time (3)
  - Less than half of the time (2)
  - None of the time (1)
  - Used Viagra or similar drug with every sexual encounter (0)
-

Display This Question:

If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)

X→

MSHQ4 **In the last month**, if you were able to get an erection, without using drugs like Viagra, how would you rate the hardness of your erection? (Check only one)

- Completely hard (5)
- Almost completely hard (4)
- Mostly hard, but can be slightly bent (3)
- A little hard, but bends easily (2)
- Not at all hard (1)
- Used Viagra or similar drug with every sexual encounter (0)

Display This Question:

If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)

X→

MSHQ5 **In the last month**, if you have had difficulty getting hard or staying hard without using drugs like Viagra, have you been bothered by this problem?... (Check only one)

- Not at all bothered/Did not have a problem with erection (5)
- A little bit bothered (4)
- Moderately bothered (3)
- Very bothered (2)
- Extremely bothered (1)

Display This Question:

If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)

INTRO2\_MSHQ The next section deals with ejaculation and the pleasure you have with ejaculation. Ejaculation or “cumming” is the release of semen or “cum” during sexual climax. These questions concern all of your ejaculations when having sexual activity. These could include ejaculations you have had with your main partner, as well as with other partners, or ejaculations you have had when masturbating.

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*

EJACULATE\_EVER We know that some people who have a penis or phallus have never had the capacity to ejaculate or "cum." Have you ever had the capacity to ejaculate or "cum?"

- Yes (1)
  - No (2)
- 

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*

*And EJACULATE\_EVER = Yes*



MSHQ6 **In the last month**, how often have you been able to ejaculate when having sexual activity? (Check only one)

- All of the time (5)
  - Most of the time (4)
  - About half of the time (3)
  - Less than half of the time (2)
  - None of the time/Could not ejaculate (1)
-

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *EJACULATE\_EVER* = Yes



MSHQ7 **In the last month**, when having sexual activity, how often did you feel that you took too long to ejaculate or “cum”? (Check only one)

- None of the time (5)
- Less than half of the time (4)
- About half of the time (3)
- Most of the time (2)
- All of the time (1)
- Could not ejaculate (0)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *EJACULATE\_EVER* = Yes



MSHQ8 **In the last month**, when having sexual activity, how often have you felt like you were ejaculating (“cumming”), but no fluid came out?

- None of the time (5)
- Less than half of the time (4)
- About half of the time (3)
- Most of the time (2)
- All of the time (1)
- Could not ejaculate (0)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *EJACULATE\_EVER* = Yes

X→

MSHQ9 **In the last month**, how would you rate the strength or force of your ejaculation?

- As strong as it always was (5)
- A little less strong than it used to be (4)
- Somewhat less strong than it used to be (3)
- Much less strong than it used to be (2)
- Very much less strong than it used to be (1)
- Could not ejaculate (0)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *EJACULATE\_EVER* = Yes

X→

MSHQ10 **In the last month**, how would you rate the amount or volume of semen when you ejaculate?

- As much as it always was (5)
- A little less than it used to be (4)
- Somewhat less than it used to be (3)
- Much less than it used to be (2)
- Very much less than it used to be (1)
- Could not ejaculate (0)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *EJACULATE\_EVER* = Yes

X→

MSHQ11 **Compared to ONE month ago**, would you say the physical pleasure you feel when you ejaculate has...

- Increased a lot (5)
- Increased moderately (4)
- Neither increased nor decreased (3)
- Decreased moderately (2)
- Decreased a lot (1)
- Could not ejaculate (0)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *EJACULATE\_EVER* = Yes

X→

MSHQ12 **In the last month**, have you experienced any physical pain or discomfort when you ejaculated? Would you say you have...

- No pain at all (5)
- Slight amount of pain or discomfort (4)
- Moderate amount of pain or discomfort (3)
- Strong amount of pain or discomfort (2)
- Extreme amount of pain or discomfort (1)
- Could not ejaculate (0)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *EJACULATE\_EVER* = Yes



MSHQ13 **In the last month**, if you have had any ejaculation difficulties or have been unable to ejaculate, have you been bothered by this?

- Not at all bothered (5)
- A little bit bothered (4)
- Moderately bothered (3)
- Very bothered (2)
- Extremely bothered (1)
- Not applicable because I don't have any ejaculation difficulties (0)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)



MSHQ14 Do you have a “main partner”?

- Yes (1)
- No (0)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *MSHQ14* = Yes

INTRO3\_MSHQ These next few questions ask about your relationship with your main partner over the **last month**. Some of these questions concern your sexual relationship, while others are about your overall relationship.

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*

*And MSHQ14 = Yes*



MSHQ15 Generally, how satisfied are you with the overall sexual relationship you have with your main partner? (Check only one.)

- Extremely satisfied (5)
- Moderately satisfied (4)
- Neither satisfied nor unsatisfied (3)
- Moderately unsatisfied (2)
- Extremely unsatisfied (1)

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*

*And MSHQ14 = Yes*



MSHQ16 Generally, how satisfied are you with the quality of the sex life you have with your main partner?

- Extremely satisfied (5)
  - Moderately satisfied (4)
  - Neither satisfied nor unsatisfied (3)
  - Moderately unsatisfied (2)
  - Extremely unsatisfied (1)
-

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *MSHQ14* = Yes



MSHQ17 Generally, how satisfied are you with the number of times you and your main partner have sex?

- Extremely satisfied (5)
- Moderately satisfied (4)
- Neither satisfied nor unsatisfied (3)
- Moderately unsatisfied (2)
- Extremely unsatisfied (1)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *MSHQ14* = Yes



MSHQ18 Generally, how satisfied are you with the way you and your main partner show affection during sex?

- Extremely satisfied (5)
  - Moderately satisfied (4)
  - Neither satisfied nor unsatisfied (3)
  - Moderately unsatisfied (2)
  - Extremely unsatisfied (1)
-

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *MSHQ14* = Yes



MSHQ19 Generally, how satisfied are you with the way you and your main partner communicate about sex?

- Extremely satisfied (5)
- Moderately satisfied (4)
- Neither satisfied nor unsatisfied (3)
- Moderately unsatisfied (2)
- Extremely unsatisfied (1)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

And *MSHQ14* = Yes



MSHQ20 Aside from your sexual relationship, how satisfied are you with all other aspects of the relationship you have with your main partner?

- Extremely satisfied (5)
- Moderately satisfied (4)
- Neither satisfied nor unsatisfied (3)
- Moderately unsatisfied (2)
- Extremely unsatisfied (1)

---

Display This Question:

If *ORGANS\_NOW* = Penis/phallus (a part of your body, not a dildo)

INTRO4\_MSHQ The next set of questions concern the sexual activity you have had **in the last month**. In answering these questions, we want to know about all of the sexual activity you have had with your main partner, with other partners, or masturbating. By sexual activity, we mean any type of sex you may have had, including intercourse, oral sex, or any other sexual activities that could lead to ejaculation.

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*



MSHQ21 **In the last month**, how often have you had sexual activity, including masturbating, intercourse, oral sex, or any other type of sex? (Check only one)

- Daily or almost daily (5)
  - More than 6 times per month (4)
  - 4-6 times per month (3)
  - 1-3 times per month (2)
  - 0 times per month (1)
- 

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*

*And MSHQ21 = 0 times per month*



MSHQ22 When was the last time you had sex? (Check only one)

- 1-3 months ago (5)
- 4-6 months ago (4)
- 7-12 months ago (3)
- 13-24 months ago (2)
- More than 24 months ago (1)

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*

*And MSHQ21 = 0 times per month*



MSHQ23 What are the reasons you have not had sex in the last month? (Check all that apply.)

- I could not have sex because I could not get an erection. (1)
  - I could not have sex because I could not ejaculate or "cum". (4)
  - I did not want to have sex in the last month. (7)
  - I had no partner. (3)
  - Other (please specify) (4)
- 

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*



MSHQ24 Compared to **ONE month ago**, has the number of times you have had sexual activity increased or decreased?

- Increased a lot (5)
- Increased moderately (4)
- Neither increased nor decreased (3)
- Decreased moderately (2)
- Decreased a lot (1)

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*



MSHQ25 **In the last month**, have you been bothered by these changes in the number of times you have had sexual activity?

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

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*

INTRO5\_MSHQ These next questions ask about your urge or desire to have sex with **your main partner**. Some people refer to this as “feeling horny”. These questions concern the sexual urges you have felt toward your main partner, and not whether you actually had sex.

IF YOU DO NOT HAVE A MAIN PARTNER, PLEASE ANSWER ALL QUESTIONS WITHOUT REFERENCE TO A "MAIN PARTNER"

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*



**MSHQ26 In the last month**, how often have you felt an urge or desire to have sex with your main partner?

- All of the time (5)
- Most of the time (4)
- About half of the time (3)
- Less than half of the time (2)
- None of the time (1)

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*



**MSHQ27 In the last month**, how would you rate your urge or desire to have sex with your main partner?

- Very high (5)
- High (4)
- Moderate (3)
- Low (2)
- Very low or none at all (1)

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*



MSHQ28 **In the last month**, have you been bothered by your level of sexual desire? Have you been...

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

---

*Display This Question:*

*If ORGANS\_NOW = Penis/phallus (a part of your body, not a dildo)*



MSHQ29 Compared to **ONE month ago**, has your urge or desire for sex with your main partner increased or decreased?

- Increased a lot (5)
- Increased moderately (4)
- Neither increased nor decreased (3)
- Decreased moderately (2)
- Decreased a lot (1)

---

Page Break

Display This Question:

If MASTURBATE\_EVER = Yes



LUBE Do you use lubrication (also called "lube") when you masturbate?

- Always (3)
- Sometimes (2)
- Never (1)

---

Display This Question:

If ORGANS\_NOW = 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



LUBE\_VAG Do you use lubrication (also called "lube") when you have vaginal/front hole sex?

- Always (3)
- Sometimes (2)
- Never (1)
- I do not engage in this type of sex (0)



LUBE\_ANAL Do you use lubrication (also called "lube") when you have anal sex?

- Always (3)
- Sometimes (2)
- Never (1)
- I do not engage in this type of sex (0)

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SEXWORK\_INTRO **Sex Work**

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SEXWORK Have you ever engaged in sex or sexual activity in exchange **for money** (sex work) or worked in the sex industry (such as erotic dancing, webcam work, or porn films)?

- Yes (1)
  - No (0)
- 

*Display This Question:*  
If SEXWORK = Yes



SEXWORK\_TYPE What type of sex work or work in the sex industry have you ever done?  
(Check all that apply.)

- Street-based sex work (1)
  - Sex work advertised online (2)
  - Sex work advertised in magazines or newspapers (3)
  - Informal sex work through word of mouth, occasional hookups with dates in my network, or things like that (4)
  - Escort/call girl/rent boy with an agency (5)
  - Pornography/picture or video (6)
  - Phone sex (7)
  - Webcam work (8)
  - Erotic dancer/stripper (9)
  - Fetish work (dom, sub, switch) (10)
  - Something else (11)
- 



SEXWORK\_FOOD Have you engaged in sex or sexual activity in exchange **for food**?

- Yes, within the past year (2)
  - Yes, but more than a year ago (1)
  - No (0)
- 



SEXWORK\_SLEEP Have you engaged in sex or sexual activity in exchange **for a place to sleep**?

- Yes, within the past year (2)
  - Yes, but more than a year ago (1)
  - No (0)
- 



SEXWORK\_DRUGS Have you engaged in sex or sexual activity in exchange **for drugs**?

- Yes, within the past year (2)
- Yes, but more than a year ago (1)
- No (0)

**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 use of dating apps/sites, political views, and future research in The PRIDE Study. This section should take about 3 minutes to complete.

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Page Break

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APPUSE Please select **up to 3** of the following dating sites/apps that you use the most.

- I don't use any dating sites/apps (0)
- Adam4Adam (1)
- BBRT (2)
- Blendr (3)
- Bumble (4)
- Chappy (5)
- Coffee Meets Bagel (6)
- Compatible Partners (7)
- Craigslist (8)
- Feeld (9)
- FetLife (10)
- FWB (Friends With Benefits) (11)
- Grindr (12)
- Growlr (13)
- Happn (14)
- Hinge (15)

- Her (16)
- Hornet (17)
- Jack'd (18)
- Manhunt (19)
- Match.com (20)
- MR X (21)
- OKCupid (22)
- Plenty of Fish (POF) (23)
- Recon (24)
- Seeking Arrangement (25)
- Scissr (26)
- Scruff (27)
- Surge (28)
- The League (29)
- Thrust (30)
- Tinder (31)

Zoe (32)

Other (please specify) (33)

---

*Display This Question:*

*If APPUSE != I don't use any dating sites/apps*

*And And Please select up to 3 of the following dating sites/apps that you use the most.  
q://QID973/SelectedChoicesCount Is Greater Than or Equal to 1*

APPTIME On average, which best describes the amount of time you spend on dating sites/apps?

Less than 1 hour a week (1)

1-6 hours per week (2)

1 hour per day (3)

2 hours per day (4)

3 or more hours per day (5)

*Display This Question:*

*If APPUSE != I don't use any dating sites/apps*

*And And Please select up to 3 of the following dating sites/apps that you use the most.  
q://QID973/SelectedChoicesCount Is Greater Than or Equal to 1*

APPMEET How often do you meet up with someone from a dating site/app?

- Almost never (1)
- About once per month (2)
- A couple of times per month (3)
- About once per week (4)
- Several times per week (5)
- Daily (6)

---

*Display This Question:*

*If APPUSE != I don't use any dating sites/apps*

*And And Please select up to 3 of the following dating sites/apps that you use the most.*

*q://QID973/SelectedChoicesCount Is Greater Than or Equal to 1*



APPDISC Some people report experiencing discrimination or harassment on dating sites/apps due to their personal characteristics. Have you ever experienced discrimination or harassment on a dating site/app due to any of the following? (Check all the apply.)

- I have never experienced discrimination/harassment on dating sites/apps (0)
- My ability/disability status (1)
- My age (2)
- My body size or shape (3)
- My gender expression (4)
- My gender identity (5)
- My HIV status (6)
- The language I speak or sign (7)
- My participation in BDSM, kink, or other sexual activities (8)
- My political views (9)
- My preferred safer sex practices (e.g., PrEP, condoms) (10)
- My race and/or ethnicity (11)
- My sexual orientation (12)
- My skin color (13)
- My spiritual/religious affiliation (14)

Another reason (please specify) (15)

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*Display This Question:*

*If APPUSE != I don't use any dating sites/apps*

*And And Please select up to 3 of the following dating sites/apps that you use the most.*

*q://QID973/SelectedChoicesCount Is Greater Than or Equal to 1*

APPFREE If you would like to, please tell us more about your experiences (positive and/or negative) using dating sites/apps.

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Page Break

ADDITIONALQ\_INTRO **More About Me**

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POLPARTY In politics, as of today, do you consider yourself a Democrat, an Independent, a Republican, or another party?

- Democrat (1)
  - Independent (2)
  - Republican (3)
  - Another party (please specify) (4)
- 
- I do not identify with any political party. (5)
- 

*Display This Question:*

*If POLPARTY = Independent*

INDEP\_LEANING As of today, do you lean more toward the Democratic Party or the Republican Party?

- Democratic Party (1)
  - Republican Party (2)
  - Neither/Other (3)
-

VOTE Did you vote in the 2016 election year?

- Yes (1)
  - No (2)
  - I do not remember (3)
  - I am not eligible to vote (4)
- 

VOTE\_INTEND Did you intend to vote, or have you already voted, in the 2018 election year?

- Yes (1)
  - No (2)
  - I do not remember if I voted (3)
  - I have not yet decided (4)
  - I am not eligible to vote (5)
- 

POLVIEWS How would you describe your political views?

- Very conservative (1)
  - Conservative (2)
  - Moderate (3)
  - Liberal (4)
  - Very liberal (5)
- 

Page Break

IMMSTATUS What is your citizenship or immigration status in the U.S.?

*As a reminder, your answers are confidential and cannot be used against you. 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).*

- U.S. citizen by birth (1)
- U.S. citizen by naturalization (2)
- Permanent resident (Green card holder) (3)
- A visa holder (such as F-1, J-1, H-1B, and U) (4)
- DACA (Deferred Action for Childhood Arrival) (5)
- Refugee status (6)
- Undocumented resident (7)
- Currently under a withholding of removal status (8)
- Other documented status not mentioned above (9)
- I'd prefer not to disclose this (10)

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Page Break

## FUTURERES\_INTRO Future Research in The PRIDE Study

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FUTURERES\_INTRO2 In the future, The PRIDE Study may conduct optional research studies that involve taking certain measurements at home such as your heart rate or blood pressure. Additionally, The PRIDE Study may conduct optional research studies that include collection of biological specimens such as saliva, urine, hair samples, or blood.

In order to determine if these are research studies that we should conduct, we are asking the next questions to find out which devices our participants own and what specimens they would be willing to give us for research purposes.

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SCALE Do you own a scale that can measure your weight? It does not need to be a digital scale or a "smart" scale that is connected to the Internet.

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



BPCUFF Do you own an automatic (digital) blood pressure cuff that goes around your upper arm (not your wrist)?

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



GLUCMETER Do you own a glucometer (a device that checks your blood sugar level using a small drop of blood obtained by a fingerstick)?

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



SALIVA Would you be willing to participate in research studies that request that you submit a saliva (spit) sample?

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



URINE Would you be willing to participate in research studies that request that you submit a urine (pee) sample?

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



HAIR Would you be willing to participate in research studies that request that you submit a hair sample?

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



BLOOD Would you be willing to participate in research studies that request that you submit a blood sample?

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



BUCCAL Would you be willing to participate in research studies that request that you submit a cheek scraping (where you gently scrape the inside of your cheek to get cells from inside your mouth)? This is also known as a buccal swab.

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

SPEC\_COMM\_FREE If you have any specific ideas or concerns that you would like to share with us about giving biological samples to The PRIDE Study, please describe them here.

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DNA Have you ever done DNA genetic testing with any of the following companies? (Check all that apply.)

- 23andMe (1)
  - AncestryDNA (2)
  - CRI Genetics (3)
  - FamilyTree DNA (4)
  - HomeDNA (5)
  - Living DNA (6)
  - MyHeritage DNA (7)
  - National Geographic Genographic Project (8)
  - Another company (please specify) (9)
- 
- None of these (0)

-----  
*Display This Question:*

*If Have you ever done DNA genetic testing with&nbsp;any of the following&nbsp;companies?  
(Check all that apply.) q://QID695/SelectedChoicesCount Is Greater Than or Equal to 1*

*And DNA != None of these*



DNA\_SHARE Would you be willing to share your DNA genetic testing results with The PRIDE Study?

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

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Page Break

JOY We at The PRIDE Study are interested in what makes people thrive. Therefore, can you tell us a bit about what brings you joy?

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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

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TY\_RESOURCES\_SUPP

**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 Supplement** 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 the Gay and Lesbian Medical Association: [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

**TO LOG YOUR SURVEY AS COMPLETE, PLEASE ADVANCE TO NEXT SCREEN and then select "Back to Dashboard"**

End of Block: Miscellaneous

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