

# 2021 Annual Questionnaire

---

## Start of Block: Introductory Block

META Browser Meta Info

Browser (1)

Version (2)

Operating System (3)

Screen Resolution (4)

Flash Version (5)

Java Support (6)

User Agent (7)

---

BROWSER\_NOTICE

### **IMPORTANT**

Depending on the browser you are using, you may need to scroll up to the top of each survey screen to see all the questions.

Some browsers will auto-scroll to the top of each survey screen, while others do not. We recommend using **Chrome**. We apologize for the inconvenience.

Please advance to the next screen to start this survey.

---

Page Break

## INTRO

### Welcome to the 2021 Annual Questionnaire!

#### PLEASE READ THIS

Welcome to The PRIDE Study's 2021 Annual Questionnaire. We really appreciate your willingness to help us understand LGBTQ+ health over time and advance scientific knowledge about the health of LGBTQ+ people!

One of The PRIDE Study's goals is to create a comprehensive understanding of our LGBTQ+ communities' physical, mental, and social health. To do that, we ask many questions.

Part of creating a comprehensive understanding of physical, mental, and social health is understanding how health changes over time. This questionnaire is about your experiences in the **LAST 12 MONTHS**. Some questions were asked in previous questionnaires or may be similar to questions in the "My Profile" and "My Health" sections of The PRIDE Study as well as The PRIDE Study's Lifetime Health & Experiences Survey. We apologize for what seems like duplicated questions. However, asking these questions is important to make comparisons to the overall US population and to understand your health over time.

Many questions are 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, we use these questions so that we can make comparisons to the overall US population.

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).

---

Page Break

## INTRO2 HOW TO SAVE YOUR SURVEY TO FINISH LATER

We estimate that this Annual Questionnaire will take about 35-60 minutes to complete.

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 of the screen. You will return to your Dashboard.

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

---

INTRO3 We are collecting data for the purposes of research only and not to diagnose or treat a medical condition, nor to provide medical care or support of health needs. Responses provided here are not monitored in real time. If you feel distress at any point in the survey, please seek medical support. Here are some national resources but local ones in your area may also be available: The National Suicide Prevention Lifeline can be reached at 1-800-273-8255 or check out their materials including a 24/7 Lifeline and an online chat function at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) and the LGBT National Hotline can be reached at 1-888-843-4564 or [www.glbthotline.org](http://www.glbthotline.org). Please reach out 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.

---

Page Break

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)

---

-----

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) \_\_\_\_\_

*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\_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"

\_\_\_\_\_

*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) \_\_\_\_\_

---

*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) \_\_\_\_\_

---

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

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) \_\_\_\_\_

---

*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) \_\_\_\_\_

---

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

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) \_\_\_\_\_

---

*Display This Question:*  
If RACE\_ETHN = White *(For example: English, European, French, German, Irish, Italian, Polish, etc.)*



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

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

---

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



HL\_WHICH You selected the category Hispanic, Latino, or Spanish. With which of the following terms related to Hispanic, Latino, or Spanish ethnicity do you identify? (Check all that apply.)

- Chicana (1)
  - Chicano (2)
  - Hispanic (3)
  - Hispano (4)
  - Latina (5)
  - Latine (6)
  - Latino (7)
  - Latinx (8)
  - Spanish (9)
  - Another term not listed (please specify) (10)
- 

-----

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



HL\_WHICH\_ME Which term do you think best describes you related to your Hispanic, Latino, or Spanish ethnicity? (Please select only one.)

- Chicana (1)
- Chicano (2)
- Hispanic (3)
- Hispano (4)
- Latina (5)
- Latine (6)
- Latino (7)
- Latinx (8)
- Spanish (9)
- Another term not listed (please specify) (10)

---

-----

Page Break 

---

Display This Question:

- If HL\_WHICH\_ME = Chicana
- Or HL\_WHICH\_ME = Chicano
- Or HL\_WHICH\_ME = Hispanic
- Or HL\_WHICH\_ME = Hispano
- Or HL\_WHICH\_ME = Latina
- Or HL\_WHICH\_ME = Latine
- Or HL\_WHICH\_ME = Latino
- Or HL\_WHICH\_ME = Latinx
- Or HL\_WHICH\_ME = Spanish

HL\_WHICH\_WHY1 You said  $\{HL\_WHICH\_ME/ChoiceGroup/SelectedChoices\}$  describes you best. If you wish, please tell us more about why you identify most with  $\{HL\_WHICH\_ME/ChoiceGroup/SelectedChoices\}$  and not the other terms listed.

---

---

---

---

---

Display This Question:

If HL\_WHICH\_ME = Another term not listed (please specify)

HL\_WHICH\_WHY2 You said  $\{HL\_WHICH\_ME/ChoiceGroup/SelectedChoicesTextEntry\}$  describes you best. If you wish, please tell us more about why you identify most with  $\{HL\_WHICH\_ME/ChoiceGroup/SelectedChoicesTextEntry\}$  and not the other terms listed.

---

---

---

---

---

Page Break

---

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



GENDERID

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

- Agender (1)
  - Cisgender man (2)
  - Cisgender woman (3)
  - Genderqueer (4)
  - Man (5)
  - Non-binary (6)
  - Questioning (7)
  - Transgender man (8)
  - Transgender woman (9)
  - Two-spirit (10)
  - Woman (11)
  - Another gender identity (please specify) (12)
-





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

- Female (2)
- Male (1)



INTERSEX Do you identify as intersex?

- Yes (1)
- No (0)

*Display This Question:*  
If INTERSEX = Yes

INTERSEX\_DEF What does being intersex mean to you?

---

---

---

---

---



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)
  - Two-spirit (10)
  - Another sexual orientation (please specify) (11)
- 

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 all 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. People have a wide range of language or terms for their physical anatomy (not all of which are listed here). Which of the following organs were you **born** with? (Check all that apply.)

- Cervix (you likely have/had this if you were assigned female sex at birth) (1)
  - Ovaries (2)
  - Penis/Phallus (not including a prosthetic) (3)
  - Prostate (you likely have/had this if you were assigned male sex at birth) (4)
  - Testicles (5)
  - Uterus/Womb (6)
  - Vagina/Frontal genital opening (7)
- 



ORGANS\_BREASTS Have you **EVER** had breasts or breast tissue?

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

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

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 (not including a prosthetic) (4)
- Prostate (you likely have this if you were assigned male sex at birth) (5)
- Testicles (6)
- Uterus/Womb (7)
- Vagina/Frontal genital opening (8)

---

Page Break

Display This Question:

If *ORGANS\_NOW* = *Vagina/Frontal genital opening*



VAGINA\_BRANCH You have indicated that you currently have a vagina/frontal genital opening. In order to customize the rest of this questionnaire, please select the term you would like us to use to describe your vagina/frontal genital opening.

- Please use the term "vagina." (1)
- Please use the term "frontal genital opening." (2)

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

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

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

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

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

\_\_\_\_\_



ZIP\_AQ What is your ZIP code? (This is the 5-digit code that helps direct U.S. Mail to 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.) (1)

Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) (2)

People who identify as both a sexual AND gender minority (3)

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

SELFBIN\_INTRO We are interested in how people may identify on other surveys that may have fewer identity options.

---



SELFBIN\_GI If you had to choose only one of the following terms, which best describes your current gender identity?

("Cisgender" here means identifying with the sex assigned to you at birth. For example, a cisgender woman identifies as a woman and was assigned female sex at birth.)

- Cisgender man (1)
  - Cisgender woman (2)
  - Non-binary (3)
  - Transgender man (4)
  - Transgender woman (5)
  - Another gender identity (6)
- 





SELFBIN\_SO If you had to choose only one of the following terms, which best describes your current sexual orientation?

- Asexual/Demisexual/Gray-Ace (1)
- Bisexual/Pansexual (2)
- Gay/Lesbian (3)
- Queer (4)
- Straight/Heterosexual (5)
- Another sexual orientation (6)

-----  
Page Break



ATTRACTION\_ROM We would like to know more about your current **romantic** feelings toward other people. Please select all of the people you have romantic feelings for: (Check all that apply.)

- Cisgender men (identify as men and were assigned male sex at birth) (1)
  - Cisgender women (identify as women and were assigned female sex at birth) (3)
  - 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)
  - Transgender men (identify as men and were assigned female sex at birth) (2)
  - Transgender women (identify as women and were assigned male sex at birth) (4)
  - I am romantically attracted to people of another gender(s) (please specify) (7)
- 
- I am not romantically attracted to people of any gender (0)
  - I don't know (88)



ATTRACTION\_SEX We would like to know more about your current **sexual** attractions to other people. Please select all of the people you are attracted to: (Check all that apply.)

- Cisgender men (identify as men and were assigned male sex at birth) (1)
- Cisgender women (identify as women and were assigned female sex at birth) (3)
- 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)
- Transgender men (identify as men and were assigned female sex at birth) (2)
- Transgender women (identify as women and were assigned male sex at birth) (4)
- I am sexually attracted to people of another gender(s) (please specify) (7)

---

- I am not sexually attracted to people of any gender (0)
- I don't know (88)

Page Break

PRONOUNS People are often referred to by pronouns instead of their names, such as they/theirs, she/hers, he/his, ze/hirs.

Which pronouns do you **want** people to use to refer to you? (Check all that apply.)

- He, him, his (1)
  - She, her, hers (2)
  - They, them, theirs (3)
  - Ze, hir, hirs (4)
  - No pronouns. I want people to only use my name. (5)
  - Any pronouns are fine. I don't have a preference. (6)
  - Pronouns not listed above (please specify) (7)
- 



PRONOUNS\_USE What percentage of time do people use the pronouns you selected above (considering all situations)?

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



CHONAME People often have a chosen name that is different than the name they were given at birth. Do you have a name like that?

- Yes (1)
- No (0)

---

*Display This Question:*  
If CHONAME = Yes



CHONAME\_USE What percentage of time do people use your chosen name?

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



NAME\_CHG\_EV20 Have you **EVER** changed how your name is listed on any IDs or records that list your name, such as your birth certificate, driver's license, insurance cards, passport, tribal ID, etc.?

- Yes (1)
- No (0)



*Display This Question:*  
If NAME\_CHG\_EV20 = Yes



NAME\_CHG\_YR20 Did you make any of these changes in the **PAST 12 MONTHS?**

- Yes (1)
- No (0)

---

*Display This Question:*  
If CHONAME = Yes



NAME\_CORRECT Think about how your name is listed on all of your IDs and records that list your name, such as your birth certificate, driver’s license, passport, tribal ID, etc. Which of the statements below is most true?

Note: For the purposes of this question, your chosen name is the name that is most affirming to you.

- All of my IDs and records list my chosen name. (2)
- Some of my IDs and records list my chosen name. (1)
- None of my IDs and records list my chosen name. (0)

---

*Display This Question:*  
If NAME\_CORRECT = Some of my IDs and records list my chosen name.



NAME\_DOCS Please select which IDs and records show your chosen name. (Check all that apply.)

Note: For the purposes of this question, your chosen name is the name that is most affirming to you.

- Birth certificate (1)
  - Driver's license (2)
  - Health insurance card (3)
  - Passport (4)
  - School/work identification card (6)
  - State identification card (7)
  - Tribal identification card (8)
  - Another record/card/document (9)
- 

Page Break

---





MARKER\_CHG\_EV20 Have you **EVER** changed how your gender is listed on any IDs or records that list your gender, such as your birth certificate, driver's license, insurance cards, passport, tribal ID, etc.?

- Yes (1)
- No (0)

---

*Display This Question:*

*If MARKER\_CHG\_EV20 = Yes*



MARKER\_CHG\_YR20 Did you make any of these changes in the **PAST 12 MONTHS**?

- Yes (1)
- No (0)



MARKER\_ACCURATE Think about how your gender is listed on all of your IDs and records that list your gender, such as your birth certificate, driver's license, passport, tribal ID, etc. Which of the statements below is most true?

Note: For the purposes of this question, your accurate gender is the gender that is most affirming to you.

- All of my IDs and records list my accurate gender. (2)
- Some of my IDs and records list my accurate gender. (1)
- None of my IDs and records list my accurate gender. (0)

Display This Question:

If MARKER\_ACCURATE = Some of my IDs and records list my accurate gender.



MARKER\_DOCS Please select which IDs and records show your accurate gender. (Check all that apply.)

Note: For the purposes of this question, your accurate gender is the gender that is most affirming to you.

- Birth certificate (1)
  - Driver's license (2)
  - Health insurance card (3)
  - Passport (4)
  - School/work identification card (6)
  - State identification card (7)
  - Tribal identification card (8)
  - Another record/card/document (9)
- 

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: Introductory Block

---

### 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 4 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!



MENTALDX1 Do you currently have any of the following conditions that have been diagnosed by a health care provider? (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 (0)



MENTALDX2 Do you currently have any of the following conditions that have been diagnosed by a health care provider? (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 (0)



MENTALDX3 Do you currently have any of the following conditions that have been diagnosed by a health care provider? (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 (0)
- 



MENTALDX4 Do you currently have any of the following conditions that have been diagnosed by a health care provider? (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 (0)

---

Page Break

Display This Question:

If Do you currently have any of the following conditions that have been diagnosed by a health care p... q://QID12/SelectedChoicesCount Is Greater Than or Equal to 1

And MENTALDX1 != None of the above

Or If

If Do you currently have any of the following conditions that have been diagnosed by a health care p... q://QID20/SelectedChoicesCount Is Greater Than or Equal to 1

And MENTALDX2 != None of the above

Or If

If Do you currently have any of the following conditions that have been diagnosed by a health care p... q://QID19/SelectedChoicesCount Is Greater Than or Equal to 1

And MENTALDX3 != None of the above

Or If

If Do you currently have any of the following conditions that have been diagnosed by a health care p... q://QID18/SelectedChoicesCount Is Greater Than or Equal to 1

And MENTALDX4 != None of the above



MENTALDX\_PASTYR Were any of these conditions diagnosed within the **PAST 12 MONTHS**?  
(Check all that apply.)

None of these were diagnosed in the past 12 months. (0)

*Display This Choice:*  
*If MENTALDX1 = Depression*

Depression (1)

*Display This Choice:*  
*If MENTALDX1 = Bipolar Disorder*

Bipolar Disorder (2)

*Display This Choice:*  
*If MENTALDX1 = Any anxiety disorder*

Any anxiety disorder (3)

*Display This Choice:*  
*If MENTALDX1 = Generalized Anxiety Disorder*

Generalized Anxiety Disorder (4)

*Display This Choice:*  
*If MENTALDX1 = Post-Traumatic Stress Disorder (PTSD)*

Post-Traumatic Stress Disorder (PTSD) (5)

*Display This Choice:*  
*If MENTALDX2 = Agoraphobia or Panic Disorder*

Agoraphobia or Panic Disorder (6)

*Display This Choice:*  
*If MENTALDX2 = Social Phobia or Social Anxiety Disorder*

Social Phobia or Social Anxiety Disorder (7)

*Display This Choice:*  
*If MENTALDX2 = Schizophrenia or a psychotic disorder or that you had a "psychotic episode" or "psychotic break"*



Schizophrenia or a psychotic disorder or that you had a "psychotic episode" or "psychotic break" (8)

*Display This Choice:*

*If MENTALDX2 = Obsessive Compulsive Disorder (OCD)*

Obsessive Compulsive Disorder (OCD) (9)

*Display This Choice:*

*If MENTALDX2 = Chronic Tic Disorder or Tourette Syndrome*

Chronic Tic Disorder or Tourette Syndrome (10)

*Display This Choice:*

*If MENTALDX3 = Trichotillomania (hair pulling disorder)*

Trichotillomania (hair pulling disorder) (11)

*Display This Choice:*

*If MENTALDX3 = Chronic skin picking or Excoriation Disorder*

Chronic skin picking or Excoriation Disorder (12)

*Display This Choice:*

*If MENTALDX3 = Body Dysmorphic Disorder (BDD)*

Body Dysmorphic Disorder (BDD) (13)

*Display This Choice:*

*If MENTALDX3 = Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)*

Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) (14)

*Display This Choice:*

*If MENTALDX3 = Any personality disorder (such as Borderline Personality Disorder or Narcissistic Personality Disorder)*

Any personality disorder (such as Borderline Personality Disorder or Narcissistic Personality Disorder) (15)

*Display This Choice:*

*If MENTALDX4 = Alcoholism or Alcohol Use Disorder*

Alcoholism or Alcohol Use Disorder (16)

*Display This Choice:*

*If MENTALDX4 = Drug or Substance Use Disorder*

Drug or Substance Use Disorder (17)

*Display This Choice:*

*If MENTALDX4 = Any eating disorder (such as anorexia or bulimia)*

Any eating disorder (such as anorexia or bulimia) (18)

*Display This Choice:*

*If MENTALDX4 = Insomnia or another sleep disorder*

Insomnia or another sleep disorder (19)

*Display This Choice:*

*If MENTALDX4 = Hypochondriasis or Illness Anxiety Disorder*

Hypochondriasis or Illness Anxiety Disorder (20)

*Display This Choice:*

*If MENTALDX4 = Dissociative Identity Disorder or another dissociative disorder*

Dissociative Identity Disorder or another dissociative disorder (21)

-----  
Page Break

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

---



PROB\_DEPRESSION In the **PAST 12 MONTHS**, do you think that you had depression?

- I have never had this problem in the past 12 months (0)
  - Yes, I have at some time in the past 12 months, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



PROB\_ANXIETY In the **PAST 12 MONTHS**, do you think that you had a problem with anxiety?

- I have never had this problem in the past 12 months (0)
  - Yes, I have at some time in the past 12 months, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



PROB\_ALCOHOL In the **PAST 12 MONTHS**, do you think that you had a problem with alcohol use?

- I have never had this problem in the past 12 months (0)
  - Yes, I have at some time in the past 12 months, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



PROB\_SUBST In the **PAST 12 MONTHS**, do you think that you had a problem with drug or substance use (other than alcohol)?

- I have never had this problem in the past 12 months (0)
  - Yes, I have at some time in the past 12 months, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



PROB\_EATING In the **PAST 12 MONTHS**, do you think that you had an eating disorder or a problem with eating?

- I have never had this problem in the past 12 months (0)
  - Yes, I have at some time in the past 12 months, but not now (1)
  - Yes, and I think I still have this problem (2)
- 



SELFHARM In the **PAST 12 MONTHS**, have you purposefully physically harmed or injured yourself (for example, cutting or burning yourself)?

- Yes (1)
  - No (0)
- 



MED\_MENTAL Which of the following best describes your use of medications for stress or mental health problems in the **PAST 12 MONTHS**?

- I have not taken medication for these reasons in the past 12 months (0)
- I took medication for at least one of these reasons in the past 12 months, but not now (1)
- I currently take medication for at least one of these reasons (2)

---

*Display This Question:*

*If MED\_MENTAL = I took medication for at least one of these reasons in the past 12 months, but not now*

*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 in the **PAST 12 MONTHS**?

- 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)

---

*Display This Question:*

*If PROB\_SUBST = Yes, I have at some time in the past 12 months, but not now*

*Or PROB\_SUBST = Yes, and I think I still have this problem*



MED\_SUBST Which of the following best describes your use of medications for substance use problems in the **PAST 12 MONTHS**?

- I have not taken medication for this reason in the past 12 months (0)
- I took medication for this reason in the past 12 months, but not now (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 in the **PAST 12 MONTHS**?

- I have not been in psychotherapy/counseling for these reasons in the past 12 months (0)
- I was in psychotherapy/counseling for at least one of these reasons in the past 12 months, but not now (1)
- I am currently in psychotherapy/counseling for at least one of these reasons (2)

---

*Display This Question:*

*If PROB\_SUBST = Yes, I have at some time in the past 12 months, but not now*

*Or PROB\_SUBST = Yes, and I think I still have this problem*



COUNSEL\_SUBST Which of the following best describes your use of psychotherapy/counseling for substance use problems in the **PAST 12 MONTHS**?

- I have not been in psychotherapy/counseling for this reason in the past 12 months (0)
- I was in psychotherapy/counseling for this reason in the past 12 months, but not now (1)
- I am currently in psychotherapy/counseling for this reason (2)

---

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 SMOKER = 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?

---





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)
  - E-cigarette or vape device without nicotine (9)
  - Nicotine replacement products (e.g., patch, gum, lozenge) (10)
  - Snuff (11)
  - Snus (12)
  - Other tobacco or nicotine containing product (please specify) (13)
- 
- I have not used any tobacco product other than cigarettes in the past month  
(14)

month (0)

I have not used any tobacco- or nicotine-containing products in the past

---

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)
- 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)



ALC\_DAYSWK On average, how many days a week do you have an alcoholic beverage?

---



ALC\_TYPCDAY On a typical drinking day, how many drinks do you have?

---



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)

---

*Display This Question:*  
If AUDIT1 != Never



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



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



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

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 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?

- 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 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\_RESOURCE2 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; they offer a 24/7 Lifeline and an online chat function at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)) or 1-888-843-4564 (LGBT National Hotline, [www.glbthotline.org](http://www.glbthotline.org)) 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.

---



SUICIDE\_EMAIL2 If you would like resources about the National Suicide Prevention Lifeline emailed to you, please enter your email address here:

---

---

Page Break

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

---



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)

---

Page Break



PCL\_INTRO Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then select how much you have been bothered by the problem in the **PAST MONTH**.

---



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)
- 



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)
- 



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 experienced this kind of event?

- Yes, in the PAST 12 MONTHS (2)
- Yes, more than 12 months ago (1)
- No (0)

---

Page Break



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)

---

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; they offer a 24/7 Lifeline and an online chat function at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)) or 1-888-843-4564 (LGBT National Hotline, [www.glbthotline.org](http://www.glbthotline.org)) 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.



SUICIDE\_EMAIL If you would like resources about the National Suicide Prevention Lifeline emailed to you, please enter your email address here:

---

---

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)
-

X→

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)
- 

X→

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)
- 

X→

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)

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

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



DRUGS In your **LIFETIME**, which of the following substances have you ever used - either prescribed or not prescribed by a health care provider? (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 = Cannabis (marijuana, pot, grass, hash, etc.)

X→

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

X→

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)
- 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 CAN\_LASTUSE = More than 30 days ago but within the past 12 months*

*Or CAN\_LASTUSE = Within the past 30 days*



CAN\_FREQ In the **PAST 3 MONTHS**, how often have you used cannabis (marijuana, pot, grass, hash, etc.)?

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

---

*Display This Question:*

*If CAN\_FREQ = Once or Twice*

*Or CAN\_FREQ = Monthly*

*Or CAN\_FREQ = Weekly*

*Or CAN\_FREQ = Daily or Almost Daily*



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

Yes (1)

No (0)

---

*Display This Question:*

*If CAN\_ANYMD = Yes*



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



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 = 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 = 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 = 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)
- 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 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 3 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 = 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 = 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 = 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 = Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)*



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

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

*Display This Question:*

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



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

- 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 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 3 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* = 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* = 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 = 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 = 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)
- 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 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 3 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 = 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 = 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 = 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 = Inhalants (nitrous oxide, glue, gas, paint thinner, etc.) <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)
- 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 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 3 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 = Inhalants (nitrous oxide, glue, gas, paint thinner, etc.) <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 = Inhalants (nitrous oxide, glue, gas, paint thinner, etc.) <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 = 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 (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 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 3 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 = 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 = 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 = Inhaled nitrates (poppers)*



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

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

---

*Display This Question:*

*If DRUGS = Inhaled nitrates (poppers)*

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

X→

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

X→

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 (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 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 3 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 = 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 = 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 = 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

---

*Display This Question:*

*If DRUGS = 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)
- 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 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 3 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*

X→

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*

X→

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*

X→



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 = 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 = 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 = Hallucinogens (LSD, acid, mushrooms, PCP, ketamine, etc.)

X→

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

X→

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)
- 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 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 3 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

X→

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

X→

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

X→

HALL\_URGE In the **PAST 3 MONTHS**, how often have you had a strong desire or urge to use hallucinogens (LSD, acid, mushrooms, PCP, 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 = 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 = 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 = 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

---

Display This Question:

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

X→

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

X→

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)
- 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 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 3 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

X→

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

X→

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 = 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 = 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 = 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 = 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)
- 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 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 3 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 = 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 = 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 = 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 = 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 (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 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 3 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 = 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 = 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 = 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 = Other 1 (please list only 1 drug)*

X→

OTDRUG1\_LASTUSE How long has it been since you **last** used  
\${DRUGS/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*

X→

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

- 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 OTDRUG1\_LASTUSE = Within the past 30 days*

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



OTDRUG1\_FREQ In the **PAST 3 MONTHS**, how often have you used  
\${DRUGS/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

X→

OTDRUG1\_ANYMD Was any of your  $\{\text{DRUGS/ChoiceTextEntryValue/11}\}$  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

X→

OTDRUG1\_ALLMD Was all of your  $\{\text{DRUGS/ChoiceTextEntryValue/11}\}$  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

X→

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

- 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*



OTDRUG1\_PROBS During the **PAST 3 MONTHS**, how often has your use of  $\{\text{\$}\{\text{DRUGS}/\text{ChoiceTextEntryValue}/11\}\}$  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



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/ChoiceTextEntryValue/11}?

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

---

Display This Question:

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



OTDRUG1\_CONCERN Has a friend or relative or anyone else **EVER** expressed concern about your use of \${DRUGS/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 = Other 1 (please list only 1 drug)



OTDRUG1\_STOP Have you **EVER** tried and failed to control, cut down, or stop using `#{DRUGS/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 = Other 1 (please list only 1 drug)*



OTDRUG1\_INJECT Have you **EVER** used `#{DRUGS/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 = Other 2 (please list only 1 drug)



OTDRUG2\_LASTUSE How long has it been since you **last** used  
\${DRUGS/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



OTDRUG2\_DAYS In the **PAST 30 DAYS**, on how many days have you used  
\${DRUGS/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*



OTDRUG2\_FREQ In the **PAST 3 MONTHS**, how often have you used  
\${DRUGS/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

X→

OTDRUG2\_ANYMD Was any of your  $\{\text{DRUGS/ChoiceTextEntryValue/12}\}$  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

X→

OTDRUG2\_ALLMD Was all of your  $\{\text{DRUGS/ChoiceTextEntryValue/12}\}$  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

X→

OTDRUG2\_URGE In the **PAST 3 MONTHS**, how often have you had a strong desire or urge to use  $\{\text{\$}\{\text{DRUGS}/\text{ChoiceTextEntryValue}/12\}\}$ ?

- 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*



OTDRUG2\_PROBS During the **PAST 3 MONTHS**, how often has your use of  $\{\text{\$}\{\text{DRUGS}/\text{ChoiceTextEntryValue}/12\}\}$  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



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/ChoiceTextEntryValue/12}?

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

---

Display This Question:

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



OTDRUG2\_CONCERN Has a friend or relative or anyone else **EVER** expressed concern about your use of \${DRUGS/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 = Other 2 (please list only 1 drug)



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

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

---

*Display This Question:*

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



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

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

---

Page Break

*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*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Or HEROIN\_LASTUSE = Within the past 30 days*

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

*Or NARC\_LASTUSE = Within the past 30 days*

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

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

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

*Or OTDRUG1\_LASTUSE = Within the past 30 days*

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

*Or OTDRUG2\_LASTUSE = Within the past 30 days*

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

CHEMSEX Which of the following substances did you use during sexual activity with another person within the **PAST 12 MONTHS**? (Check all that apply.)

*Display This Choice:*

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

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

Cannabis (marijuana, pot, grass, hash, etc.) (1)

*Display This Choice:*

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

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

Cocaine (coke, crack, etc.) (2)

*Display This Choice:*

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

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

Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) (3)

*Display This Choice:*

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

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

Methamphetamine (speed, crystal meth, tina, ice, etc.) (4)

*Display This Choice:*

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

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

Inhalants (nitrous oxide, glue, gas, paint thinner, etc.) **not** including inhaled nitrates (poppers) (5)

*Display This Choice:*

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

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

Inhaled nitrates (poppers) (6)

*Display This Choice:*

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

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

Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, etc.) (7)

Display This Choice:

If GHB\_LASTUSE = Within the past 30 days

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

GHB (G, gamma-hydroxybutyric acid) (8)

Display This Choice:

If HALL\_LASTUSE = Within the past 30 days

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

Hallucinogens (LSD, acid, mushrooms, PCP, ketamine, etc.) (9)

Display This Choice:

If HEROIN\_LASTUSE = Within the past 30 days

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

Street opioids (heroin, opium, etc.) (10)

Display This Choice:

If NARC\_LASTUSE = Within the past 30 days

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

Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) (11)

Display This Choice:

If MDMA\_LASTUSE = Within the past 30 days

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

MDMA (Ecstasy or Molly) (12)

Display This Choice:

If OTDRUG1\_LASTUSE = Within the past 30 days

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

#{DRUGS/ChoiceTextEntryValue/11} (13)

Display This Choice:

If OTDRUG2\_LASTUSE = Within the past 30 days

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

#{DRUGS/ChoiceTextEntryValue/12} (14)

I did not use any of these substances during sexual activity with another person. (15)

---

MH\_OUTRO You have completed the Mental Health section! This is one of 4 sections! 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 Block

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 4 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!





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

- Yes (1)
- No (0)

---

*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)
- Attention Deficit Hyperactive Disorder (ADHD) (39)
- Autism (2)
- Back or neck problem (3)
- Benign tumors, cysts (4)
- Birth defect (5)
- Cancer (6)
- Circulation problems (including blood clots) (7)
- Depression/anxiety/emotional problem (8)
- Diabetes (9)
- Ehlers-Danlos Syndrome (EDS) (40)
- Epilepsy, seizures (10)
- Fibromyalgia, lupus (11)
- Fracture, bone/joint injury (12)
- Hearing problem (13)
- Heart problem (14)

- Hernia (15)
- Hypertension/high blood pressure (16)
- Intellectual/developmental disability (17)
- Kidney, bladder or renal problems (18)
- Knee problems (not arthritis, not joint injury) (19)
- Lung/breathing problem (for example, asthma and emphysema) (20)
- Memory (21)
- Migraine headaches (not just headaches) (22)
- Missing limbs (fingers, toes or digits), amputee (23)
- Multiple Sclerosis (MS), Muscular Dystrophy (MD) (24)
- Osteoporosis, tendinitis (25)
- Other developmental problem (for example cerebral palsy) (26)
- Other injury (27)
- Other nerve damage, including carpal tunnel syndrome (28)
- Parkinson's disease, other tremors (29)
- Polio (myelitis), paralysis, para/quadruplegia (30)

- Post-Traumatic Stress Disorder (PTSD) (41)
- Stroke problem (31)
- Thyroid problems, Grave's disease, gout (32)
- Ulcer (33)
- Varicose veins, hemorrhoids (34)
- Vision/problem seeing (35)
- Weight problem (36)
- Other impairment/problem (please specify one) (37)

---

- Other impairment/problem (please specify one) (38)

---

-----  
Page Break



DIS\_WORK In the **PAST 12 MONTHS**, have you been unable to work due to a disability?

- Yes (1)
  - No (0)
- 



DISABILPAY In the **PAST 12 MONTHS**, have you received Supplemental Security Income (SSI) or other government disability assistance related to a disability status?

- Yes (1)
  - No (0)
- 

Page Break 

---

DIS\_OMB\_INTRO In addition to the questions 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

WHODAS\_INTRO This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the **PAST 30 DAYS** and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please select only one response.

-----



WHODAS\_S1 In the **PAST 30 DAYS**, how much difficulty did you have: Standing for long periods such as 30 minutes?

- None (0)
- Mild (1)
- Moderate (2)
- Severe (3)
- Extreme or cannot do (4)

-----



WHODAS\_S2 In the **PAST 30 DAYS**, how much difficulty did you have: Taking care of your household responsibilities?

- None (0)
- Mild (1)
- Moderate (2)
- Severe (3)
- Extreme or cannot do (4)

-----





WHODAS\_S3 In the **PAST 30 DAYS**, how much difficulty did you have:  
Learning a new task, for example, learning how to get to a new place?

- None (0)
  - Mild (1)
  - Moderate (2)
  - Severe (3)
  - Extreme or cannot do (4)
- 



WHODAS\_S4 In the **PAST 30 DAYS**, how much of a problem did you have joining in community activities (for example, festivities, religious or other activities) as fully as someone who doesn't experience your health conditions?

- None (0)
  - Mild (1)
  - Moderate (2)
  - Severe (3)
  - Extreme or cannot do (4)
- 



WHODAS\_S5 In the **PAST 30 DAYS**, how much have you been emotionally affected by your health problems?

- None (0)
  - Mild (1)
  - Moderate (2)
  - Severe (3)
  - Extreme or cannot do (4)
- 



WHODAS\_S6 In the **PAST 30 DAYS**, how much difficulty did you have: Concentrating on doing something for ten minutes?

- None (0)
  - Mild (1)
  - Moderate (2)
  - Severe (3)
  - Extreme or cannot do (4)
- 



WHODAS\_S7 In the **PAST 30 DAYS**, how much difficulty did you have:  
Walking a long distance such as a kilometer [or approximately 0.6 miles]?

- None (0)
  - Mild (1)
  - Moderate (2)
  - Severe (3)
  - Extreme or cannot do (4)
- 



WHODAS\_S8 In the **PAST 30 DAYS**, how much difficulty did you have:  
Washing your whole body?

- None (0)
  - Mild (1)
  - Moderate (2)
  - Severe (3)
  - Extreme or cannot do (4)
- 



WHODAS\_S9 In the **PAST 30 DAYS**, how much difficulty did you have:  
Getting dressed?

- None (0)
  - Mild (1)
  - Moderate (2)
  - Severe (3)
  - Extreme or cannot do (4)
- 



WHODAS\_S10 In the **PAST 30 DAYS**, how much difficulty did you have:  
Dealing with people you do not know?

- None (0)
  - Mild (1)
  - Moderate (2)
  - Severe (3)
  - Extreme or cannot do (4)
- 



WHODAS\_S11 In the **PAST 30 DAYS**, how much difficulty did you have:  
Maintaining a friendship?

- None (0)
  - Mild (1)
  - Moderate (2)
  - Severe (3)
  - Extreme or cannot do (4)
- 



WHODAS\_S12 In the **PAST 30 DAYS**, how much difficulty did you have with:  
Your day-to-day work?

- None (0)
  - Mild (1)
  - Moderate (2)
  - Severe (3)
  - Extreme or cannot do (4)
-

Display This Question:

*If WHODAS\_S1 != None  
And WHODAS\_S2 != None  
And WHODAS\_S3 != None  
And WHODAS\_S4 != None  
And WHODAS\_S5 != None  
And WHODAS\_S6 != None  
And WHODAS\_S7 != None  
And WHODAS\_S8 != None  
And WHODAS\_S9 != None  
And WHODAS\_S10 != None  
And WHODAS\_S11 != None  
And WHODAS\_S12 != None*



WHODAS\_H1 Overall, in the **PAST 30 DAYS**, how many days were these difficulties present?

- 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)





WHODAS\_H2

In the **PAST 30 DAYS**, for how many days were you totally unable to carry out your usual activities or work because of any health condition?

- 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)



WHODAS\_H3

In the **PAST 30 DAYS**, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?

- 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)

-----  
Page Break

---

## ACES\_INTRO

Here are some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

Now, looking back before you were 18 years of age:

---



ACES1 Did you live with anyone who was depressed, mentally ill, or suicidal?

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



ACES2 Did you live with anyone who was a problem drinker or alcoholic?

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



ACES3 Did you live with anyone who used illegal street drugs or who abused prescription medications?

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



ACES4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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



ACES5 Were your parents separated or divorced?

- Yes (1)
  - No (0)
  - Parents not married or together (2)
  - I don't know (88)
- 



ACES6 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

- Never (0)
  - Once (1)
  - More than once (2)
  - I don't know (88)
- 



ACES7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say—

- Never (0)
  - Once (1)
  - More than once (2)
  - I don't know (88)
- 



ACES8 How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- Never (0)
  - Once (1)
  - More than once (2)
  - I don't know (88)
- 



ACES9 How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- Never (0)
  - Once (1)
  - More than once (2)
  - I don't know (88)
- 



ACES10 How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

- Never (0)
  - Once (1)
  - More than once (2)
  - I don't know (88)
- 



ACES11 How often did anyone at least 5 years older than you or an adult, force you to have sex?

- Never (0)
  - Once (1)
  - More than once (2)
  - I don't know (88)
-



*Display This Question:*

*If ACES9 = Once*

*Or ACES9 = More than once*

*Or ACES9 = I don't know*

*Or ACES10 = Once*

*Or ACES10 = More than once*

*Or ACES10 = I don't know*

*Or ACES11 = Once*

*Or ACES11 = More than once*

*Or ACES11 = I don't know*

### ACES\_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)).

---

Page Break

CORONA\_INTRO The next set of questions ask about the impact of the novel coronavirus that causes COVID-19 disease.



COVIDIMPACT How do you think novel coronavirus is impacting or has impacted your life?  
(Check all that apply.)

- I became sick (1)
- I believe I may have had the virus (2)
- It was medically confirmed that I had the virus (3)
- I experienced financial hardship (4)
- A close friend or family member may have had the virus (5)
- It was medically confirmed that a close friend or family member had the virus (6)
- An acquaintance may have had the virus (7)
- It was medically confirmed that an acquaintance had the virus (8)
- I was a caregiver for someone that may have had the virus (9)
- I was a caregiver for someone that was medically confirmed to have the virus (10)
- I heard about the virus on the news (11)
- My work changed my working conditions (such as working from home, reducing my hours) (12)
- My business or employer closed (13)
- My school was completely cancelled (14)
- My school moved to an online format (15)

- A close friend or family member died from the virus (16)
  - An acquaintance died from the virus (17)
  - Childcare for my child was canceled or disrupted (18)
  - The industry that I work in has suffered (19)
  - My other existing health conditions worsened (20)
  - I or a member of my household experienced physical violence from my romantic or sexual partner for the first time (21)
  - I or a member of my household experienced increased physical violence from my romantic or sexual partner (22)
  - I experienced a change in relationship status (loss or start of a relationship) (23)
  - I was impacted in some other way (please specify) (24)
- 
- It has not impacted my life (0)

Page Break



COVID\_IMPACT\_FINANCE How has the novel coronavirus impacted your finances? (Check all that apply.)

- I don't have enough money for food and basic supplies (1)
- I am unable to pay my rent (2)
- I am unable to pay my mortgage (3)
- I am unable to pay ongoing bills (for example, cell phone, power, water) (4)
- I am making less money from my job (5)
- I am no longer making any money from my job (6)
- I lost my job (7)
- I have lost money due to the stock market (8)
- My business is making less money (9)
- I have extra costs now (please specify) (10)

---

- Some other way (please specify) (11)

---

- My finances have not been impacted (0)



BEHCHANGE Which changes have you made since hearing about the novel coronavirus?  
(Check all that apply.)

- Looked at a website for information about the novel coronavirus (1)
- Watched or read the news for information about the novel coronavirus (2)
- I got a flu shot (3)
- I purchased extra supplies for my home (4)
- I began washing my hands more regularly (5)
- I began wearing a mask (6)
- I stopped leaving the house completely (7)
- I reduced the number of times I leave the house (8)
- I stopped gathering in crowds (9)
- I reduced the number of times I gather in crowds (10)
- I stopped eating at restaurants (11)
- I reduced how much I eat at restaurants (12)
- I began taking vitamins or supplements (13)
- I reduced the number of trips to the store (14)
- I stopped going to the store (15)
- I changed a plan for travel (16)

- I avoided people who sneeze or cough (17)
  - I avoided hospitals or healthcare facilities (18)
  - I kept my children home from school (19)
  - I wipe surfaces more regularly (20)
  - I began using tissues (21)
  - I reduced the number of times I touch my face (22)
  - I began talking to family more frequently (23)
  - I started saving more money (24)
  - I avoided public transit (25)
  - I went to my health care provider (26)
  - I contacted my health care provider (27)
  - I changed or cancelled plans to see friends (28)
  - I changed or cancelled plans to see family (29)
  - I made a different change (please specify) (30)
- 

I didn't make any changes (0)



COVIDIMPACT\_HEALTH How has COVID impacted your health care? (Check all that apply).

- I did not go to the doctor for routine health care (for example, an annual visit) (1)
  - I did not get treatment for a chronic illness or disease (2)
  - I was not able to access medications that I needed (3)
  - I made the decision to postpone health care procedures (4)
  - I was not allowed to access health care procedures (5)
  - I lost my health insurance (6)
  - I was not able to access medical equipment that I needed (7)
  - COVID impacted my health care in some other way (please specify) (8)
- 
- COVID did not impact my health care at all (0)

*Display This Question:*

- If COVIDIMPACT\_HEALTH = I did not go to the doctor for routine health care (for example, an annual visit)*
- Or COVIDIMPACT\_HEALTH = I did not get treatment for a chronic illness or disease*
- Or COVIDIMPACT\_HEALTH = I made the decision to postpone health care procedures*
- Or COVIDIMPACT\_HEALTH = I was not allowed to access health care procedures*





COVIDIMPACT\_HEALTH\_Y You said that health care appointments or procedures were postponed due to COVID. What types of healthcare appointments or procedures were postponed? (Check all that apply.)

- Visits with your primary care provider (1)
  - Visits with a specialist (2)
  - Visits related to reproductive health care (3)
  - Laboratory tests (4)
  - HIV testing (5)
  - Abortion services (6)
  - Sexually-transmitted infection (STI) testing (7)
  - Gender-affirming hormone visits (8)
  - Gender-affirming surgeries (for example, top surgery, bottom surgery) (9)
  - Other gender-affirming procedures (for example, laser hair removal) (10)
  - Other gender-affirming appointments (for example, voice therapy) (11)
  - Mental health care visits (for example, with therapist, counselor, psychologist, or psychiatrist) (12)
  - Something else (please specify) (13)
-

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

---

OCC Which of the following describes your current occupation or employment status? (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)
- 



WORK Do you currently work one or more paid jobs?

- Yes (1)
- No (0)

---

*Display This Question:*

*If WORK = Yes*



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

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

---

*Display This Question:*

*If WORK = No*



WORK\_WHYN0 What is the main reason you do not currently work?

- Taking care of house or family (1)
  - Going to school (2)
  - Retired (3)
  - On a planned vacation from work (4)
  - On family or parental leave (5)
  - Temporarily unable to work for health reasons (6)
  - Have job or contract and off-season (7)
  - On layoff (8)
  - Disabled (9)
  - Other (please specify) (10)
- 
- I don't know (88)



SEXWORK In the **PAST 12 MONTHS**, have you 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 In the **PAST 12 MONTHS**, what type of sex work or work in the sex industry have you 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 In the **PAST 12 MONTHS**, have you engaged in sex or sexual activity in exchange **for food**?

- Yes (1)
- No (0)



SEXWORK\_SLEEP In the **PAST 12 MONTHS**, have you engaged in sex or sexual activity in exchange **for a place to sleep**?

Yes (1)

No (0)

---



SEXWORK\_DRUGS In the **PAST 12 MONTHS**, have you engaged in sex or sexual activity in exchange **for drugs**?

Yes (1)

No (0)

---

Page Break

---



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 2020 tax year?

- \$0 (0)
- \$1 - \$10,000 (1)
- \$10,001 - \$20,000 (2)
- \$20,001 - \$30,000 (3)
- \$30,001 - \$40,000 (4)
- \$40,001 - \$50,000 (5)
- \$50,001 - \$60,000 (6)
- \$60,001 - \$70,000 (7)
- \$70,001 - \$80,000 (8)
- \$80,001 - \$90,000 (9)
- \$90,001 - \$100,000 (10)
- \$100,001 - \$110,000 (11)
- \$110,001 - \$120,000 (12)
- \$120,001 - \$130,000 (13)
- \$130,001 - \$140,000 (14)
- \$140,001 - \$150,000 (15)
- \$150,001 - \$175,000 (16)
- \$175,001 - \$200,000 (17)
- \$200,001+ (18)





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 2020 tax year?

- \$0 (0)
- \$1 - \$10,000 (1)
- \$10,001 - \$20,000 (2)
- \$20,001 - \$30,000 (3)
- \$30,001 - \$40,000 (4)
- \$40,001 - \$50,000 (5)
- \$50,001 - \$60,000 (6)
- \$60,001 - \$70,000 (7)
- \$70,001 - \$80,000 (8)
- \$80,001 - \$90,000 (9)
- \$90,001 - \$100,000 (10)
- \$100,001 - \$110,000 (11)
- \$110,001 - \$120,000 (12)
- \$120,001 - \$130,000 (13)
- \$130,001 - \$140,000 (14)
- \$140,001 - \$150,000 (15)
- \$150,001 - \$175,000 (16)
- \$175,001 - \$200,000 (17)
- \$200,001+ (18)



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

---

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)

---

Page Break



INCAR\_YR In the **PAST 12 MONTHS**, at any time, were you held in jail, prison, or juvenile detention?

- Yes (1)
- No (0)



HMLS\_YR In the **PAST 12 MONTHS**, 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 12 MONTHS** 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.

---



UNSTB\_YR In the **PAST 12 MONTHS**, 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 12 MONTHS** have you been living temporarily doubled up with others, where you were in a transitional or transitory setting, or you had no fixed address?

---

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?

---

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 you think you were targeted due to your **sexual orientation** (the gender of people you are attracted to 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**; **body size, weight, or shape**; **money or income**; or **religion/spirituality**. This may be hard to know for sure. Please make your best judgment.

---



YRHARASS In the **PAST 12 MONTHS**, have you experienced harassment or name calling from strangers in public?

- Yes (1)
- No (0)
- 

*Display This Question:*

If YRHARASS = Yes





YRHARASSY Do you think you were targeted for this harassment or name calling that occurred in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability status (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 

None of the above (0)



YRATTACK In the **PAST 12 MONTHS**, have you been physically attacked or deliberately injured?

- Yes (1)
- No (0)

Display This Question:

If YRATTACK = Yes



YRATTACKY Do you think you were targeted for these physical attacks or injuries that occurred in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability status (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 
- None of the above (0)



YRDV In the **PAST 12 MONTHS**, have you experienced physical violence from a romantic or sexual partner?

Yes (1)

No (0)

---

*Display This Question:*

*If YRDV = Yes*



YRDVY Do you think you were targeted for this physical violence from a romantic or sexual partner that occurred in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability status (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 
- None of the above (0)



YRJOBDISC In the **PAST 12 MONTHS**, have you been treated unfairly at work or when applying/interviewing for a job?

- Yes (1)
- No (0)
- Not applicable, I have not worked and have not applied for jobs in the past 12 months (99)

---

*Display This Question:*  
If YRJOBDISC = Yes



YRJOBDISCY Do you think you were targeted for this unfair treatment at work or while applying for jobs in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability status (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 

None of the above (0)



YRHOUSDISC In the **PAST 12 MONTHS**, 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 Do you think you were targeted for this unfair treatment in housing/eviction in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 
- None of the above (0)



YRSERVDISC In the **PAST 12 MONTHS**, have you received poorer service than other people in restaurants, stores, other businesses or agencies?

Yes (1)

No (0)

---

*Display This Question:*  
If YRSERVDISC = Yes





YRSERVDISCY Do you think you were targeted for this poorer service in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability status (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 
- None of the above (0)



YRSCHDISC In the **PAST 12 MONTHS**, have you been treated unfairly while you were a student at school or in another educational setting?

- Yes (1)
- No (0)
- Not applicable, I have not been in an educational setting in the past 12 months (99)

---

*Display This Question:*  
If YRSCHDISC = Yes



YRSCHDISCY Do you think you were targeted for this unfair treatment in educational settings in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability status (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 
- None of the above (0)

-----  
Page Break



YRMED In the **PAST 12 MONTHS**, have you been denied or given lower quality medical care?

- Yes (1)
- No (0)
- Not applicable, I have not received or tried to receive medical care in the past 12 months (99)

---

*Display This Question:*

*If YRMED = Yes*



YRMEDY Do you think you were targeted for this discrimination in a medical setting in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability status (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 

None of the above (0)



ANTMEDDISC Was there a time in the **PAST 12 MONTHS** when you needed to see a health care provider but did not because you thought you would be disrespected or mistreated?

- Yes (1)
- No (0)

Display This Question:

If ANTMEDDISC = Yes



ANTMEDDISCY When you put off seeing a health care provider in the **PAST 12 MONTHS** 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 (1)
- Age (2)
- Body size, weight, or shape (3)
- Gender expression (4)
- Gender/Gender identity (5)
- Money or income (9)
- Race and/or ethnicity (6)
- Religion and/or spirituality (10)
- Sexual orientation (7)
- Something else (please specify) (8)

---

None of the above (0)



YRMENTAL In the **PAST 12 MONTHS**, have you been denied or given lower quality **mental** health care?

- Yes (1)
- No (0)
- Not applicable, I have not received or tried to receive mental health care in the past 12 months (99)

---

*Display This Question:*  
If YRMENTAL = Yes



YRMENTALY Do you think you were targeted for this discrimination in a **mental** health setting in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability status (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 
- None of the above (0)



YRPOLICE In the **PAST 12 MONTHS**, have you experienced unfair treatment or harassment from the police or another law enforcement officer?

- Yes (1)
- No (0)



Display This Question:

If YRPOLICE = Yes



YRPOLICEY Do you think you were targeted for this unfair treatment or harassment from a law enforcement officer in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability status (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 
- None of the above (0)



YRSA In the **PAST 12 MONTHS**, have you experienced unwanted sexual contact?

Yes (1)

No (0)

---

*Display This Question:*  
If YRSA = Yes



YRSAY Do you think you were targeted for this unwanted sexual contact that occurred in the **PAST 12 MONTHS** due to your ... (Check all that apply.)

- Ability/disability status (1)
  - Age (2)
  - Body size, weight, or shape (3)
  - Gender expression (4)
  - Gender/Gender identity (5)
  - Money or income (9)
  - Race and/or ethnicity (6)
  - Religion and/or spirituality (10)
  - Sexual orientation (7)
  - Something else (please specify) (8)
- 
- None of the above (0)

-----  
Page Break

EHITS\_INTRO These questions ask about your experiences with romantic or sexual partners. By romantic or sexual partners, we mean anybody you have been involved with romantically or sexually, which might include spouses, boyfriends, girlfriends, people you have dated, people you were seeing, and people you hooked up with. Please indicate whether any romantic or sexual partner has done the following to you in the past 12 months.

---



EHITS1 Over the **LAST 12 MONTHS**, how often did your partner(s): physically hurt you?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Fairly often (4)
  - Frequently (5)
- 



EHITS2 Over the **LAST 12 MONTHS**, how often did your partner(s): insult you or talk down to you?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Fairly often (4)
  - Frequently (5)
- 



EHITS3 Over the **LAST 12 MONTHS**, how often did your partner(s): threaten you with harm?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)



EHITS4 Over the **LAST 12 MONTHS**, how often did your partner(s): scream or curse at you?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)



EHITS5 Over the **LAST 12 MONTHS**, how often did your partner(s): force you to have sexual activities?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Fairly often (4)
  - Frequently (5)
- 

SA\_RESOURCES Thank you for answering these questions to better our understanding of LGBTQ+ people's experiences with sexual violence. We realize that answering questions about 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

---

PROMIS\_SH\_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

---





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

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 that you are a gender minority person (for example: genderqueer, non-binary, questioning one's gender identity, transgender, 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 = 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 that you are a gender minority person (for example: genderqueer, non-binary, questioning one's gender identity, transgender, 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 = 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 that you are a gender minority person (for example: genderqueer, non-binary, questioning one's gender identity, transgender, 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 = 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 that you are a gender minority person (for example: genderqueer, non-binary, questioning one's gender identity, transgender, 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)
- Not applicable. I do not work or go to school. (11)

---

*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 that you are a gender minority person (for example: genderqueer, non-binary, questioning one's gender identity, transgender, 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 = 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 that you are a gender minority person (for example: genderqueer, non-binary, questioning one's gender identity, transgender, 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 = 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)
- Not applicable. I do not work or go to school. (11)

---

*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 \_\_\_\_\_

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 bisexual, gay, straight, 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 bisexual, gay, straight, 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 bisexual, gay, straight, 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 bisexual, gay, straight, 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)
- Not applicable. I do not work or go to school. (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*



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 bisexual, gay, straight, 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 bisexual, gay, straight, 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)
- Not applicable. I do not work or go to school. (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*



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 \_\_\_\_\_



## 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: INTRO\_IHS If SA\_OPTIN = No, I would like to skip these questions*

---

Page Break

---



SES1\_YR How many times has this happened in the **PAST 12 MONTHS**?

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*)

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



SES2\_YR How many times has this happened in the **PAST 12 MONTHS**?

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

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

*Display This Question:*  
If VAGINA\_BRANCH != Please use the term "frontal genital opening."



SES3\_YR\_V How many times has this happened in the **PAST 12 MONTHS?**

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

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

---

*Display This Question:*  
If VAGINA\_BRANCH = Please use the term "frontal genital opening."



SES3\_YR\_FGO How many times has this happened in the **PAST 12 MONTHS?**

Someone put their penis, fingers, or objects into my butt and/or frontal genital opening without my consent.

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

---

*Display This Question:*  
If VAGINA\_BRANCH != Please use the term "frontal genital opening."



SES4\_YR\_V How many times has this happened in the **PAST 12 MONTHS?**

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.

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

---

*Display This Question:*  
If VAGINA\_BRANCH = Please use the term "frontal genital opening."



SES4\_YR\_FGO How many times has this happened in the **PAST 12 MONTHS?**

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 frontal genital opening.

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



RAPE Have you been sexually assaulted and/or raped in the **PAST 12 MONTHS?**

- Yes (1)
  - No (0)
-

*Display This Question:*

*If SES1\_YR = 1*

*Or SES1\_YR = 2*

*Or SES1\_YR = 3+*

*Or SES2\_YR = 1*

*Or SES2\_YR = 2*

*Or SES2\_YR = 3+*

*Or SES3\_YR\_V = 1*

*Or SES3\_YR\_V = 2*

*Or SES3\_YR\_V = 3+*

*Or SES4\_YR\_V = 1*

*Or SES4\_YR\_V = 2*

*Or SES4\_YR\_V = 3+*

*Or SES3\_YR\_FGO = 1*

*Or SES3\_YR\_FGO = 2*

*Or SES3\_YR\_FGO = 3+*

*Or SES4\_YR\_FGO = 1*

*Or SES4\_YR\_FGO = 2*

*Or SES4\_YR\_FGO = 3+*

*Or RAPE = Yes*

SA\_RESOURCE 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)).

---

Page Break

INTRO\_IHS 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 conforms 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*



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*



IHS\_SM1 I wish I weren't lesbian/gay/bisexual/asexual/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 (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



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 ORIENTATION = Bisexual

Or ORIENTATION = Pansexual

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



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 lesbian/gay/bisexual/asexual/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 lesbian/gay/bisexual/asexual/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*





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 (5)
- Many times a day (6)

---

Page Break



PARENT Did you become a parent in the **PAST 12 MONTHS?**

- Yes (1)
- No (0)



*Display This Question:*  
If PARENT = Yes



CHILD\_QUANT To how many children did you become a parent in the **PAST 12 MONTHS?**

---



Page Break 

---

*Display This Question:*

*If To how many children did you become a parent in the PAST 12 MONTHS? Text Response Is Greater Than or Equal to 1*

*And PARENT = Yes*

CHILD\_NAMES We are going to ask you a question about the children who you became a parent to in the **PAST 12 MONTHS**. To help you remember which child we are asking a question about, please type in the child's first name, initials, or nickname. We will use these names in the following questions.

*Display This Choice:*  
*If If To how many children did you become a parent in the PAST 12 MONTHS? Text Response Is Greater Than or Equal to 1*

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

*Display This Choice:*  
*If If To how many children did you become a parent in the PAST 12 MONTHS? Text Response Is Greater Than or Equal to 2*

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

*Display This Choice:*  
*If If To how many children did you become a parent in the PAST 12 MONTHS? Text Response Is Greater Than or Equal to 3*

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

*Display This Choice:*  
*If If To how many children did you become a parent in the PAST 12 MONTHS? Text Response Is Greater Than or Equal to 4*

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

*Display This Choice:*  
*If If To how many children did you become a parent in the PAST 12 MONTHS? Text Response Is Greater Than or Equal to 5*

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

*Display This Choice:*  
*If If To how many children did you become a parent in the PAST 12 MONTHS? Text Response Is Greater Than or Equal to 6*

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

*Display This Choice:*  
*If If To how many children did you become a parent in the PAST 12 MONTHS? Text Response Is Greater Than or Equal to 7*

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

*Display This Choice:*  
*If If To how many children did you become a parent in the PAST 12 MONTHS? Text Response Is Greater Than or Equal to 8*

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

*Display This Choice:*

*If If To how many children did you become a parent in the PAST 12 MONTHS? Text Response Is Greater Than or Equal to 9*

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

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

*Display This Question:*

*If If We are going to ask you a question about the children who you became a parent to in the PAST  
12 M... 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 in pregnancy if you did not undergo in-vitro fertilization or if you underwent in-vitro fertilization with your own egg) (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 If We are going to ask you a question about the children who you became a parent to in the PAST  
12 M... 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 in pregnancy if you did not undergo in-vitro fertilization or if you underwent in-vitro fertilization with your own egg) (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 If We are going to ask you a question about the children who you became a parent to in the PAST  
12 M... 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 in pregnancy if you did not undergo in-vitro fertilization or if you underwent in-vitro fertilization with your own egg) (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)
-

-----

Page Break

-----

*Display This Question:*

*If If We are going to ask you a question about the children who you became a parent to in the PAST  
12 M... 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 in pregnancy if you did not undergo in-vitro fertilization or if you underwent in-vitro fertilization with your own egg) (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 If We are going to ask you a question about the children who you became a parent to in the PAST  
12 M... 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 in pregnancy if you did not undergo in-vitro fertilization or if you underwent in-vitro fertilization with your own egg) (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 If We are going to ask you a question about the children who you became a parent to in the PAST  
12 M... 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 in pregnancy if you did not undergo in-vitro fertilization or if you underwent in-vitro fertilization with your own egg) (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)
-

-----

Page Break

-----

*Display This Question:*

*If If We are going to ask you a question about the children who you became a parent to in the PAST  
12 M... 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 in pregnancy if you did not undergo in-vitro fertilization or if you underwent in-vitro fertilization with your own egg) (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 If We are going to ask you a question about the children who you became a parent to in the PAST  
12 M... 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 in pregnancy if you did not undergo in-vitro fertilization or if you underwent in-vitro fertilization with your own egg) (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 If We are going to ask you a question about the children who you became a parent to in the PAST  
12 M... 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 in pregnancy if you did not undergo in-vitro fertilization or if you underwent in-vitro fertilization with your own egg) (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)
-

-----

Page Break 

---



GICONVTX

In the **PAST 12 MONTHS**, have you been in therapy or been part of a program or group intended to change your gender or gender identity to be consistent with the sex assigned to you at birth? (This is sometimes called "conversion therapy.")

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 the sex assigned to you 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)

---



SOCONVTX In the **PAST 12 MONTHS**, have you been in therapy or been part of a program or group intended to change your sexual orientation to heterosexual/straight? (This is sometimes called "conversion therapy.")

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)

---

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



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 = 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)
- 

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*



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)
  - People don't perceive me as LGBTQ+ (14)
  - Another reason (please specify) (13)
-



None of the above (0)

---

X→

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

Yes (1)

No (0)

---

X→

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)

---

*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*

X→

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)

---

*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)

---

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 (1)
  - I am in a romantic relationship with two or more people (polyamorous) (2)
  - Other (please specify) (3)
- 

*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 romantic relationships with?

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

---

*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)
- My romantic partner(s) and I do not engage in sexual activity (5)

---

*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\_NUMBER = 2*

*Or REL\_NUMBER = 3*

*Or REL\_NUMBER = 4*

*Or REL\_NUMBER = 5*

*Or REL\_NUMBER = 6 or more*

- Yes, I live with 2 or more partners (1)
  - No, I do not live with a partner (2)
  - Something else (please specify) (3)
-

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)

---

Page Break



LIVEGEN What gender do you currently live in on a day-to-day basis?

- Man (1)
  - Woman (2)
  - Genderqueer/Non-binary/neither man nor woman (3)
  - Part time one gender/part time another gender (4)
- 



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

- Man (1)
  - Non-binary/Genderqueer (2)
  - Transgender Man (3)
  - Transgender Woman (4)
  - Two-spirit (5)
  - Woman (6)
  - Another gender (7)
  - It varies (8)
  - They cannot tell (9)
  - I don't know what they think (88)
-

*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*





## GISUPPORT

There are many ways people can feel supported and affirmed as a gender minority person. Did any of your immediate family members who you grew up with (parents, siblings, grandparents, people who raised you, etc.) do any of these things to **support** you about your gender? (Check all that apply.)

- Told you that they respect and/or support you (1)
  - Used your preferred name even if it was not your legal name (2)
  - Used your correct pronouns (such as he/she/they) (3)
  - Supported my gender-affirming health care (other than financially) (9)
  - Provided financial support to help with any part of your gender transition (4)
  - Helped you change your name and/or gender on your identity documents (ID), like your driver's license (such as doing things like filling out papers or going with you to court) (5)
  - Did research to learn how to best support you (such as reading books, using online information, or attending a conference) (6)
  - Stood up for you with family, friends, or others (7)
  - Listened to me when I had difficulties (10)
  - Supported you in another way not listed above (please specify) (8)
- 
- None of the above (0)



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)
- Lesbian (4)
- Pansexual (5)
- Queer (6)
- Same-gender loving (7)
- Straight/Heterosexual (8)
- Two-spirit (9)
- They cannot tell (10)
- It varies (11)
- Another sexual orientation (12)
- I don't know what they think (88)

---

*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*



## SOSUPPORT

There are many ways people can feel supported and affirmed as a sexual minority person. Did any of your immediate family members who you grew up with (parents, siblings, grandparents, people who raised you, etc.) do any of these things to **support** you about your sexual orientation? (Check all that apply.)

- Told you that they respect and/or support you (1)
  - Positively acknowledged your relationship to your partner(s) (2)
  - Positively acknowledged your sexual and/or romantic orientation (3)
  - Welcomed your partner(s) to a family event (4)
  - Provided financial support related to your relationship(s) (e.g., first date, family building, moving in together) (5)
  - Attended an event that you hosted with a partner(s) (6)
  - Researched how to best support you (such as reading books, using online information, or attending a conference) (7)
  - Stood up for you with family, friends, or others (8)
  - Listened to me when I had difficulties (10)
  - Supported you in another way not listed above (please specify) (9)
- 
- None of the above (0)

Page Break



ASD In the **PAST 12 MONTHS**, has a mental health professional or health care provider told you that you have Autism Spectrum Disorder or Asperger's Syndrome?

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



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

---

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

---



COMEOUT\_PSTYR "Coming out" about one's sexual orientation or gender is a process. People do not always come out to everyone at the same time. In the **PAST 12 MONTHS**, have you come out to **any** of the people who raised you? (Check all that apply.)

- Yes, I came out about my sexual orientation (e.g., asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) to someone who raised me (1)
  - Yes, I came out about my gender identity (e.g., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) to someone who raised me (2)
  - No, I did not come out in the past 12 months to anyone who raised me (0)
- 

*Display This Question:*

*If COMEOUT\_PSTYR = Yes, I came out about my sexual orientation (e.g., asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) to someone who raised me*

COMEOUTSO\_NAMES We are going to ask you follow-up questions about **coming out about your sexual orientation** (e.g., asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) in the **PAST 12 MONTHS** to someone who raised you.

To help you remember who we are asking about, please list the first names, initials, or nicknames of the person/people you came out to.

We will use these names in questions that follow.

- Person 1 (1) \_\_\_\_\_
- Person 2 (2) \_\_\_\_\_
- Person 3 (3) \_\_\_\_\_
- Person 4 (4) \_\_\_\_\_

-----  
Page Break

---

*Display This Question:*

*If If Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 1 Is Not Empty*

OUTSO\_WHO1

How is `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/1}` related to you? (Check all that apply.)

- 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 Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 1 Is Not Empty*



OUTSO\_ACCPAST1 When  $\${COMEOUTSO\_NAMES/ChoiceTextEntryValue/1}$  **initially** learned about your sexual orientation, how accepting were they?

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

-----  
*Display This Question:*

*If If Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 1 Is Not Empty*



OUTSO\_ACCNOW1 In your **most recent interactions** with `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/1}`, how accepting were they of your sexual orientation?

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

---

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 1 Is Not Empty*



OUTSO\_COMMCHANGE1 How did your communication with `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/1}` change after they learned about your sexual orientation?

- It got a lot better (5)
- It got somewhat better (4)
- It did not change (3)
- It got somewhat worse (2)
- It got a lot worse (1)
- We stopped communicating after I came out (0)

---

Page Break

*Display This Question:*

*If If Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 2 Is Not Empty*

OUTSO\_WHO2

How is `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/2}` related to you? (Check all that apply.)

- 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 Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 2 Is Not Empty*



OUTSO\_ACCPAST2 When  $\${COMEOUTSO\_NAMES/ChoiceTextEntryValue/2}$  **initially** learned about your sexual orientation, how accepting were they?

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

-----

*Display This Question:*

*If If Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 2 Is Not Empty*



OUTSO\_ACCNOW2 In your **most recent interactions** with `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/2}`, how accepting were they of your sexual orientation?

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

---

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 2 Is Not Empty*



OUTSO\_COMMCHANGE2 How did your communication with `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/2}` change after they learned about your sexual orientation?

- It got a lot better (5)
- It got somewhat better (4)
- It did not change (3)
- It got somewhat worse (2)
- It got a lot worse (1)
- We stopped communicating after I came out (0)

---

Page Break

*Display This Question:*

*If If Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 3 Is Not Empty*

OUTSO\_WHO3

How is `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/3}` related to you? (Check all that apply.)

- 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 Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 3 Is Not Empty*



OUTSO\_ACCPAST3 When  $\${COMEOUTSO\_NAMES/ChoiceTextEntryValue/3}$  **initially** learned about your sexual orientation, how accepting were they?

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

-----

*Display This Question:*

*If If Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 3 Is Not Empty*



OUTSO\_ACCNOW3 In your **most recent interactions** with `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/3}`, how accepting were they of your sexual orientation?

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

---

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 3 Is Not Empty*



OUTSO\_COMMCHANGE3 How did your communication with `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/3}` change after they learned about your sexual orientation?

- It got a lot better (5)
- It got somewhat better (4)
- It did not change (3)
- It got somewhat worse (2)
- It got a lot worse (1)
- We stopped communicating after I came out (0)

---

Page Break

*Display This Question:*

*If If Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 4 Is Not Empty*

OUTSO\_WHO4

How is `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/4}` related to you? (Check all that apply.)

- 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 Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 4 Is Not Empty*



OUTSO\_ACCPAST4 When  $\${COMEOUTSO\_NAMES/ChoiceTextEntryValue/4}$  **initially** learned about your sexual orientation, how accepting were they?

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

-----

*Display This Question:*

*If If Weare going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 4 Is Not Empty*



OUTSO\_ACCNOW4 In your **most recent interactions** with `#{COMEOUTSO_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)

---

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your sexual orientation (e.g., as Person 4 Is Not Empty*



OUTSO\_COMMCHANGE4 How did your communication with `#{COMEOUTSO_NAMES/ChoiceTextEntryValue/4}` change after they learned about your sexual orientation?

- It got a lot better (5)
- It got somewhat better (4)
- It did not change (3)
- It got somewhat worse (2)
- It got a lot worse (1)
- We stopped communicating after I came out (0)

---

Page Break

Display This Question:

*If COMEOUT\_PSTYR = Yes, I came out about my gender identity (e.g., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) to someone who raised me*

COMEOUTGI\_NAMES We are going to ask you follow-up questions about **coming out about your gender identity** (e.g., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the **PAST 12 MONTHS** to someone who raised you.

To help you remember who we are asking about, please list the first names, initials, or nicknames of the person/people you came out to.

We will use these names in questions that follow.

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

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

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

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

---

Page Break

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 1 Is Not Empty*



OUTGI\_WHO1

How is [\\${COMEOUTGI\\_NAMES/ChoiceTextEntryValue/1}](#) related to you? (Check all that apply.)

- 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 follow-up questions about coming out about your gender identity (e.g., ge... Person 1 Is Not Empty*



OUTGI\_ACCPAST1 When  $\${COMEOUTGI\_NAMES/ChoiceTextEntryValue/1}$  **initially** learned about your gender identity, how accepting were they?

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

-----

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 1 Is Not Empty*



OUTGI\_ACCNOW1 In your **most recent interactions** with  $\{\text{COMEOUTGI\_NAMES/ChoiceTextEntryValue/1}\}$ , how accepting were they of your gender identity?

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

---

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 1 Is Not Empty*



OUTGI\_COMMCHANGE1 How did your communication with  $\{\text{COMEOUTGI\_NAMES/ChoiceTextEntryValue/1}\}$  change after they learned about your gender identity?

- It got a lot better (5)
- It got somewhat better (4)
- It did not change (3)
- It got somewhat worse (2)
- It got a lot worse (1)
- We stopped communicating after I came out (0)

---

Page Break

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 2 Is Not Empty*

OUTGI\_WHO2 How is  $\{\text{COMEOUTGI\_NAMES/ChoiceTextEntryValue/2}\}$  related to you?  
(Check all that apply.)

- 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 follow-up questions about coming out about your gender identity (e.g., ge... Person 2 Is Not Empty*



OUTGI\_ACCPAST2 When  $\${COMEOUTGI\_NAMES/ChoiceTextEntryValue/2}$  **initially** learned about your gender identity, how accepting were they?

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

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 2 Is Not Empty*



OUTGI\_ACCNOW2 In your **most recent interactions** with [\\${COMEOUTGI\\_NAMES/ChoiceTextEntryValue/2}](#), how accepting were they of your gender identity?

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

---

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 2 Is Not Empty*



OUTGI\_COMMCHANGE2 How did your communication with [\\${COMEOUTGI\\_NAMES/ChoiceTextEntryValue/2}](#) change after they learned about your gender identity?

- It got a lot better (5)
- It got somewhat better (4)
- It did not change (3)
- It got somewhat worse (2)
- It got a lot worse (1)
- We stopped communicating after I came out (0)

---

Page Break

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 3 Is Not Empty*



OUTGI\_WHO3 How is [\\${COMEOUTGI\\_NAMES/ChoiceTextEntryValue/3}](#) related to you?  
(Check all that apply.)

- 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 follow-up questions about coming out about your gender identity (e.g., ge... Person 3 Is Not Empty*



OUTGI\_ACCPAST3 When  $\{\text{COMEOUTGI\_NAMES/ChoiceTextEntryValue/3}\}$  **initially** learned about your gender identity, how accepting were they?

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

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 3 Is Not Empty*



OUTGI\_ACCNOW3 In your **most recent interactions** with [\\${COMEOUTGI\\_NAMES/ChoiceTextEntryValue/3}](#), how accepting were they of your gender identity?

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

---

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 3 Is Not Empty*



OUTGI\_COMMCHANGE3 How did your communication with [\\${COMEOUTGI\\_NAMES/ChoiceTextEntryValue/3}](#) change after they learned about your gender identity?

- It got a lot better (5)
- It got somewhat better (4)
- It did not change (3)
- It got somewhat worse (2)
- It got a lot worse (1)
- We stopped communicating after I came out (0)

---

Page Break

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 4 Is Not Empty*

OUTGI\_WHO4 How is  $\{\text{COMEOUTGI\_NAMES/ChoiceTextEntryValue/4}\}$  related to you?  
(Check all that apply.)

- 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 follow-up questions about coming out about your gender identity (e.g., ge... Person 4 Is Not Empty*



OUTGI\_ACCPAST4 When  $\${COMEOUTGI\_NAMES/ChoiceTextEntryValue/4}$  **initially** learned about your gender identity, how accepting were they?

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

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 4 Is Not Empty*



OUTGI\_ACCNOW4 In your **most recent interactions** with `#{COMEOUTGI_NAMES/ChoiceTextEntryValue/4}`, how accepting were they of your gender identity?

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

---

*Display This Question:*

*If If We are going to ask you follow-up questions about coming out about your gender identity (e.g., ge... Person 4 Is Not Empty*



OUTGI\_COMMCHANGE4 How did your communication with `#{COMEOUTGI_NAMES/ChoiceTextEntryValue/4}` change after they learned about your gender identity?

- It got a lot better (5)
- It got somewhat better (4)
- It did not change (3)
- It got somewhat worse (2)
- It got a lot worse (1)
- We stopped communicating after I came out (0)

---

Page Break

CARSintro Please choose the response that best applies to you.

---

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



CARS1SM The decision to hide or reveal my sexual orientation to others causes me significant distress.

- Strongly Disagree (1)
  - Moderately Disagree (2)
  - Slightly Disagree (3)
  - Slightly Agree (4)
  - Moderately Agree (5)
  - Strongly Agree (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



CARS2SM Because of my sexual orientation, no one understands my pain or distress.

- Strongly Disagree (1)
- Moderately Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Moderately Agree (5)
- Strongly Agree (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*

CARS3SM I was rejected by a family member or friend after telling them my sexual orientation.

- Strongly Disagree (1)
- Moderately Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Moderately Agree (5)
- Strongly Agree (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*

CARS4SM I feel confused or conflicted by my sexual orientation.

- Strongly Disagree (1)
- Moderately Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Moderately Agree (5)
- Strongly Agree (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*



CARS5SM I feel comfortable revealing my sexual attractions and/or behavior.

- Strongly Disagree (6)
- Moderately Disagree (5)
- Slightly Disagree (4)
- Slightly Agree (3)
- Moderately Agree (2)
- Strongly Agree (1)

---

*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*

CARS1GM The decision to hide or reveal my gender identity or that I am a gender minority person (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.) to others causes me significant distress.

- Strongly Disagree (1)
- Moderately Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Moderately Agree (5)
- Strongly Agree (6)

---

*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*

CARS2GM Because of my gender identity, no one understands my pain or distress.

- Strongly Disagree (1)
- Moderately Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Moderately Agree (5)
- Strongly Agree (6)

---

*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*

CARS3GM I was rejected by a family member or friend after telling them my gender identity.

- Strongly Disagree (1)
- Moderately Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Moderately Agree (5)
- Strongly Agree (6)

---

*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*

CARS4GM I feel confused or conflicted by my gender identity.

- Strongly Disagree (1)
- Moderately Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Moderately Agree (5)
- Strongly Agree (6)

---

*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*



CARS5GM I feel comfortable revealing my gender identity and/or expression and/or status as a gender minority person (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.).

- Strongly Disagree (6)
- Moderately Disagree (5)
- Slightly Disagree (4)
- Slightly Agree (3)
- Moderately Agree (2)
- Strongly Agree (1)

-----  
Page Break

---



CARSGMS1 People treat me unfairly because of my race, ethnicity, sexual, and/or gender identity.

- Strongly Disagree (1)
  - Moderately Disagree (2)
  - Slightly Disagree (3)
  - Slightly Agree (4)
  - Moderately Agree (5)
  - Strongly Agree (6)
- 



CARSGMS2 At times, I feel I stick out because of my race, ethnicity, sexual orientation, and/or gender identity.

- Strongly Disagree (1)
  - Moderately Disagree (2)
  - Slightly Disagree (3)
  - Slightly Agree (4)
  - Moderately Agree (5)
  - Strongly Agree (6)
- 



CARSGMS3 Stereotypes about racial, ethnic, sexual, and gender minority people hurt my self-esteem or the way I see myself.

- Strongly Disagree (1)
- Moderately Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Moderately Agree (5)
- Strongly Agree (6)

-----



CARSGMS4 I believe the world is a dangerous place to be a racial, ethnic, sexual, and/or gender minority person.

- Strongly Disagree (1)
- Moderately Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Moderately Agree (5)
- Strongly Agree (6)

-----

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

SH\_OUTRO You have completed the Social Health section! This is one of 4 sections! 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 Block

---

Start of Block: Physical Health Block

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 4 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!

PH\_INTRO2 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.





MEDHX1 Do you currently have any of the following conditions that have been diagnosed by a health care provider? (Check all that apply.)

- Acid reflux (heartburn) (1)
  - Anemia (2)
  - Angina pectoris (angina) (3)
  - Anxiety (4)
  - Arthritis (13)
  - Asthma (5)
  - Atrial fibrillation (Afib) (6)
  - 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)
- 



MEDHX2 How about any of these? Do you currently have any of the following conditions that have been diagnosed by a health care provider? (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)
- Erectile dysfunction (7)
- Glaucoma (8)
- Heart attack (9)
- Heart murmur (10)
- Hepatitis B virus (HBV) (13)
- Hepatitis C virus (HCV) (14)
- High cholesterol (11)
- HIV (12)
- None of these (0)





MEDHX3 Here's the last set! Do you currently have any of the following conditions that have been diagnosed by a health care provider? (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)
- Menopause (7)
- Migraine headache (8)
- Obstructive sleep apnea (OSA) (9)
- Osteoporosis (19)
- Peripheral vascular disease (PVD) (10)
- 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)
  - 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 \_\_\_\_\_

Display This Question:

If If Do you currently have any of the following conditions that have been diagnosed by a health care p... q://QID944/SelectedChoicesCount Is Greater Than or Equal to 1

And MEDHX1 != None of these

Or If

If How about any of these? Do you currently have any of the following conditions that have been diag... q://QID864/SelectedChoicesCount Is Greater Than or Equal to 1

And MEDHX2 != None of these

Or If

If Here's the last set! Do you currently have any of the following conditions that have been diagnos... q://QID863/SelectedChoicesCount Is Greater Than or Equal to 1

And MEDHX3 != None of these

Or If

If With what type(s) of cancer have you been diagnosed? (Check all that apply.) q://QID901/SelectedChoicesCount Is Greater Than or Equal to 1

Or If

If Please list up to five additional medical conditions that a doctor or other health care provider... Condition 1 Is Not Empty

Or Or Please list up to five additional medical conditions that a doctor or other health care provider... Condition 2 Is Not Empty

Or Or Please list up to five additional medical conditions that a doctor or other health care provider... Condition 3 Is Not Empty

Or Or Please list up to five additional medical conditions that a doctor or other health care provider... Condition 4 Is Not Empty

Or Or Please list up to five additional medical conditions that a doctor or other health care provider... Condition 5 Is Not Empty





MEDDX\_PASTYR Were any of these conditions diagnosed within the **PAST 12 MONTHS?**  
(Check all that apply.)

None of these were diagnosed in the past 12 months. (0)

Display This Choice:  
If MEDHX1 = Acid reflux (heartburn)

Acid reflux (heartburn) (1)

Display This Choice:  
If MEDHX1 = Anemia

Anemia (2)

Display This Choice:  
If MEDHX1 = Angina pectoris (angina)

Angina pectoris (angina) (3)

Display This Choice:  
If MEDHX1 = Anxiety

Anxiety (4)

Display This Choice:  
If MEDHX1 = Arthritis

Arthritis (60)

Display This Choice:  
If MEDHX1 = Asthma

Asthma (5)

Display This Choice:  
If MEDHX1 = Atrial fibrillation (Afib)

Atrial fibrillation (Afib) (6)

Display This Choice:  
If MEDHX1 = Benign prostatic hypertrophy (BPH, enlarged prostate)

Benign prostatic hypertrophy (BPH, enlarged prostate) (7)

Display This Choice:

If MEDHX1 = Bipolar disorder

Bipolar disorder (8)

Display This Choice:

If MEDHX1 = Cataracts

Cataracts (9)

Display This Choice:

If MEDHX1 = Chronic kidney disease

Chronic kidney disease (10)

Display This Choice:

If MEDHX1 = Chronic obstructive pulmonary disease (COPD)

Chronic obstructive pulmonary disease (COPD) (11)

Display This Choice:

If CA\_TYPE = Anal

Anal cancer (12)

Display This Choice:

If CA\_TYPE = Breast

Breast cancer (13)

Display This Choice:

If CA\_TYPE = Colon

Colon cancer (14)

Display This Choice:

If CA\_TYPE = Kidney

Kidney cancer (15)

Display This Choice:

If CA\_TYPE = Lung

Lung cancer (16)

Display This Choice:

If CA\_TYPE = Leukemia/Lymphoma

Leukemia/Lymphoma (17)

Display This Choice:

If CA\_TYPE = Ovary

Ovarian cancer (18)

Display This Choice:

If CA\_TYPE = Pancreas

Pancreatic cancer (19)

Display This Choice:

If CA\_TYPE = Prostate

Prostate cancer (20)

Display This Choice:

If CA\_TYPE = Skin (melanoma)

Skin cancer (melanoma) (21)

Display This Choice:

If CA\_TYPE = Skin (non-melanoma)

Skin cancer (non-melanoma) (22)

Display This Choice:

If CA\_TYPE = Uterus

Uterine cancer (23)

Display This Choice:

If CA\_TYPE = Other (please specify)

#{CA\_TYPE/ChoiceTextEntryValue/12} cancer (24)

Display This Choice:

If MEDHX2 = Coagulation (bleeding or clotting) problem

Coagulation (bleeding or clotting) problem (25)

Display This Choice:

If MEDHX2 = Congestive heart failure (CHF)

Congestive heart failure (CHF) (26)

Display This Choice:

If MEDHX2 = Coronary artery disease

Coronary artery disease (27)

Display This Choice:

If MEDHX2 = Depression

Depression (28)

Display This Choice:

If MEDHX2 = Diabetes mellitus (diabetes, sugar diabetes)

Diabetes mellitus (diabetes, sugar diabetes) (29)

Display This Choice:

If MEDHX2 = Diabetes (borderline)

Diabetes (borderline) (30)

Display This Choice:

If MEDHX2 = Erectile dysfunction

Erectile dysfunction (31)

Display This Choice:

If MEDHX2 = Glaucoma

Glaucoma (32)

Display This Choice:

If MEDHX2 = Heart attack

Heart attack (33)

Display This Choice:

If MEDHX2 = Heart murmur

Heart murmur (34)

Display This Choice:

If MEDHX2 = Hepatitis B virus (HBV)

Hepatitis B virus (HBV) (61)

Display This Choice:

If MEDHX2 = Hepatitis C virus (HCV)

Hepatitis C virus (HCV) (62)

Display This Choice:

If MEDHX2 = High cholesterol

High cholesterol (35)

Display This Choice:

If MEDHX2 = HIV

HIV (36)

Display This Choice:

If MEDHX3 = Hypertension (high blood pressure)

Hypertension (high blood pressure) (37)

Display This Choice:

If MEDHX3 = Inflammatory bowel disease (Crohn's disease, ulcerative colitis)

Inflammatory bowel disease (Crohn's disease, ulcerative colitis) (38)

Display This Choice:

If MEDHX3 = Irritable bowel syndrome (IBS)

Irritable bowel syndrome (IBS) (39)

Display This Choice:

*If MEDHX3 = Kidney stone (nephrolithiasis)*

Kidney stone (nephrolithiasis) (40)

*Display This Choice:*

*If MEDHX3 = Liver disease*

Liver disease (41)

*Display This Choice:*

*If MEDHX3 = Lupus (systemic lupus erythematosus, SLE)*

Lupus (systemic lupus erythematosus, SLE) (42)

*Display This Choice:*

*If MEDHX3 = Menopause*

Menopause (43)

*Display This Choice:*

*If MEDHX3 = Migraine headache*

Migraine headache (44)

*Display This Choice:*

*If MEDHX3 = Obstructive sleep apnea (OSA)*

Obstructive sleep apnea (OSA) (45)

*Display This Choice:*

*If MEDHX3 = Osteoporosis*

Osteoporosis (63)

*Display This Choice:*

*If MEDHX3 = Peripheral vascular disease (PVD)*

Peripheral vascular disease (PVD) (46)

*Display This Choice:*

*If MEDHX3 = Polycystic ovarian syndrome (PCOS)*

Polycystic ovarian syndrome (PCOS) (47)

Display This Choice:

If MEDHX3 = Psoriasis

Psoriasis (48)

Display This Choice:

If MEDHX3 = Pulmonary embolism (PE)

Pulmonary embolism (PE) (49)

Display This Choice:

If MEDHX3 = Seizure disorder (epilepsy)

Seizure disorder (epilepsy) (50)

Display This Choice:

If MEDHX3 = Stroke (cerebrovascular accident, CVA)

Stroke (cerebrovascular accident, CVA) (51)

Display This Choice:

If MEDHX3 = Thyroid problem (hyperthyroidism, hypothyroidism)

Thyroid problem (hyperthyroidism, hypothyroidism) (52)

Display This Choice:

If MEDHX3 = Ulcer (stomach/peptic, duodenal)

Ulcer (stomach/peptic, duodenal) (53)

Display This Choice:

If MEDHX3 = Uterine fibroids

Uterine fibroids (54)

Display This Choice:

If 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 Is Not Empty

#{ADDMEDPROBS/ChoiceTextEntryValue/1} (55)

Display This Choice:

*If If 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 2 Is Not Empty*

`#{ADDMEDPROBS/ChoiceTextEntryValue/2}` (56)

*Display This Choice:*

*If If 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 3 Is Not Empty*

`#{ADDMEDPROBS/ChoiceTextEntryValue/3}` (57)

*Display This Choice:*

*If If 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 4 Is Not Empty*

`#{ADDMEDPROBS/ChoiceTextEntryValue/4}` (58)

*Display This Choice:*

*If If 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 5 Is Not Empty*

`#{ADDMEDPROBS/ChoiceTextEntryValue/5}` (59)

---

Page Break



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.



SURGHX In the **PAST 12 MONTHS**, have you had the following surgeries or procedures?  
(Check all that apply.)  
(Gender-affirming or transition-related surgeries and procedures are asked about later.)

- 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)
  - C section (cesarean section) (10)
  - Uterus removal with cervix retained (supracervical hysterectomy) (11)
  - Uterus removal with cervix removed (total hysterectomy) (12)
  - Ovary removal (oophorectomy) (13)
  - None of these (0)
-

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)
- 

-----

OTHERSURG In the **PAST 12 MONTHS**, have you had any of the following procedures for any reason (including gender affirmation or transition)? (Check all that apply.)

- Electrolysis (long-term hair removal) (1)
  - Fat grafting (e.g., face, hips, buttocks, breasts/chest) (2)
  - None of these (3)
-

ADDSURGPROCS Please list up to five additional general surgeries/procedures that you had in the **PAST 12 MONTHS** (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 \_\_\_\_\_



GAS\_AQ Have you had any gender-affirming or transition-related surgeries or procedures in the **PAST 12 MONTHS?**

Yes (1)

No (0)

---

*Display This Question:*

*If GAS\_AQ = Yes*



GAS\_HEAD\_NECK In the **PAST 12 MONTHS**, 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 (0)

---

*Display This Question:*  
If GAS\_AQ = Yes



GAS\_CHEST In the **PAST 12 MONTHS**, 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 (reduction mammoplasty) (2)
- Top surgery/chest reconstruction/mastectomy (scars under the chest, "double incision") (3)
- Top surgery/chest reconstruction/mastectomy (keyhole, through the areola, "periareolar") (4)
- None of these (0)

---

*Display This Question:*  
If GAS\_AQ = Yes



GAS\_PELVIS In the **PAST 12 MONTHS**, have you had any of the following gender-affirming or transition-related surgeries or procedures that involve your abdomen or pelvis? (Check all that apply.)

- Creation of a new vagina using colon graft (vaginoplasty, colon graft) (1)
- Creation of a new vagina using penile tissue (vaginoplasty, penile inversion) (2)
- Creation of new labia without creation of new vagina (labiaplasty) (3)
- Creation of new scrotum (scrotoplasty) (4)
- Fallopian tube removal (salpingectomy) (5)
- Meta/meto or clitoral release (metoidioplasty) (6)
- Ovary removal (oophorectomy) (7)
- Penile implant insertion (8)
- Phallo/creation of a new penis (phalloplasty) (9)
- Removal of penis (penectomy) (10)
- Removal of testes (orchiectomy) (11)
- Removal of vaginal tissue (vaginectomy) (12)
- Testicular implant insertion (13)
- Uterus removal with cervix retained (supracervical hysterectomy) (14)
- Uterus removal with cervix removed (total hysterectomy) (15)



None of these (0)

---

*Display This Question:*

*If GAS\_AQ = Yes*



GAS\_HAIR In the **PAST 12 MONTHS**, have you had any hair removal procedures for gender-affirming or transition-related reasons?

Yes, hair transplant (1)

Yes, facial hair removal (2)

Yes, forearm hair removal (3)

Yes, chest hair removal (4)

Yes, leg hair removal (5)

Yes, hair removal in another body region (please specify location) (6)

---

Yes, something else (please specify) (7)

---

None of these (0)

---

*Display This Question:*

*If GAS\_AQ = Yes*

ADDGAS Please list up to five additional gender-affirming surgeries/procedures that you had in the **PAST 12 MONTHS**. (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 \_\_\_\_\_



PUB\_SUPP\_EV20 Have you **EVER** taken a medication meant to stop or delay puberty?

- Yes (1)
- No (0)

---

*Display This Question:*  
If PUB\_SUPP\_EV20 = Yes

PUB\_SUPP\_AGE\_EV20 How old were you when you first took a medication meant to stop or delay puberty?

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)



GAHORMONE\_AN Are you **CURRENTLY** taking hormones or medications for the purposes of gender affirmation (also called gender transition)?

Yes (1)

No (0)

---

*Display This Question:*

*If GAHORMONE\_AN = Yes*

GAHORMONE\_NOW Which hormones or medications for the purposes of gender affirmation (also called gender transition) are you **CURRENTLY** taking? (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)
- Histrelin 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)

---

Page Break

Display This Question:

If Which hormones or medications for the purposes of gender affirmation (also called gender transiti... q://QID2316/SelectedChoicesCount Is Greater Than or Equal to 1





GAHORMONE\_ANYRX Were any of the following hormones or medications that you used in the **PAST 12 MONTHS** for the purposes of gender affirmation (also called gender transition) prescribed by a doctor or health care provider?

Display This Choice:  
*If GAHORMONE\_NOW = Cyproterone acetate (sometimes called: CPA or Cyprostat)*

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

Display This Choice:  
*If GAHORMONE\_NOW = Dutasteride (sometimes called: Avodart)*

Dutasteride (sometimes called: Avodart) (2)

Display This Choice:  
*If GAHORMONE\_NOW = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)*

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

Display This Choice:  
*If GAHORMONE\_NOW = Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)*

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

Display This Choice:  
*If GAHORMONE\_NOW = 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\_NOW = Estradiol valerate (a specific type of estrogen)*

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

Display This Choice:  
*If GAHORMONE\_NOW = Estradiol cypionate (a specific type of estrogen)*

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

Display This Choice:  
*If GAHORMONE\_NOW = Finasteride (sometimes called: Proscar or Propecia)*

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

Display This Choice:

*If GAHORMONE\_NOW = Histrelin acetate (sometimes called: Vantas or Supprelin)*

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

Display This Choice:

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

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

Display This Choice:

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

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

Display This Choice:

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

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

Display This Choice:

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

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

Display This Choice:

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

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

Display This Choice:

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

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

Display This Choice:

If GAHORMONE\_NOW = Another hormone/medication not listed here (please specify)

#{GAHORMONE\_NOW/ChoiceTextEntryValue/17} (17)

Display This Choice:

If GAHORMONE\_NOW = I have (also) taken some other hormone(s)/medication(s), but I am not sure what it is called.

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

None of these were prescribed by a doctor or health care provider. (0)

---

Page Break

Display This Question:

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



CYPRO\_ALLRX Was all of the **cyproterone acetate (sometimes called: CPA or Cyprostat)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

If GAHORMONE\_ANYRX = Dutasteride (sometimes called: Avodart)



DUTAS\_ALLRX Was all of the **dutasteride (sometimes called: Avodart)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



LUPRO\_ALLRX Was all of the **depo leuprolide or leuprolide acetate (sometimes called: Lupron)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



DEPO\_ALLRX Was all of the **depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



ESTRO\_ALLRX Was all of the **estrogen (any type in any formulation such as: gel, injection, patch, pill)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



EVALE\_ALLRX Was all of the **estradiol valerate (a specific type of estrogen)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



ECYPI\_ALLRX Was all of the **estradiol cypionate (a specific type of estrogen)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



FINAS\_ALLRX Was all of the **finasteride (sometimes called: Proscar or Propecia)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

If GAHORMONE\_ANYRX = Histrelin acetate (sometimes called: Vantas or Supprelin)



HISTA\_ALLRX Was all of the **histrelin acetate (sometimes called: Vantas or Supprelin)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



PROGE\_ALLRX Was all of the **progesterone (sometimes called: progestagen or progestins)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



MICRO\_ALLRX Was all of the **micronized progesterone (sometimes called: Prometrium or Provera)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



SPIRO\_ALLRX Was all of the **spironolactone (sometimes called: "Spiro" or Aldactone)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



TEST\_ALLRX Was all of the **testosterone (any type in any formulation such as: gel, injection, patch)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



TCYPI\_ALLRX Was all of the **testosterone cypionate (a specific type of testosterone)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

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



TENAN\_ALLRX Was all of the **testosterone enanthate (a specific type of testosterone)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)



Display This Question:

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



TUNDE\_ALLRX Was all of the **testosterone undecanoate (a specific type of testosterone)** used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Display This Question:

If GAHORMONE\_ANYRX =  $\{q://QID2316/ChoiceTextEntryValue/17\}$



OTHER\_ALLRX Was all of the  **$\{GAHORMONE\_NOW/ChoiceTextEntryValue/17\}$**  used in the **PAST 12 MONTHS** used exactly as prescribed or recommended by a doctor or other health care provider?

Yes (1)

No (0)

Page Break



GAHORMONE\_CHANGE\_YR In the **PAST 12 MONTHS**, did you start or stop taking any hormones or medications for the purposes of gender affirmation (also called gender transition)? (Check all that apply.)

Yes, I started taking some hormones/medications for gender affirmation in the PAST 12 MONTHS. (1)

Yes, I stopped taking some hormones/medications for gender affirmation in the PAST 12 MONTHS. (0)

No, I did not start or stop taking hormones/medications for gender affirmation in the PAST 12 MONTHS. (2)

-----  
Page Break

*Display This Question:*

*If GAHORMONE\_CHANGE\_YR = Yes, I <u>started</u> taking some hormones/medications for gender affirmation in the PAST 12 MONTHS.*

GAHORMONE\_START\_YR Which hormones or medications for the purposes of gender affirmation (also called gender transition) did you **START** in the **PAST 12 MONTHS**? (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)
- Histrelin 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)

---

Page Break

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)



- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
  - October ~ 2020 (42)
  - October ~ 2021 (43)
  - October ~ I don't know/remember (44)
  - November (45)
  - November ~ 2020 (46)
  - November ~ 2021 (47)
  - November ~ I don't know/remember (48)
  - December (49)
  - December ~ 2020 (50)
  - December ~ 2021 (51)
  - December ~ I don't know/remember (52)
  - I don't know/remember (53)
  - I don't know/remember ~ 2020 (54)
  - I don't know/remember ~ 2021 (55)
  - I don't know/remember ~ 2022 (56)
  - I don't know/remember ~ I don't know/remember (57)
- 

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)



- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
  - October ~ 2020 (42)
  - October ~ 2021 (43)
  - October ~ I don't know/remember (44)
  - November (45)
  - November ~ 2020 (46)
  - November ~ 2021 (47)
  - November ~ I don't know/remember (48)
  - December (49)
  - December ~ 2020 (50)
  - December ~ 2021 (51)
  - December ~ I don't know/remember (52)
  - I don't know/remember (53)
  - I don't know/remember ~ 2020 (54)
  - I don't know/remember ~ 2021 (55)
  - I don't know/remember ~ 2022 (56)
  - I don't know/remember ~ I don't know/remember (57)
- 

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = Estradiol cypionate (a specific type of estrogen)*



HORMONE\_ECYPPI\_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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = Histrelin acetate (sometimes called: Vantas or Supprelin)*

HORMONE\_HISTA\_START Please tell us when you STARTED taking **histrelin 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)



- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)

Year (2)

- January (1)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
  - October ~ 2020 (42)
  - October ~ 2021 (43)
  - October ~ I don't know/remember (44)
  - November (45)
  - November ~ 2020 (46)
  - November ~ 2021 (47)
  - November ~ I don't know/remember (48)
  - December (49)
  - December ~ 2020 (50)
  - December ~ 2021 (51)
  - December ~ I don't know/remember (52)
  - I don't know/remember (53)
  - I don't know/remember ~ 2020 (54)
  - I don't know/remember ~ 2021 (55)
  - I don't know/remember ~ 2022 (56)
  - I don't know/remember ~ I don't know/remember (57)
- 

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)



- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
  - October ~ 2020 (42)
  - October ~ 2021 (43)
  - October ~ I don't know/remember (44)
  - November (45)
  - November ~ 2020 (46)
  - November ~ 2021 (47)
  - November ~ I don't know/remember (48)
  - December (49)
  - December ~ 2020 (50)
  - December ~ 2021 (51)
  - December ~ I don't know/remember (52)
  - I don't know/remember (53)
  - I don't know/remember ~ 2020 (54)
  - I don't know/remember ~ 2021 (55)
  - I don't know/remember ~ 2022 (56)
  - I don't know/remember ~ I don't know/remember (57)
- 

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = Testosterone cypionate (a specific type of testosterone)*

HORMONE\_TCYPI\_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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_START\_YR = Another hormone/medication not listed here (please specify)*

HORMONE\_OTHER\_START Please tell us when you STARTED taking **GAHORMONE\_START\_YR/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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)



- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

Page Break

*Display This Question:*

*If GAHORMONE\_CHANGE\_YR = Yes, I <u>stopped</u> taking some hormones/medications for gender affirmation in the PAST 12 MONTHS.*

GAHORMONE\_STOP\_YR Which hormones or medications for the purposes of gender affirmation (also called gender transition) did you **STOP** in the **PAST 12 MONTHS**? (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)
- Histrelin 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)

---

Page Break

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
  - 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)
- 

*Display This Question:*  
*If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
- 

-----  
*Display This Question:*  
If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
  - 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)
- 

-----

*Display This Question:*  
If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
- 

*Display This Question:*  
If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
  - October ~ 2020 (42)
  - October ~ 2021 (43)
  - October ~ I don't know/remember (44)
  - November (45)
  - November ~ 2020 (46)
  - November ~ 2021 (47)
  - November ~ I don't know/remember (48)
  - December (49)
  - December ~ 2020 (50)
  - December ~ 2021 (51)
  - December ~ I don't know/remember (52)
  - I don't know/remember (53)
  - I don't know/remember ~ 2020 (54)
  - I don't know/remember ~ 2021 (55)
  - I don't know/remember ~ 2022 (56)
  - I don't know/remember ~ I don't know/remember (57)
- 

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
- 

-----  
*Display This Question:*

*If GAHORMONE\_STOP\_YR = Estradiol valerate (a specific type of estrogen)*

HORMONE\_EVALUATE\_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)

Year (2)

- January (1)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
  - 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)
- 

-----  
*Display This Question:*

*If GAHORMONE\_STOP\_YR = Estradiol cypionate (a specific type of estrogen)*

HORMONE\_ECYPPI\_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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
  - 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)
- 

-----  
*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)

Year (2)

- January (1)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
- 

-----  
*Display This Question:*  
If GAHORMONE\_STOP\_YR = Histrelin acetate (sometimes called: Vantas or Supprelin)

HORMONE\_HISTA\_STOP Please tell us when you STOPPED taking **histrelin 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = Histrelin acetate (sometimes called: Vantas or Supprelin)*



HORMONE\_HISTA\_STOP\_Y Because you indicated that you are no longer taking **histrelin 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)
  - 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)
- 

-----  
*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
- 

-----  
*Display This Question:*  
*If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
  - 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)
- 

-----  
*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
  - 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)
- 

-----

*Display This Question:*  
*If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
  - October ~ 2020 (42)
  - October ~ 2021 (43)
  - October ~ I don't know/remember (44)
  - November (45)
  - November ~ 2020 (46)
  - November ~ 2021 (47)
  - November ~ I don't know/remember (48)
  - December (49)
  - December ~ 2020 (50)
  - December ~ 2021 (51)
  - December ~ I don't know/remember (52)
  - I don't know/remember (53)
  - I don't know/remember ~ 2020 (54)
  - I don't know/remember ~ 2021 (55)
  - I don't know/remember ~ 2022 (56)
  - I don't know/remember ~ I don't know/remember (57)
- 

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
- 

*Display This Question:*  
*If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
  - 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)
- 

-----  
*Display This Question:*  
If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
  - 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)
- 

-----  
*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = 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)
  - 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)
- 

*Display This Question:*  
*If GAHORMONE\_STOP\_YR = Another hormone/medication not listed here (please specify)*

HORMONE\_OTHER\_STOP Please tell us when you STOPPED taking **GAHORMONE\_START\_YR/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)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If GAHORMONE\_STOP\_YR = Another hormone/medication not listed here (please specify)*



HORMONE\_OTHER\_STOP\_Y Because you indicated that you are no longer taking **#{GAHORMONE\_START\_YR/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 \_\_\_\_\_

COVID\_TEST\_INTRO The next set of questions will ask about COVID-19 testing.

---



SARSCOV2\_TEST Were you tested for the COVID-19 (officially called SARS-CoV-2) with the swab test in your nose? We are asking this question to everyone even if they did not have symptoms.

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

*Display This Question:*

*If SARSCOV2\_TEST = Yes*



SARSCOV2\_RESULT What was the result of your **testing** (with a swab) for COVID-19 (officially called SARS-CoV-2)?

- My test said that I did not have COVID-19. (0)
  - My test said that I had COVID-19. (1)
  - I don't know (88)
- 

*Display This Question:*

*If SARSCOV2\_TEST = No*



SARSCOV2\_TEST\_REFUSE Were you refused testing for COVID-19 when you asked your doctor or health care provider?

- Yes (1)
- No (0)
- I did not try to get tested for COVID-19 (2)

---

*Display This Question:*  
If SARSCOV2\_TEST\_REFUSE = Yes



NOTEST\_WHY What reason(s) were you given for not being tested for COVID-19? (Check all that apply.)

- I did not meet testing criteria (1)
  - I had not traveled to a foreign country (2)
  - No tests were available (3)
  - I did not have the symptoms of coronavirus disease (COVID-19) (4)
  - I was not in a high-risk group (5)
  - Something else (please specify) (6)
- 

---

Page Break

COVID\_VACCINE\_INTRO **COVID**

This section asks about your experiences with the COVID-19 vaccine and research studies.

---



COVID\_TRIAL Are you or have you been a part of any research study that has tested a COVID vaccine?

- Yes (1)
  - No (0)
- 

*Display This Question:*

*If COVID\_TRIAL = Yes*



TRIAL\_BRAND Which company's COVID vaccine was being studied in the research study?

- AstraZeneca (1)
  - Johnson & Johnson (2)
  - Moderna (3)
  - Novavax (4)
  - Pfizer/BioNTech (5)
  - Another company (6) \_\_\_\_\_
  - I don't know (88)
- 

*Display This Question:*

*If COVID\_TRIAL = Yes*



TRIAL\_UNBLIND Did you get confirmation that you received an actual COVID vaccine (and not a placebo) as part of the research study?

- Yes, I got the COVID vaccine (1)
- No, I got the placebo (0)
- I don't know if I got the COVID vaccine or the placebo (88)

---

*Display This Question:*

*If TRIAL\_UNBLIND = Yes, I got the COVID vaccine*



TRIAL\_DOSES How many doses or injections of the COVID vaccine did you receive?

- 1 (1)
- 2 (2)
- 3 (3)
- I don't know (88)

---

*Display This Question:*

*If TRIAL\_UNBLIND = I don't know if I got the COVID vaccine or the placebo*



TRIAL\_INJECTIONS How many injections did you receive?

- 1 (1)
  - 2 (2)
  - 3 (3)
  - I don't know (88)
-

Display This Question:

If TRIAL\_UNBLIND = No, I got the placebo



TRIAL\_OUTSIDE Are/were you allowed to get the COVID vaccine (when available to you) outside of the research study?

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

Display This Question:

If COVID\_TRIAL = No

Or TRIAL\_UNBLIND = No, I got the placebo

Or TRIAL\_UNBLIND = I don't know if I got the COVID vaccine or the placebo



VACCINATION\_STATUS Which best describes you?

- I don't want to get the COVID vaccine ever (1)
- I want to wait to get the COVID vaccine (2)
- I want to get the COVID vaccine as soon as possible (3)
- I already received one or more doses COVID vaccine (4)

Display This Question:

If VACCINATION\_STATUS = I don't want to get the COVID vaccine ever

Or VACCINATION\_STATUS = I want to wait to get the COVID vaccine

Or VACCINATION\_STATUS = I want to get the COVID vaccine as soon as possible



VACCINE\_ACCESS If you wanted to get the COVID vaccine today, could you?

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

---

*Display This Question:*

*If VACCINE\_ACCESS = No*



VACCINE\_NOACCESS You said that you could not get the COVID vaccine today if you wanted to. Which best describes why you could NOT get the COVID vaccine today? (Check all that apply.)

- I am concerned I don't have health insurance to pay for it. (1)
  - It is not available to me. (2)
  - Because of my health conditions, it is recommended that I do not get the vaccine. (3)
  - Another reason (4)
- 

---

*Display This Question:*

*If VACCINATION\_STATUS = I don't want to get the COVID vaccine ever*



VACCINE\_NEVER What are your reasons for NOT wanting to get the COVID vaccine? (Check all that apply.)

- I have a health condition that could be worsened by the COVID vaccine. (1)
  - I don't think that the COVID vaccine is safe. (2)
  - I don't trust the development of the COVID vaccines. (3)
  - I don't believe in any vaccines. (4)
  - I have a fear of needles. (5)
  - I believe I will get COVID from the vaccine. (6)
  - I don't believe the COVID vaccine will protect me from getting COVID. (7)
  - I don't think the COVID vaccine was tested on people like me. (8)
  - I think I already had COVID and am protected from getting it again. (9)
  - I am allergic to polyethylene glycol (PEG) or polysorbate. (10)
  - I am concerned about the side effects. (11)
  - I don't want to get the vaccine due to my religious or spiritual beliefs. (12)
  - Something else (please specify) (13)
- 

-----  
*Display This Question:*

*If VACCINATION\_STATUS = I want to wait to get the COVID vaccine*

X→



VACCINE\_WAIT What are your reasons for wanting to wait to get the COVID vaccine? (Check all that apply.)

- I am not yet eligible to receive the vaccine. (1)
- I have a health condition that could be worsened by the COVID vaccine. (2)
- I don't think that the COVID vaccine is safe. (3)
- I don't trust the development of the COVID vaccine. (4)
- I don't believe in any vaccines. (5)
- I have a fear of needles. (6)
- I believe I will get COVID from the vaccine. (7)
- I don't believe the COVID vaccine will protect me from getting COVID. (8)
- I don't think the COVID vaccine was tested on people like me. (9)
- I think other people should get the COVID vaccine before me. (10)
- I want to see if the COVID vaccine is safe. (11)
- I think I already had COVID and am protected from getting it again. (12)
- I received convalescent plasma or monoclonal antibodies to treat COVID. (13)
- I currently have or just recently had COVID. (14)
- I was told by my doctor or health care professional to wait. (15)
- I received a vaccine (not for COVID) in the past 14 days. (16)

Something else (please specify) (17)

---

---

*Display This Question:*

*If VACCINE\_NEVER = I have a health condition that could be worsened by the COVID vaccine.  
Or VACCINE\_WAIT = I have a health condition that could be worsened by the COVID vaccine.*

VACCINE\_CONDITION Please list the health condition(s) you have that could be worsened by the COVID vaccine. (One condition per box, please)

Condition 1 (1) \_\_\_\_\_

Condition 2 (2) \_\_\_\_\_

Condition 3 (3) \_\_\_\_\_

Condition 4 (4) \_\_\_\_\_

Condition 5 (5) \_\_\_\_\_

---

*Display This Question:*

*If VACCINATION\_STATUS = I already received one or more doses COVID vaccine*



VACCINE\_BRAND Which company made the COVID vaccine that you received?

- AstraZeneca (1)
  - Johnson & Johnson (2)
  - Moderna (3)
  - Novavax (4)
  - Pfizer/BioNTech (5)
  - Another company (please specify) (6)
- 
- I don't know (88)

*Display This Question:*  
If VACCINATION\_STATUS = I already received one or more doses COVID vaccine  
And VACCINE\_BRAND != Johnson & Johnson



VACCINE\_DOSES How many doses of the COVID vaccine did you receive?

- 1 (1)
- 2 (2)
- 3 or more (3)
- I don't know (88)

*Display This Question:*  
If VACCINE\_DOSES = 1  
Or VACCINE\_DOSES = 2  
Or VACCINE\_DOSES = 3 or more



VACCINE\_DOSE1DATE On what date did you receive your FIRST dose of the COVID vaccine? Please check your vaccination card. If you don't have your vaccination card, please estimate. (MM/DD/YYYY format, please)

---

*Display This Question:*

*If VACCINE\_DOSES = 2*

*Or VACCINE\_DOSES = 3 or more*



VACCINE\_DOSE2DATE On what date did you receive your SECOND dose of the COVID vaccine? Please check your vaccination card. If you don't have your vaccination card, please estimate. (MM/DD/YYYY format, please)

---

*Display This Question:*

*If VACCINE\_DOSES = 1*

*And VACCINE\_BRAND != Johnson & Johnson*



VACCINE\_PLANDOSE2 Do you plan to get your SECOND dose of the COVID vaccine?

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

*Display This Question:*

*If VACCINE\_PLANDOSE2 = No*



VACCINE\_PLANDOSE2NO Why don't you plan to get your SECOND dose of the COVID vaccine?

- The vaccine I received only had one dose. (1)
  - I had unpleasant symptoms after the first dose. (2)
  - I had dangerous symptoms/reaction after the first dose. (3)
  - There are not enough doses available. (4)
  - I believe I have a high level of protection from the first dose and I don't think I need the second dose. (5)
  - I am concerned that I will have symptoms/reaction from the second dose. (6)
  - Another reason (please specify) (7)
- 

---

*Display This Question:*

If VACCINE\_PLANDOSE2 = Yes



VACCINE\_PLANDOSE2DAY On what date do you plan to get your SECOND dose of the COVID vaccine? (MM/DD/YYYY format, please)

---

---

*Display This Question:*

If TRIAL\_DOSES = 1

Or TRIAL\_DOSES = 2

Or TRIAL\_DOSES = 3

Or VACCINE\_DOSES = 1

Or VACCINE\_DOSES = 2

Or VACCINE\_DOSES = 3 or more



VACCINE\_ADVERSE Did you experience any of the following side effects after receiving your COVID vaccine (any dose)? (Check all that apply.)

- I did not experience any side effects. (0)
- Pain at the injection site (1)
- Redness at the injection site (2)
- Swelling at the injection site (3)
- Fatigue / Tiredness (4)
- Chills (5)
- Fever (6)
- New or worsening muscle pain/ache (myalgia) (7)
- New or worsening joint pain/ache (arthralgia) (8)
- Itching (9)
- Full-body rash (10)
- Hives (urticaria) (11)
- Headache (12)
- Nausea (13)
- Vomiting (14)
- Diarrhea (15)

- Wheezing (16)
  - Cough (17)
  - Voice hoarseness (18)
  - Tongue swelling (19)
  - Swollen lips (20)
  - Difficulty breathing (21)
  - Anaphylaxis (22)
  - Allergic reaction (23)
  - Bell's Palsy (24)
  - Another side effect(s) (please list all additional side effects) (25)
- 



ALLERGY\_VACCINES Have you ever had an allergic reaction to any of the following? (Check all that apply.)

Vaccines other than the COVID vaccine (1)

Eggs (2)

Injectable medications (3)

Polyethylene glycol (PEG) or polysorbate (4)

None of these (0)

---

Page Break



PROMIS\_PH\_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)
- 

Page Break

Display This Question:

If PROMIS10 != 0 No pain



PROMIS\_PAININ3 In the **PAST 7 DAYS**, how much did pain interfere with your enjoyment of life?

- Not at all (1)
- A little bit (2)
- Somewhat (3)
- Quite a bit (4)
- Very much (5)

Display This Question:

If PROMIS10 != 0 No pain



PROMIS\_PAININ8 In the **PAST 7 DAYS**, how much did pain interfere with your ability to concentrate?

- Not at all (1)
- A little bit (2)
- Somewhat (3)
- Quite a bit (4)
- Very much (5)

Display This Question:

If PROMIS10 != 0 No pain



PROMIS\_PAININ9 In the **PAST 7 DAYS**, how much did pain interfere with your day to day activities?

- Not at all (1)
- A little bit (2)
- Somewhat (3)
- Quite a bit (4)
- Very much (5)

---

*Display This Question:*

*If PROMIS10 != 0 No pain*



PROMIS\_PAININ10 In the **PAST 7 DAYS**, how much did pain interfere with your enjoyment of recreational activities?

- Not at all (1)
- A little bit (2)
- Somewhat (3)
- Quite a bit (4)
- Very much (5)

---

*Display This Question:*

*If PROMIS10 != 0 No pain*



PROMIS\_PAININ14 In the **PAST 7 DAYS**, how much did pain interfere with doing your tasks away from home (e.g., getting groceries, running errands)?

- Not at all (1)
- A little bit (2)
- Somewhat (3)
- Quite a bit (4)
- Very much (5)

---

*Display This Question:*

*If PROMIS10 != 0 No pain*



PROMIS\_PAININ26 In the **PAST 7 DAYS**, how often did pain keep you from socializing with others?

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

---

Page Break



CHRONIC\_PAIN On the images below, **CHECK ALL** areas of your body where you have felt **persistent or recurrent pain** present for the last **3 months or longer (chronic pain)**.  
If you do not have ANY chronic pain anywhere in your body, please select "No Chronic Pain" and advance to the next screen.

No Chronic Pain (1)

---

*Display This Question:*

*If CHRONIC\_PAIN != No Chronic Pain*



PAINLOC\_FRONT

In the list below, **CHECK ALL** areas of your body where you have felt **persistent or recurrent pain** present for the last **3 months or longer (chronic pain)**.

If you do not have chronic pain in any of these body areas, check the "No Chronic Pain" box.

- No chronic pain in this any of these body areas (0)
- Face (1)
- Right jaw (2)
- Left jaw (3)
- Right chest/breast (4)
- Left chest/breast (5)
- Abdomen (6)
- Pelvis (7)
- Right groin (8)
- Left groin (9)
- Genitals (10)
- Right upper arm (11)
- Right elbow (12)
- Right lower arm (13)

- Right wrist/hand (14)
- Left upper arm (15)
- Left elbow (16)
- Left lower arm (17)
- Left wrist/hand (18)
- Right upper leg (19)
- Right knee (20)
- Right lower leg (21)
- Right ankle/foot (22)
- Left upper leg (23)
- Left knee (24)
- Left lower leg (25)
- Left ankle/foot (26)

---

Display This Question:

If CHRONIC\_PAIN != No Chronic Pain

X→

PAINLOC\_BACK

In the list below, **CHECK ALL** areas of your body where you have felt **persistent or recurrent**

**pain** present for the last **3 months or longer (chronic pain)**.

If you do not have chronic pain in any of these body areas, check the "No Chronic Pain" box.

- No chronic pain in this any of these body areas (0)
- Head (1)
- Neck (2)
- Left shoulder (3)
- Right shoulder (4)
- Upper back (5)
- Lower back (6)
- Left hip (7)
- Right hip (8)
- Left buttocks (9)
- Right buttocks (10)
- Anus (11)

---

Page Break

CANCER\_INTRO **Cancer Screening**

---

*Display This Question:*

*If ORGANS\_BORN = Cervix (you likely have/had this if you were assigned female sex at birth)*  
*Or ORGANS\_BORN = Ovaries*  
*Or ORGANS\_BORN = Uterus/Womb*  
*Or ORGANS\_BORN = Vagina/Frontal genital opening*  
*Or 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*

*VAGINA\_BRANCH != Please use the term "frontal genital opening."*



PAP\_YR\_V In the **PAST 12 MONTHS**, have you 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, 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 *ORGANS\_BORN* = Cervix (you likely have/had this if you were assigned female sex at birth)

Or *ORGANS\_BORN* = Ovaries

Or *ORGANS\_BORN* = Uterus/Womb

Or *ORGANS\_BORN* = Vagina/Frontal genital opening

Or *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

*VAGINA\_BRANCH* = Please use the term "frontal genital opening."



*PAP\_YR\_FGO* In the **PAST 12 MONTHS**, have you 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 frontal genital opening, 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\_YR\_V* = Yes

Or *PAP\_YR\_FGO* = Yes



*PAP\_ABNL\_YR* Have you had a Pap smear or Pap test in the **PAST 12 MONTHS** where the results were NOT normal?

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

Display This Question:

If PAP\_YR\_V = Yes

Or PAP\_YR\_FGO = Yes

X→

HPV\_RECENTPAP An HPV test is sometimes added to the Pap test for cervical cancer screening. Did you have an HPV test with a Pap test in the **PAST 12 MONTHS**?

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

Display This Question:

If HPV\_RECENTPAP = Yes

X→

HPV\_ABNL\_YR Have you had a cervical HPV test in the **PAST 12 MONTHS** where the results were NOT normal?

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

Display This Question:

If ORGANS\_NOW = Breasts or breast tissue

Or ORGANS\_BREASTS = Yes

X→

MAMMO\_YR In the **PAST 12 MONTHS**, have you had a mammogram? A mammogram is when breast/chest tissue is squeezed between two firm surfaces to obtain X-rays/pictures of the breast/chest tissue.

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

---

*Display This Question:*  
If MAMMO\_YR = Yes



MAMMO\_ABNL\_YR Have you had a mammogram in the **PAST 12 MONTHS** where the results were NOT normal?

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

---

*Display This Question:*  
If ORGANS\_BORN = Prostate (you likely have/had 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\_YR In the **PAST 12 MONTHS**, have you 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\_YR = Yes



PSA\_ABNLYR Have you had a PSA test in the **PAST 12 MONTHS** where the results were NOT normal?

- 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 intentionally causes diarrhea.

In the **PAST 12 MONTHS**, have you 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\_ABNL In the **PAST 12 MONTHS**, have you had a blood stool test (FIT) where the results were NOT normal?

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

---

Display This Question:

If COLON\_TEST = Sigmoidoscopy



SIG\_ABNL In the **PAST 12 MONTHS**, have you had a sigmoidoscopy where the results were NOT normal?

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

---

Display This Question:

If COLON\_TEST = Colonoscopy



COL\_ABNL In the **PAST 12 MONTHS**, have you had a colonoscopy where the results were NOT normal?

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

---

Page Break



ANORECTCA\_SCREEN\_YR In the **PAST 12 MONTHS**, have you had any of the following tests as an evaluation for anal or rectal cancer? (Check all that apply.)

- Digital anal rectal exam (an examination where a doctor or health care provider inserts their finger into your anus (butt)) (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 (88)
- None of these (0)

---

*Display This Question:*

*If ANORECTCA\_SCREEN\_YR = Digital anal rectal exam (an examination where a doctor or health care provider inserts their finger into your anus (butt))*



ANORECTCA\_SCREEN\_DRE In the **PAST 12 MONTHS**, have you had a digital anal/rectal examination where the results were NOT normal?

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

Display This Question:

If ANORECTCA\_SCREEN\_YR = Anal HPV test (a routine test with a swab that tests for human papillomavirus, HPV)



ANORECTA\_SCREEN\_HPV In the **PAST 12 MONTHS**, have you had an anal HPV examination where the results were NOT normal?

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

---

Display This Question:

If ANORECTCA\_SCREEN\_YR = 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 In the **PAST 12 MONTHS**, have you had an anal Pap smear where the results were NOT normal?

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

---

Display This Question:

If ANORECTCA\_SCREEN\_YR = High-Resolution Anoscopy (HRA) (an exam with a microscope of the rectum and anus)



ANORECTCA\_SCREEN\_HRA

In the **PAST 12 MONTHS**, have you had a high-resolution anoscopy (HRA) where the results were NOT normal?

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

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

## PA\_INTRO Physical Activity

---



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?

---



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?

---



WEIGHTS\_DAYS How many **DAYS PER WEEK** do you do leisure-time physical activities specifically designed to **STRENGTHEN** your muscles such as lifting weights or doing calisthenics?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

---

Page Break

HCACCESS\_INTRO **Healthcare Access**

---



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)
- 



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



PLACEROUTINE Is that the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

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

---

*Display This Question:*  
If PLACEROUTINE = No



PLACEROUTINE\_KIND What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

- I don't get routine or preventative care anywhere (0)
  - Clinic or health center (1)
  - Doctor's office or HMO (2)
  - Hospital emergency room (3)
  - Hospital outpatient department (4)
  - Some other place (5)
  - I don't go to one place most often (6)
  - I don't know (88)
- 



TROUBLEFIND During the **PAST 12 MONTHS**, did you have any trouble finding a general doctor or 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)
- 



PROV\_LASTYEAR In 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 reproductive, genital, and sexual 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)



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)

---

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



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)



ER During the **PAST 12 MONTHS**, how many times have you gone to a hospital emergency room about your health? (If you are not sure exactly how many times, please estimate.)

---

---

Page Break



Display This Question:

If During the PAST 12 MONTHS, how many times have you gone to a hospital emergency room about your h... Text Response Is Greater Than or Equal to 1

ER\_WHY For what reason(s) did you go the emergency room?

---

---

---

---

---

HOSP During the **PAST 12 MONTHS**, have you been hospitalized overnight?

Yes (1)

No (2)

Display This Question:

If HOSP = Yes



HOSP\_TIMES How many different times in the **PAST 12 MONTHS** have you been hospitalized overnight?

---

Display This Question:

If HOSP = Yes

HOSP\_WHY For what reason(s) were you hospitalized (e.g., shortness of breath, heart attack, chest pain, depression)?

---

---

---

---

---

-----  
*Display This Question:*

*If HOSP = Yes*



HOSP\_DAYS How many days total were you hospitalized in the **PAST 12 MONTHS**? (If you are not sure exactly how many days, please estimate.)

---

-----  
Page Break



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 (1)
- Worse (2)
- About the same (3)
- I don't know (4)



DELAYCARE In the **PAST 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 (4)
- I speak a different language (5)
- I couldn't get time off work or school (6)
- I don't know where to go to get care (7)
- I was refused services (8)
- I thought I would be mistreated or disrespected on the basis of my sexual orientation (9)
- I thought I would be mistreated or disrespected on the basis of my gender identity (10)
- I thought I would be mistreated or disrespected on the basis of my HIV status (11)
- I couldn't get child care (12)
- I didn't have time or took too long (13)

Other (please specify) (14)

---

X→

NOCARE In the **PAST 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*

X→



NOCARE\_WHY Which of these best describes the reason(s) you were **unable** to get 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)
- 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 (4)
- I speak a different language (5)
- I couldn't get time off work or school (6)
- I don't know where to go to get care (7)
- I was refused services (8)
- I thought I would be mistreated or disrespected on the basis of my sexual orientation (9)
- I thought I would be mistreated or disrespected on the basis of my gender identity (10)
- I thought I would be mistreated or disrespected on the basis of my HIV status (11)
- I couldn't get child care (12)
- I didn't have time or took too long (13)



Other (please specify) (14)

---

-----  
Page Break

---

OOP\_INTRO The next questions are about money that you have spent out of pocket on health 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)
  - \$1 - \$499 (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)
- 



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

- Zero (0)
  - \$1 - \$499 (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)
- 



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)
- 

Page Break

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



DENT\_VISIT During the **PAST 12 MONTHS**, were you able to visit a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- Yes (1)
- No (0)



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)
- I did not have dental insurance (14)

Other (13) \_\_\_\_\_



ORCAEXAM During the **PAST 12 MONTHS**, have you 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)



MOUTH PAIN How often during the **PAST 12 MONTHS** 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)

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.)

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)

---

X→

SLEEPFALL In the **PAST WEEK**, how many times did you have trouble falling asleep?

0 (0)

1 (1)

2 (2)

3 (3)

4 (4)

5 (5)

6 (6)

7 (7)

More than 7 (8)

---

X→

SLEEPSTAY In the **PAST WEEK**, how many times did you have trouble staying asleep?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- More than 7 (8)



SLEEPMED In the **PAST WEEK**, how many times did you take medication to help you fall asleep or stay asleep?

- 0 (0)
  - 1 (1)
  - 2 (2)
  - 3 (3)
  - 4 (4)
  - 5 (5)
  - 6 (6)
  - 7 (7)
  - More than 7 (8)
- 



SLEEPREST

In the **PAST WEEK**, on how many days did you wake up feeling well rested?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

-----  
Page Break

---

FOODINSECURE\_INTRO The following are statements that people have made about their food situation. For these statements, respond with how true the statement was for you within the **LAST 12 MONTHS**.

---



USDA\_HH2 I worried whether my food would run out before I got money to buy more. Was that often true, sometimes true, or never true for you in the **LAST 12 MONTHS**?

- Often true (2)
  - Sometimes true (1)
  - Never true (0)
  - I don't know (88)
- 



USDA\_HH3 The food that I bought just didn't last, and I didn't have money to get more. Was that often, sometimes, or never true for you in the **LAST 12 MONTHS**?

- Often true (2)
  - Sometimes true (1)
  - Never true (0)
  - I don't know (88)
- 



USDA\_HH4 I couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the **LAST 12 MONTHS**?

- Often true (2)
- Sometimes true (1)
- Never true (0)
- I don't know (88)

---

*Display This Question:*

*If USDA\_HH2 = Often true  
Or USDA\_HH2 = Sometimes true  
Or USDA\_HH3 = Often true  
Or USDA\_HH3 = Sometimes true  
Or USDA\_HH4 = Often true  
Or USDA\_HH4 = Sometimes true*



USDA\_AD1 In the **LAST 12 MONTHS**, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

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

---

*Display This Question:*

*If USDA\_AD1 = Yes*



USDA\_AD1A How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month (1)
- Some months but not every month (0)
- Only 1 or 2 months (88)
- I don't know (89)

---

*Display This Question:*

*If USDA\_HH2 = Often true  
Or USDA\_HH2 = Sometimes true  
Or USDA\_HH3 = Often true  
Or USDA\_HH3 = Sometimes true  
Or USDA\_HH4 = Often true  
Or USDA\_HH4 = Sometimes true*



USDA\_AD2 In the **LAST 12 MONTHS**, did you ever eat less than you felt you should because there wasn't enough money for food?

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

---

*Display This Question:*

*If USDA\_HH2 = Often true  
Or USDA\_HH2 = Sometimes true  
Or USDA\_HH3 = Often true  
Or USDA\_HH3 = Sometimes true  
Or USDA\_HH4 = Often true  
Or USDA\_HH4 = Sometimes true*





USDA\_AD3 In the **LAST 12 MONTHS**, were you ever hungry but didn't eat because there wasn't enough money for food?

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

---

*Display This Question:*

*If USDA\_HH2 = Often true  
Or USDA\_HH2 = Sometimes true  
Or USDA\_HH3 = Often true  
Or USDA\_HH3 = Sometimes true  
Or USDA\_HH4 = Often true  
Or USDA\_HH4 = Sometimes true*



USDA\_AD4 In the **LAST 12 MONTHS**, did you lose weight because there wasn't enough money for food?

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

---

*Display This Question:*

*If USDA\_AD1 = Yes  
Or USDA\_AD2 = Yes  
Or USDA\_AD3 = Yes  
Or USDA\_AD4 = Yes*



USDA\_AD5 In the **LAST 12 MONTHS**, did you ever not eat for a whole day because there wasn't enough money for food?

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

---

*Display This Question:*

*If USDA\_AD5 = Yes*



USDA\_AD5A How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month (1)
- Some months but not every month (0)
- Only 1 or 2 months (2)
- I don't know (88)

---

Page Break

Display This Question:

If *ORGANS\_BORN* = Penis/Phallus (not including a prosthetic)

Or *ORGANS\_BORN* = Testicles

Or *SAAB* = Male

## REPRO\_INTRO\_MALE Reproductive History

---

Display This Question:

If *SAAB* = Male

Or *ORGANS\_BORN* = Penis/Phallus (not including a prosthetic)

Or *ORGANS\_BORN* = Testicles



*PREGNANT\_SPERM* In the **PAST 12 MONTHS**, has your sperm (also known as semen, cum, nut, ejaculate) 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 in the **PAST 12 MONTHS** resulted from your sperm? (If you are unsure, please estimate.)

---

Page Break

---

Display This Question:

If *ORGANS\_BORN* = Cervix (you likely have/had this if you were assigned female sex at birth)

Or *ORGANS\_BORN* = Ovaries

Or *ORGANS\_BORN* = Uterus/Womb

Or *ORGANS\_BORN* = Vagina/Frontal genital opening

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\_BORN* = Cervix (you likely have/had this if you were assigned female sex at birth)

Or *ORGANS\_BORN* = Ovaries

Or *ORGANS\_BORN* = Uterus/Womb

Or *ORGANS\_BORN* = Vagina/Frontal genital opening

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\_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.)

---

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

*MENSES\_NOYEAR != Hysterectomy (removal of the uterus)*

And *MENSES\_NOYEAR != Menopause/change of life*

And *SURGHX != Uterus removal with cervix retained (supracervical hysterectomy)*

And *SURGHX != Uterus removal with cervix removed (total hysterectomy)*

And *MEDHX3 != Menopause*



**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\_BORN = Cervix (you likely have/had this if you were assigned female sex at birth)*

Or *ORGANS\_BORN = Ovaries*

Or *ORGANS\_BORN = Uterus/Womb*

Or *ORGANS\_BORN = Vagina/Frontal genital opening*

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\_ATTEMPT

Have you been trying to personally become pregnant over the **PAST 12 MONTHS**?

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

---

*Display This Question:*

*If ORGANS\_BORN = Cervix (you likely have/had this if you were assigned female sex at birth)*

*Or ORGANS\_BORN = Ovaries*

*Or ORGANS\_BORN = Uterus/Womb*

*Or ORGANS\_BORN = Vagina/Frontal genital opening*

*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\_RX In the **PAST 12 MONTHS**, have you 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\_BORN* = Ovaries

Or *ORGANS\_BORN* = Cervix (you likely have/had this if you were assigned female sex at birth)

Or *ORGANS\_BORN* = Uterus/Womb

Or *ORGANS\_BORN* = Vagina/Frontal genital opening

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\_YR* Have you been pregnant in the **PAST 12 MONTHS?**

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\_YR* = Yes

And If

*MENSES\_NOYEAR* != Hysterectomy (removal of the uterus)

And *MENSES\_NOYEAR* != Menopause/change of life

And *SURGHX* != Uterus removal with cervix retained (supracervical hysterectomy)

And *SURGHX* != Uterus removal with cervix removed (total hysterectomy)

And *MEDHX3* != Menopause





PREG\_NOW Are you pregnant **now**?

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

---

*Display This Question:*  
If PREG\_YR = Yes



PREG\_TIMES How **many times** have you been pregnant in the **PAST 12 MONTHS**? (Please count all your pregnancies including current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies, and abortions.) (Please enter "88" if you don't know.)

---

---

Page Break

Display This Question:

If How many times have you been pregnant in the PAST 12 MONTHS? (Please count all your pregnancies i... Text Response Is Greater Than or Equal to 1



PREG\_DEL Did any of your pregnancies in the **PAST 12 MONTHS** result in a delivery?

Yes (1)

No (0)

Display This Question:

If PREG\_DEL = Yes

And VAGINA\_BRANCH != Please use the term "frontal genital opening."



VAG\_DEL\_V How many vaginal deliveries have you had in the **PAST 12 MONTHS**? (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

And VAGINA\_BRANCH = Please use the term "frontal genital opening."



VAG\_DEL\_FGO How many frontal genital opening deliveries have you had in the **PAST 12 MONTHS**? (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 in the **PAST 12 MONTHS**? (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 in the **PAST 12 MONTHS**? (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\_YR = Yes



PREG\_MISC How many miscarriages have you had in the **PAST 12 MONTHS**? (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\_YR = Yes



PREG\_TUBAL How many tubal pregnancies have you had in the **PAST 12 MONTHS**? (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\_YR = Yes



PREG\_ABORT How many abortions have you had in the **PAST 12 MONTHS**? (An abortion is a pregnancy that is ended during the first 6 months using any of the following: medications, D&C, vacuum extraction, suction, and saline injections.) (Please enter "88" if you don't know.)

---

-----

Display This Question:

If If How many of your deliveries resulted in a live birth in the PAST 12 MONTHS? (Please count the num... Text Response Is Greater Than or Equal to 1

PREG\_LIVEBIRTH\_FIRST Please tell us the month and year of your FIRST live birth in the **PAST 12 MONTHS.**

Month (1)

Year (2)

- January (1)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If If How many of your deliveries resulted in a live birth in the PAST 12 MONTHS? (Please count the num... 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 in the **PAST 12 MONTHS**.

Month (1)

Year (2)

- January (1)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)



- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

Page Break

Display This Question:

If *ORGANS\_NOW* = Breasts or breast tissue

Or *ORGANS\_BREASTS* = Yes



BREASTFED Have you breast/chest fed a child in the **PAST 12 MONTHS**?

Yes (1)

No (0)

Display This Question:

If *BREASTFED* = Yes



BREASTFED\_WHO Were the children that you breast/chest fed in the **PAST 12 MONTHS** born as a result of...?

My own pregnancy and delivery (1)

Another person's pregnancy and delivery (2)

Both, I have breast/chest fed both a child that I have delivered as well as a child that another person delivered (3)

Page Break

*Display This Question:*

*If ORGANS\_BORN = Cervix (you likely have/had this if you were assigned female sex at birth)*

*Or ORGANS\_BORN = Ovaries*

*Or ORGANS\_BORN = Uterus/Womb*

*Or ORGANS\_BORN = Vagina/Frontal genital opening*

*Or ORGANS\_NOW = Cervix (you likely have this if you have a uterus or womb)*

*Or ORGANS\_NOW = Ovaries*

*Or ORGANS\_NOW = Uterus/Womb*

BC\_INTRO Now we would like to ask you a few questions about "birth control." We acknowledge that "birth control" can be used by people for different things. Some people use "birth control" to avoid getting pregnant. Other reasons people use "birth control" include things like gender affirmation, stopping having periods, clearing up their skin, reducing body hair, preventing sexually-transmitted infections, or controlling symptoms related to menopause.

---

*Display This Question:*

*If ORGANS\_BORN = Cervix (you likely have/had this if you were assigned female sex at birth)*

*Or ORGANS\_BORN = Ovaries*

*Or ORGANS\_BORN = Uterus/Womb*

*Or ORGANS\_BORN = Vagina/Frontal genital opening*

*Or 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*

*MENSES\_NOYEAR != Hysterectomy (removal of the uterus)*

*And MENSES\_NOYEAR != Menopause/change of life*

*And SURGHX != Uterus removal with cervix retained (supracervical hysterectomy)*

*And SURGHX != Uterus removal with cervix removed (total hysterectomy)*

*And MEDHX3 != Menopause*



BIRTHCONTROL\_YR In the **PAST 12 MONTHS**, have you used any type of birth control method for the prevention of pregnancy?

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

---

*Display This Question:*

*If BIRTHCONTROL\_YR = Yes*



BIRTHCONTROL\_HOW Please select the birth control method(s) you have used for the prevention of pregnancy in the **PAST 12 MONTHS**. (Check all that apply.)

- Abstinence (no sex with a person who produces sperm that could result in pregnancy) (1)
- Condoms (2)
- Diaphragm (3)
- Arm implant (4)
- Injection (5)
- Intrauterine Device (IUD) -- Copper -- has no hormones (6)
- Intrauterine Device (IUD) -- "Mirena," "Skyla," or "Liletta" -- 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/frontal genital opening ring (17)
- Withdrawal (18)
- Another method not listed here (please specify) (19)
- 
- None of these (0)

Display This Question:

*If ORGANS\_BORN = Cervix (you likely have/had this if you were assigned female sex at birth)  
Or ORGANS\_BORN = Ovaries  
Or ORGANS\_BORN = Uterus/Womb  
Or ORGANS\_BORN = Vagina/Frontal genital opening  
Or ORGANS\_NOW = Cervix (you likely have this if you have a uterus or womb)  
Or ORGANS\_NOW = Ovaries  
Or ORGANS\_NOW = Uterus/Womb*



BIRTHCTRL\_YR\_NONCON In the **PAST 12 MONTHS**, have you used any birth control method(s) for ANY reason OTHER THAN prevention of pregnancy?

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

Display This Question:

*If BIRTHCTRL\_YR\_NONCON = Yes*



BIRTHCTRL\_YR\_REASONS What are the reasons that you have used birth control (OTHER THAN pregnancy prevention) in the **PAST 12 MONTHS**? (Check all that apply.)

- To affirm my gender (1)
  - To avoid getting a sexually-transmitted infection (STI) from someone else (2)
  - To avoid spreading a sexually-transmitted infection (STI) that I have (3)
  - To avoid symptoms associated with my period like: chest tenderness, bloating, acne, pain from cramping, heavy bleeding (sometimes referred to as pre-menstrual syndrome or PMS) (4)
  - To stop having a period/reduce the amount of bleeding (5)
  - Prevent hair growth (hirsutism) (6)
  - To reduce chronic pelvic pain (including endometriosis) (7)
  - To treat another medical condition (8)
  - Not listed (please specify) (9)
- 
- None of these (0)

Display This Question:  
If BIRTHCTRL\_YR\_NONCON = Yes





BIRTHCTRL\_HOW\_NONCON Please select the birth control method(s) you have used for any reason OTHER THAN prevention of pregnancy in the **PAST 12 MONTHS**. (Check all that apply.)

- Abstinence (no sex with a person who produces sperm that could result in pregnancy) (1)
- Condoms (2)
- Diaphragm (3)
- Arm implant (4)
- Injection (5)
- Intrauterine Device (IUD) -- Copper -- has no hormones (6)
- Intrauterine Device (IUD) -- "Mirena," "Skyla," "Liletta" -- 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/frontal genital opening ring (17)
  - Withdrawal (18)
  - Another method not listed here (please specify) (19)
- 
- None of these (0)

Page Break

---

SEXFS\_INTRO The next questions ask about sexual activities, symptoms, functioning, and experiences.

---

SFINT101 In the **PAST 30 DAYS**, how interested have you been in sexual activity?

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

SFINT201 In the **PAST 30 DAYS**, how often have you felt like you wanted to have sexual activity?

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



SFSCR202 In the **PAST 30 DAYS**, did you have any type of sexual activity? (This means **ANY** kind of sexual activity including masturbation.)

No (0)

Yes (1)

---

*Display This Question:*

*If SFSCR202 = No*

*And ORGANS\_NOW = Vagina/Frontal genital opening*

*And If*

*VAGINA\_BRANCH != Please use the term "frontal genital opening."*

SFSCR204bpf\_V There are many reasons why people may not have had sexual activity during the month. What are the reasons why you did not have sexual activity in the past 30 days? Please read the list carefully and check every reason that applies to you, even if it happened only one time during the **PAST 30 DAYS**.

- Was not interested in having sexual activity (1)
  - Dryness or pain in or around my vagina (2)
  - Difficulties with orgasm/climax (3)
  - Don't enjoy sexual activity (4)
  - Health condition (5)
  - No partner(s) (6)
  - Partner(s) was away (7)
  - Partner(s) was not interested in sexual activity (8)
  - Health condition of my partner(s) (9)
  - Some other reason (please specify) (10)
- 

*Display This Question:*  
*If SFSCR202 = No*  
*And ORGANS\_NOW = Vagina/Frontal genital opening*  
*And If*  
*VAGINA\_BRANCH = Please use the term "frontal genital opening."*

SFSCR204bpf\_FGO There are many reasons why people may not have had sexual activity during the month. What are the reasons why you did not have sexual activity in the past 30

days? Please read the list carefully and check every reason that applies to you, even if it happened only one time during the **PAST 30 DAYS**.

- Was not interested in having sexual activity (1)
  - Dryness or pain in or around my frontal genital opening (2)
  - Difficulties with orgasm/climax (3)
  - Don't enjoy sexual activity (4)
  - Health condition (5)
  - No partner(s) (6)
  - Partner(s) was away (7)
  - Partner(s) was not interested in sexual activity (8)
  - Health condition of my partner(s) (9)
  - Some other reason (please specify) (10)
- 

*Display This Question:*  
*If SFSCR202 = Yes*  
*And ORGANS\_NOW = Vagina/Frontal genital opening*

SFLUB001r In the **PAST 30 DAYS**, how **often** did you become lubricated ("wet") during sexual activity? (Note here lubrication or wetness refers to spontaneous lubrication or wetness without the use of lubricants, gels, creams, oils, etc.)

- 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 SFSCR202 = Yes*

*And ORGANS NOW = Vagina/Frontal genital opening*

SFLUB002r In the **PAST 30 DAYS**, how **difficult** was it to become lubricated ("wet") during sexual activity? (Note here lubrication or wetness refers to spontaneous lubrication or wetness without the use of lubricants, gels, creams, oils, etc.)

- Extremely difficult or impossible (1)
- Very difficult (2)
- Difficult (3)
- Slightly difficult (4)
- Not difficult (5)

---

*Display This Question:*

*If SFSCR202 = Yes*

*And ORGANS NOW = Vagina/Frontal genital opening*

SFLUB004r In the **PAST 30 DAYS**, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity? (*Note here lubrication or wetness refers to spontaneous lubrication or wetness without the use of lubricants, gels, creams, oils, etc.*)

- Extremely difficult or impossible (1)
- Very difficult (2)
- Difficult (3)
- Slightly difficult (4)
- Not difficult (5)

---

*Display This Question:*

*If SFSCR202 = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening*

*And If*

*VAGINA\_BRANCH != Please use the term "frontal genital opening."*

SFVAG202\_V In the **PAST 30 DAYS**, when you have had sexual activity, how much discomfort have you felt inside your vagina?

- None (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- A lot (5)

---

*Display This Question:*

*If SFSCR202 = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening*

*And If*

*VAGINA\_BRANCH = Please use the term "frontal genital opening."*



SFVAG202\_FGO In the **PAST 30 DAYS**, when you have had sexual activity, how much **discomfort** have you felt inside your frontal genital opening?

- None (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- A lot (5)

---

*Display This Question:*  
If SFSCR202 = Yes  
And ORGANS\_NOW = Vagina/Frontal genital opening  
And If  
VAGINA\_BRANCH != Please use the term "frontal genital opening."

SFVAG206\_V In the **PAST 30 DAYS**, when you have had sexual activity, how much **pain** have you felt inside your vagina?

- None (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- A lot (5)

---

*Display This Question:*  
If SFSCR202 = Yes  
And ORGANS\_NOW = Vagina/Frontal genital opening  
And If  
VAGINA\_BRANCH = Please use the term "frontal genital opening."

SFVAG206\_FGO

In the **PAST 30 DAYS**, when you have had sexual activity, how much **pain** have you felt inside your frontal genital opening?

- None (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- A lot (5)

---

*Display This Question:*

*If SFSCR202 = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening*

*And If*

*VAGINA\_BRANCH != Please use the term "frontal genital opening."*

SFVUL203\_V

In the **PAST 30 DAYS**, when you have had sexual activity, how much **discomfort** have you had in your labia (lips around the opening of the vagina)?

- None (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- A lot (5)
- Not applicable, I don't have labia (6)

*Display This Question:*

*If SFSCR202 = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening*

*And If*

*VAGINA\_BRANCH = Please use the term "frontal genital opening."*

SFVUL203\_FGO In the **PAST 30 DAYS**, when you have had sexual activity, how much **discomfort** have you had in your labia (lips around the opening of the frontal genital opening)?

- None (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- A lot (5)
- Not applicable, I don't have labia (6)

---

*Display This Question:*

*If SFSCR202 = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening*

*And If*

*VAGINA\_BRANCH != Please use the term "frontal genital opening."*

SFVUL204\_V

In the **PAST 30 DAYS**, when you have had sexual activity, how much **pain** have you had in your labia (lips around the opening of the vagina)?

- None (1)
  - A little bit (2)
  - Some (3)
  - Quite a bit (4)
  - A lot (5)
  - Not applicable, I don't have labia (6)
- 

*Display This Question:*

*If SFSCR202 = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening*

*And If*

*VAGINA\_BRANCH = Please use the term "frontal genital opening."*

SFVUL204\_FGO In the **PAST 30 DAYS**, when you have had sexual activity, how much **pain** have you had in your labia (lips around the opening of the frontal genital opening)?

- None (1)
  - A little bit (2)
  - Some (3)
  - Quite a bit (4)
  - A lot (5)
  - Not applicable, I don't have labia (6)
-

*Display This Question:*

*If SFSCR202 = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening*

SFVUC203 In the **PAST 30 DAYS**, when you have had sexual activity, how much **discomfort** have you had in your clitoris (clit)?

- None (1)
  - A little bit (2)
  - Some (3)
  - Quite a bit (4)
  - A lot (5)
  - Not applicable, I don't have a clitoris (6)
- 

*Display This Question:*

*If SFSCR202 = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening*

SFVUC204 In the **PAST 30 DAYS**, when you have had sexual activity, how much **pain** have you had in your clitoris (clit)?

- None (1)
  - A little bit (2)
  - Some (3)
  - Quite a bit (4)
  - A lot (5)
  - Not applicable, I don't have a clitoris (6)
-

Display This Question:

If SFSCR202 = No

And ORGANS NOW = Penis/Phallus (not including a prosthetic)



SFSCR204bpm There are many reasons why people may not have had sexual activity during the month. What are the reasons why you did not have sexual activity in the past 30 days? Please read the list carefully and check every reason that applies to you, even if it happened only one time during the **PAST 30 DAYS**.

- Was not interested in having sexual activity (1)
  - Difficulties with my erections (penis not hard or is painful) (2)
  - Difficulties with orgasm/climax (3)
  - Don't enjoy sexual activity (4)
  - Health condition (5)
  - No partner(s) (6)
  - Partner(s) was away (7)
  - Partner(s) was not interested in sexual activity (8)
  - Health condition of my partner(s) (9)
  - Some other reason (please specify) (10)
-

Display This Question:

If SFSCR202 = Yes

And ORGANS\_NOW = Penis/Phallus (not including a prosthetic)



SFEFN005r In the **PAST 30 DAYS**, how often were you able to get an erection (get hard) during sexual activity?

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

Display This Question:

If SFSCR202 = Yes

And ORGANS\_NOW = Penis/Phallus (not including a prosthetic)



SFEFN006 In the **PAST 30 DAYS**, when you had erections with sexual stimulation how often were your erections hard enough for penetration?

- I was not attempting to penetrate a partner (0)
  - Almost never/never (1)
  - A few times (much less than half the time) (2)
  - Sometimes (about half the time) (3)
  - Most times (much more than half the time) (4)
  - Almost always/always (5)
-

Display This Question:

If SFSCR202 = Yes

And ORGANS NOW = Penis/Phallus (not including a prosthetic)



SFEFN008r In the **PAST 30 DAYS**, during sexual intercourse how often were you able to maintain your erection (stay hard) after you had penetrated (entered) your partner?

- I was not attempting to penetrate a partner (0)
- Almost never/never (1)
- A few times (much less than half the time) (2)
- Sometimes (about half the time) (3)
- Most times (much more than half the time) (4)
- Almost always/always (5)

Display This Question:

If SFSCR202 = Yes



SFOGA201 In the **PAST 30 DAYS**, how often have you been able to have an orgasm/climax when you wanted to?

- Have not tried to have an orgasm/climax in the past 30 days (0)
- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Always (5)



Display This Question:

If SFSCR202 = Yes



SFOGP203 In the **PAST 30 DAYS**, how satisfying have your orgasms or climaxes been?

- Have not had an orgasm/climax in the past 30 days (0)
  - Not at all (1)
  - A little bit (2)
  - Somewhat (3)
  - Quite a bit (4)
  - Very (5)
- 

Display This Question:

If SFSCR202 = Yes



SFOGP201 In the **PAST 30 DAYS**, how much pleasure have your orgasms or climaxes given you?

- Have not had an orgasm/climax in the past 30 days (0)
  - None (1)
  - A little bit (2)
  - Some (3)
  - Quite a bit (4)
  - Very much (5)
-

Display This Question:

If SFSCR202 = Yes



SFODS201 In the **PAST 30 DAYS**, how often have you had **discomfort** in your mouth during sexual activity?

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

Display This Question:

If SFSCR202 = Yes



SFODS202 In the **PAST 30 DAYS**, how often have you had **pain** in your mouth during sexual activity?

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

Display This Question:

If SFSCR202 = Yes



SFODR202 In the **PAST 30 DAYS**, how often have you had **dryness** in your mouth during sexual activity?

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

---

*Display This Question:*  
If SFSCR202 = Yes



SFODR203 In the **PAST 30 DAYS**, when you have had sexual activity, how **dry** has your mouth been?

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

---

*Display This Question:*  
If SFSCR202 = Yes



SFANA102r In the **PAST 30 DAYS**, when you have had sexual activity, how much **discomfort** have you had in or around your anus or rectum (butt)?

- None (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- A lot (5)

---

*Display This Question:*  
If SFSCR202 = Yes



SFANA202 In the **PAST 30 DAYS**, when you have had sexual activity, how much **pain** have you had in or around your anus or rectum (butt)?

- None (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- A lot (5)

---

*Display This Question:*  
If SFSCR202 = Yes



SFSAT101

In the **PAST 30 DAYS**, how satisfied have you been with your sex life?

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

---

*Display This Question:*  
If SFSCR202 = Yes



SFSAT102r  
you?

In the **PAST 30 DAYS**, how much pleasure has your sex life given

- None (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- A lot (5)

---

*Display This Question:*  
If SFSCR202 = Yes



SFSAT103  
sex life is wonderful?

In the **PAST 30 DAYS**, how often have you thought that your

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

*Display This Question:*  
If SFSCR202 = Yes



SFSAT201 In the **PAST 30 DAYS**, how satisfied have you been with your sexual relationship(s)?

- Have not had a sexual relationship with another person in the past 30 days (0)
  - Not at all (1)
  - A little bit (2)
  - Somewhat (3)
  - Quite a bit (4)
  - Very (5)
- 

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 section 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.*

---

Page Break

---





SEX\_DEF Thinking about your own life, when someone asks you about “having sex,” what does that mean to you? Everywhere we mention penis, we mean penis/phallus (not including a prosthetic). (Check all that apply.)

- anus touching any other part of someone’s body (1)
- hand-to-anus contact (2)
- hand-to-penis contact (3)
- hand-to-vagina contact (4)
- hand touching another part of someone’s body (5)
- kissing (mouth-to-mouth contact) (6)
- mouth-to-anus contact (7)
- mouth-to-penis contact (8)
- mouth-to-vagina contact (9)
- mouth-touching another part of someone’s body (10)
- penis-to-anus contact (11)
- penis-to-penis contact (12)
- penis-to-vagina contact (13)
- penis touching another part of someone’s body (14)
- vagina-to-anus contact (15)

- vagina-to-penis contact (16)
  - vagina-to-vagina contact (17)
  - vagina touching another part of someone's body (18)
  - any activity with clear intention to give myself sexual pleasure (19)
  - any activity with clear intention to give someone else sexual pleasure (20)
  - any other activity(ies) (please specify) (21)
- 

Page Break

---

PROSTHESIS\_INTRO We are trying to understand the different ways people have engage in sexual activities and how best to talk about that in research.



PROSTHESIS\_SEX\_HAVE Some people engage in sexual activities using object(s) not made of human skin that are shaped like a cylinder or penis. Do you have that kind of sex?

- Yes (1)
- No (0)

*Display This Question:*  
If PROSTHESIS\_SEX\_HAVE = Yes

PROSTHESIS\_HOW\_USE How do you use this object? (Check all that apply.)

- I insert the object into someone's body (1)
- I receive the object into my body (4)
- I use this object in another way (please describe) (5)

*Display This Question:*  
If PROSTHESIS\_SEX\_HAVE = Yes

PROSTHESIS\_SEX\_FREE What do you call that object or object(s)?

\_\_\_\_\_

Page Break



MASTURBATE\_YR In the **PAST 12 MONTHS**, have you masturbated? Masturbation is touching yourself for sexual pleasure.

- Yes (1)
- No (0)

---

*Display This Question:*

*If MASTURBATE\_YR = 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\_YR = Yes*



MASTURBATE\_MUTUALYR Have you masturbated in the presence of an intimate or romantic partner in **PAST 12 MONTHS**?

- Yes (1)
- No (0)



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*



SEXPARTNER\_GENDER\_YR In the **PAST 12 MONTHS**, what are the gender identities of the people that you had any sexual activity with? (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)
  - 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)
  - 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)
  - Person of another gender(s) (please specify) (7)
- 
- I don't know (88)
  - Decline to state (99)

*Display This Question:*  
*If SEX\_PASTYR = Yes*  
*And ORGANS\_NOW = Vagina/Frontal genital opening*  
*And If*  
*VAGINA\_BRANCH != Please use the term "frontal genital opening."*



VAGSEX\_VAG\_YR\_V In the **PAST 12 MONTHS**, have you had receptive vaginal sex? This means a penis/phallus (not including a prosthetic) in your vagina.

Yes (1)

No (0)

---

*Display This Question:*

*If SEX\_PASTYR = Yes*

*And ORGANS\_NOW = Vagina/Frontal genital opening*

*And If*

*VAGINA\_BRANCH = Please use the term "frontal genital opening."*



VAGSEX\_VAG\_YR\_FGO In the **PAST 12 MONTHS**, have you had receptive frontal genital opening sex? This means a penis/phallus (not including a prosthetic) in your frontal genital opening.

Yes (1)

No (0)

---

*Display This Question:*

*If VAGSEX\_VAG\_YR\_V = Yes*

VAGSEX\_VAG\_FREQ\_V How often do you have receptive vaginal sex? This means a penis/phallus (not including a prosthetic) in your vagina.

- 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 VAGSEX\_VAG\_YR\_FGO = Yes*

VAGSEX\_VAG\_FREQ\_FGO How often do you have receptive frontal genital opening sex? This means a penis/phallus (not including a prosthetic) in your frontal genital opening.

- 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 (not including a prosthetic)*

*And VAGINA\_BRANCH != Please use the term "frontal genital opening."*





VAGSEX\_PEN\_YR\_V In the **PAST 12 MONTHS**, have you had insertive vaginal sex? This means putting your penis/phallus (not including a prosthetic) in someone's vagina.

- Yes (1)
- No (0)

---

*Display This Question:*

*If VAGSEX\_PEN\_YR\_V = Yes*

VAGSEX\_PEN\_FREQ\_V How often do you have insertive vaginal sex? This means putting your penis/phallus (not including a prosthetic) in someone's vagina.

- 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 (not including a prosthetic)*

*And VAGINA\_BRANCH = Please use the term "frontal genital opening."*



VAGSEX\_PEN\_YR\_FGO In the **PAST 12 MONTHS**, have you had insertive frontal genital opening sex? This means putting your penis/phallus (not including a prosthetic) in someone's frontal genital opening.

- Yes (1)
- No (0)

---

*Display This Question:*

*If VAGSEX\_PEN\_YR\_FGO = Yes*

VAGSEX\_PEN\_FREQ\_FGO How often do you have insertive frontal genital opening sex? This means putting your penis/phallus (not including a prosthetic) in someone's frontal genital opening.

- 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 = Vagina/Frontal genital opening*

*And If*

*VAGINA\_BRANCH != Please use the term "frontal genital opening."*



VAG2VAG\_YR\_V In the **PAST 12 MONTHS**, have you had sex where your vagina is touching another person's vagina?

- Yes (1)
- No (0)

Display This Question:

If SEX\_PASTYR = Yes

And ORGANS\_NOW = Vagina/Frontal genital opening

And If

VAGINA\_BRANCH = Please use the term "frontal genital opening."



VAG2VAG\_YR\_FGO In the **PAST 12 MONTHS**, have you had sex where your frontal genital opening is touching another person's frontal genital opening?

Yes (1)

No (0)

---

Display This Question:

If VAG2VAG\_YR\_V = Yes

VAG2VAG\_FREQ\_V How often do you have sex where your vagina is touching another person's vagina?

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 VAG2VAG\_YR\_FGO = Yes

VAG2VAG\_FREQ\_FGO How often do you have sex where your frontal genital opening is touching another person's frontal genital opening?

- 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 VAGINA\_BRANCH != Please use the term "frontal genital opening."



ORAL\_GIVE\_PASTYR\_V Have you **performed** oral sex in the **PAST 12 MONTHS**? This means putting your mouth on another person's genitals. (Check all that apply.)

- Yes, on a person with a penis/phallus (not a prosthetic) (1)
- Yes, on a person with a vagina (2)
- No (0)

---

*Display This Question:*  
If SEX\_PASTYR = Yes  
And VAGINA\_BRANCH = Please use the term "frontal genital opening."



ORAL\_GIVE\_PASTYR\_FGO Have you **performed** oral sex in the **PAST 12 MONTHS**? This means putting your mouth on another person's genitals. (Check all that apply.)

- Yes, on a person with a penis/phallus (not a prosthetic) (1)
- Yes, on a person with a frontal genital opening (2)
- No (0)

---

*Display This Question:*

*If ORAL\_GIVE\_PASTYR\_V = Yes, on a person with a penis/phallus (not a prosthetic)  
Or ORAL\_GIVE\_PASTYR\_FGO = Yes, on a person with a penis/phallus (not a prosthetic)*

ORAL\_GIVE\_PEN\_FREQ How often do you **perform** oral sex on a person with a penis/phallus (not a prosthetic)?

- 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\_V = Yes, on a person with a vagina*

ORAL\_GIVE\_VAG\_FREQ\_V How often do you **perform** oral sex on a person with a vagina?

- 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\_FGO = Yes, on a person with a frontal genital opening*

ORAL\_GIVE\_VAG\_FREQ\_F How often do you **perform** oral sex on a person with a frontal genital opening?

- 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 **PAST 12 MONTHS**? 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)

---

*Display This Question:*  
If SEX\_PASTYR = Yes



RIM\_PASTYR Have you performed oral-anal sex (also called "rimming") in the **PAST 12 MONTHS**? 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

And VAGINA\_BRANCH != Please use the term "frontal genital opening."



FINGER\_PASTYR\_V Have you **performed** digital penetration (also called "fingering") in the **PAST 12 MONTHS**? This means putting your fingers into someone's vagina or someone's anus or butt. (Check all that apply.)

- Yes, I have had contact between my finger(s) and someone's vagina (1)
- Yes, I have had contact between my finger(s) and someone's anus or butt (2)
- No (0)



Display This Question:

If SEX\_PASTYR = Yes

And VAGINA\_BRANCH = Please use the term "frontal genital opening."



FINGER\_PASTYR\_FGO Have you **performed** digital penetration (also called "fingering") in the **PAST 12 MONTHS**? This means putting your fingers into someone's frontal genital opening or someone's anus or butt. (Check all that apply.)

Yes, I have had contact between my finger(s) and someone's frontal genital opening (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\_V = Yes, I have had contact between my finger(s) and someone's vagina

FINGER\_VAG\_FREQ\_V How often do you perform digital penetration (also called "fingering") by putting your fingers into someone's vagina?

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\_FGO = Yes, I have had contact between my finger(s) and someone's frontal genital opening

FINGER\_VAG\_FREQ\_FGO How often do you perform digital penetration (also called "fingering") by putting your fingers into someone's frontal genital opening?

- 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\_V = Yes, I have had contact between my finger(s) and someone's anus or butt  
Or FINGER\_PASTYR\_FGO = 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)

---

*Display This Question:*

*If SEX\_PASTYR = Yes*



SEXTOY\_PASTYR Have you used sex toys (such as dildos) with a sexual partner in the **PAST 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 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)

---

*Display This Question:*  
If SEX\_PASTYR = Yes  
And ORGANS\_NOW = Vagina/Frontal genital opening



ANAL\_VAG\_YR In the **PAST 12 MONTHS**, have you had anal sex? This means contact between a penis/phallus (not including a prosthetic) 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 (not including a prosthetic) 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 (not including a prosthetic)



ANAL\_PEN\_PASTYR Have you had anal sex in the **PAST 12 MONTHS**? (Check all that apply.)

- Yes, I have had contact between my penis/phallus (not including a prosthetic) 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 (not including a prosthetic) 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 (not including a prosthetic) and someone's anus or butt (also known as insertive anal sex or "topping")

ANAL\_PEN\_INSERT\_FREQ How often do you have contact between your penis/phallus (not including a prosthetic) 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 (not including a prosthetic) 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 (not including a prosthetic) 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



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.)

---

---

Page Break

---

Display This Question:

If VAG2VAG\_YR\_V = Yes



VAG2VAG\_YR\_QUANT\_V In the **PAST 12 MONTHS**, with how many people have you had sex where your vagina touches another person's vagina?

---

Display This Question:

If VAG2VAG\_YR\_FGO = Yes



VAG2VAG\_YR\_QUANT\_FGO In the **PAST 12 MONTHS**, with how many people have you had sex where your frontal genital opening touches another person's frontal genital opening?

---

Display This Question:

If VAG2VAG\_YR\_V = Yes



VAG2VAG\_NOPRO\_V In the **PAST 12 MONTHS**, about how often have you had sex where your vagina touches another person's vagina without protection from sexually transmitted infections like a dental dam, plastic wrap, latex gloves etc.?

- 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 VAG2VAG\_YR\_FGO = Yes



VAG2VAG\_NOPRO\_FGO In the **PAST 12 MONTHS**, about how often have you had sex where your frontal genital opening touches another person's frontal genital opening without protection from sexually transmitted infections like a dental dam, plastic wrap, latex gloves etc.?

- 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)

---

Page Break

Display This Question:

If VAGSEX\_PEN\_YR\_V = Yes

And VAGINA\_BRANCH != Please use the term "frontal genital opening."



VAGSEX\_YEAR\_PEN\_V In the **PAST 12 MONTHS**, with how many people have you had insertive vaginal sex? (This means you put your penis/phallus (not including a prosthetic) in someone's vagina.)

---

Display This Question:

If VAGSEX\_PEN\_YR\_V = Yes



VAGSEX\_INS\_NOCON\_V In the **PAST 12 MONTHS**, about how often have you had insertive vaginal 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\_INS\_NOCON\_V = Less than half of the time

Or VAGSEX\_INS\_NOCON\_V = About half of the time

Or VAGSEX\_INS\_NOCON\_V = Not always, but more than half of the time

Or VAGSEX\_INS\_NOCON\_V = Always



VAGSEX\_INS\_QUANT\_V In the **PAST 12 MONTHS**, with how many different people have you had insertive vaginal sex without a condom?

---

---

*Display This Question:*

*If VAGSEX\_PEN\_YR\_FGO = Yes*

*And VAGINA\_BRANCH = Please use the term "frontal genital opening."*



VAGSEX\_YEAR\_PEN\_FGO In the **PAST 12 MONTHS**, with how many people have you had insertive frontal genital opening sex? (This means you put your penis/phallus (not including a prosthetic) in someone's frontal genital opening.)

---

---

*Display This Question:*

*If VAGSEX\_PEN\_YR\_FGO = Yes*



VAGSEX\_INS\_NOCON\_FGO In the **PAST 12 MONTHS**, about how often have you had insertive frontal genital opening 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\_INS\_NOCON\_FGO = Less than half of the time*

*Or VAGSEX\_INS\_NOCON\_FGO = About half of the time*

*Or VAGSEX\_INS\_NOCON\_FGO = Not always, but more than half of the time*

*Or VAGSEX\_INS\_NOCON\_FGO = Always*



VAGSEX\_INS\_QUANT\_FGO In the **PAST 12 MONTHS**, with how many different people have you had insertive frontal genital opening sex without a condom?

---

---

Page Break

---

Display This Question:

If VAGSEX\_VAG\_YR\_V = Yes



VAGSEX\_YEAR\_VAG In the **PAST 12 MONTHS**, with how many people have you had receptive vaginal sex? (This means someone put their penis/phallus (not including a prosthetic) in your vagina.)

---

Display This Question:

If VAGSEX\_VAG\_YR\_FGO = Yes



VAGSEX\_YEAR\_FGO In the **PAST 12 MONTHS**, with how many people have you had receptive frontal genital opening sex? (This means someone put their penis/phallus (not including a prosthetic) in your frontal genital opening.)

---

Display This Question:

If VAGSEX\_VAG\_YR\_V = Yes



VAGSEX\_RECEP\_NOCON\_V In the **PAST 12 MONTHS**, about how often have you had receptive vaginal 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\_VAG\_YR\_FGO = Yes



VAGSEX\_RECEP\_NOCON\_F In the **PAST 12 MONTHS**, about how often have you had receptive frontal genital opening 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\_V = Less than half of the time

Or VAGSEX\_RECEP\_NOCON\_V = About half of the time

Or VAGSEX\_RECEP\_NOCON\_V = Not always, but more than half of the time

Or VAGSEX\_RECEP\_NOCON\_V = Always



VAGSEX\_RECEP\_QUANT\_V In the **PAST 12 MONTHS**, with how many different people have you had receptive vaginal sex without a condom?

---

Display This Question:

If VAGSEX\_RECEP\_NOCON\_F = Less than half of the time

Or VAGSEX\_RECEP\_NOCON\_F = About half of the time

Or VAGSEX\_RECEP\_NOCON\_F = Not always, but more than half of the time

Or VAGSEX\_RECEP\_NOCON\_F = Always



VAGSEX\_RECEP\_QUANT\_F In the **PAST 12 MONTHS**, with how many different people have you had receptive frontal genital opening sex without a condom?

---

*Display This Question:*  
If ANAL\_PEN\_PASTYR = Yes, I have had contact between someone's penis/phallus (not including a prosthetic) and my anus or butt (also known as <u>receptive</u> anal sex or "bottoming")  
Or 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 (not including a prosthetic) and your anus or butt.) (If you are unsure, please estimate as best you can.)

---

*Display This Question:*  
If ANAL\_PEN\_PASTYR = Yes, I have had contact between someone's penis/phallus (not including a prosthetic) and my anus or butt (also known as <u>receptive</u> anal sex or "bottoming")  
Or ANAL\_VAG\_YR = Yes



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 (not including a prosthetic) 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 (not including a prosthetic) and your anus or butt.)

---

---

Page Break

---



Display This Question:

If ANAL\_PEN\_PASTYR = Yes, I have had contact between my penis/phallus (not including a prosthetic) and someone's anus or butt (also known as insertive 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 (not including a prosthetic) and someone's anus or butt.)

---

Display This Question:

If ANAL\_PEN\_PASTYR = Yes, I have had contact between my penis/phallus (not including a prosthetic) and someone's anus or butt (also known as insertive anal sex or "topping")



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 (not including a prosthetic) 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 (not including a prosthetic) and someone's anus or butt.) (If you are unsure, please estimate as best you can.)

---

---

Page Break 

---

Display This Question:

If MASTURBATE\_YR = Yes

Or MASTURBATE\_MUTUALYR = Yes



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

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

Display This Question:

If VAGSEX\_VAG\_YR\_V = Yes

Or VAGSEX\_PEN\_YR\_V = Yes

Or VAG2VAG\_YR\_V = Yes

Or SEXTOY\_PASTYR = Yes, I inserted the sex toy into someone's body

Or SEXTOY\_PASTYR = Yes, I received the sex toy into my body

Or FINGER\_PASTYR\_V = Yes, I have had contact between my finger(s) and someone's vagina

And If

VAGINA\_BRANCH != Please use the term "frontal genital opening."



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

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

Display This Question:

If VAGSEX\_VAG\_YR\_FGO = Yes

Or VAG2VAG\_YR\_FGO = Yes

Or SEXTOY\_PASTYR = Yes, I inserted the sex toy into someone's body

Or SEXTOY\_PASTYR = Yes, I received the sex toy into my body

Or FINGER\_PASTYR\_FGO = Yes, I have had contact between my finger(s) and someone's frontal genital opening

Or VAGSEX\_PEN\_YR\_FGO = Yes

And If

VAGINA\_BRANCH != Please use the term "vagina."



LUBE\_FGO Do you use lubrication (also called "lube") when you have frontal genital opening sex?

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

---

Display This Question:

If FINGER\_PASTYR\_V = Yes, I have had contact between my finger(s) and someone's anus or butt

Or SEXTOY\_PASTYR = Yes, I received the sex toy into my body

Or SEXTOY\_PASTYR = Yes, I inserted the sex toy into someone's body

Or ANAL\_VAG\_YR = Yes

Or ANAL\_PEN\_PASTYR = Yes, I have had contact between my penis/phallus (not including a prosthetic) and someone's anus or butt (also known as <u>insertive</u> anal sex or "topping")

Or ANAL\_PEN\_PASTYR = Yes, I have had contact between someone's penis/phallus (not including a prosthetic) and my anus or butt (also known as <u>receptive</u> anal sex or "bottoming")



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)

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



ANOTHER\_SEXBEH In the **PAST 12 MONTHS**, have you had any of these of types of sex that we haven't already asked about? (Check all that apply.)

- None of these (0)
  - BDSM (1)
  - Chemsex / Party and Play (PNP) (2)
  - Electrical stimulation (e-stim) (3)
  - Erotic asphyxiation (i.e., restricting breathing) (4)
  - Fisting (e.g., hand/fist inserted into a person) (5)
  - Latex/rubber play (6)
  - Phone/video sex (7)
  - Rubbing through clothing (8)
  - Rubbing with clothing off (9)
  - Sex toys (e.g., dildos, butt plugs) (10)
  - Sounding (i.e., inserting something into urethra/pee hole) (11)
  - Urine play (e.g., golden showers, watersports) (12)
  - Voyeurism (13)
  - Another type(s) of sex (please specify) (14)
-

-----

SEX\_OTHER If you have other kinds of sex that we haven't already asked about, please describe that below.

---

---

---

---

---

-----

Page Break

---



STI\_INTRO **Sexual Health and Infections**

---

*Display This Question:*

*If ORGANS\_BORN = Cervix (you likely have/had this if you were assigned female sex at birth)*  
*Or ORGANS\_BORN = Ovaries*  
*Or ORGANS\_BORN = Uterus/Womb*  
*Or ORGANS\_BORN = Vagina/Frontal genital opening*  
*Or ORGANS\_NOW = Cervix (you likely have this if you have a uterus or womb)*  
*Or ORGANS\_NOW = Ovaries*  
*Or ORGANS\_NOW = Uterus/Womb*



PELVIC In the **PAST 12 MONTHS**, have you 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)



STI\_YR

In the **PAST 12 MONTHS**, has a doctor or other health care professional told you that you had any of the following? (Check all that apply.)

- Chlamydia (1)
- Genital herpes (2)
- Genital warts (3)
- Gonorrhea, sometimes called 'GC' or the 'clap' (4)
- Human papillomavirus or HPV (5)
- Syphilis (6)
- None of these (0)



PEP Regardless of your current HIV status, in the **LAST 12 MONTHS**, have you taken anti-HIV medications (post-exposure prophylaxis or “PEP”) after potentially being exposed to HIV?

- Yes (1)
- No (0)

---

*Display This Question:*  
If MEDHX2 != HIV



HIVTEST\_YEAR Have you been tested for HIV in the **PAST 12 MONTHS?**

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

---

*Display This Question:*  
If MEDHX2 != HIV



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)

---

*Display This Question:*  
If HIVSTATUS = Positive (I have HIV.)  
Or MEDHX2 = HIV



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 MEDHX2 = HIV*

*Or HIVSTATUS = Positive (I have HIV.)*



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



ART Are you on HIV medications, sometimes call anti-retrovirals (ARVs) or anti-retroviral therapy (ART)?

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

Display This Question:

If HIVSTATUS = Positive (I have HIV.)

Or MEDHX2 = HIV



HIVVL\_LAST When was the last time that you had your HIV viral load checked? A viral load test is a lab test that measures the number of HIV virus particles in a milliliter of your blood. These particles are called “copies.”

- 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



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 (0)
- I don't know (88)

---

Page Break

*Display This Question:*

*If MEDHX2 != HIV*

*And If*

*HIVSTATUS = Negative (I do not have HIV.)*

*Or HIVSTATUS = I don't know (I don't know whether or not I have HIV.)*



PREP\_NOW PrEP (pre-exposure prophylaxis) is when HIV-negative people take anti-HIV medications (like Truvada or Descovy) on a regular basis to prevent HIV infection. Are you USING PrEP to prevent HIV infection?

Yes (1)

No (0)

*Display This Question:*

*If PREP\_NOW = Yes*

PREP\_REGIMEN Which PrEP regimen do you currently use?

I take PrEP daily. (1)

I take PrEP "on demand." This is two pills 24 hours before sex, one pill 24 hours later, and another one pill 24 hours after that. (2)

I take PrEP a different way (please specify) (4)

---

I do not use a specific PrEP regimen. (3)

*Display This Question:*

*If PREP\_REGIMEN = I take PrEP daily.*



PREP\_7DAY In the **PAST 7 DAYS**, how many days did you take your daily PrEP pill?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

---

*Display This Question:*  
If PREP\_NOW = Yes



PREP\_STUDY Are you using PrEP as part of a clinical or research study?

- Yes (1)
- No (0)

---

*Display This Question:*  
If PREP\_NOW != Yes



PREP\_STOP\_YR In the **PAST 12 MONTHS**, were you previously on pre-exposure prophylaxis (PrEP) for HIV, but had to stop taking it?

- Yes (1)
- No (0)



-----  
*Display This Question:*

*If PREP\_STOP\_YR = Yes*



PREP\_STOP\_WHY 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 acquired HIV. (9)
  - Something else (10)
- 

-----  
*Display This Question:*

*If HIVSTATUS != Positive (I have HIV.)*

*And MEDHX2 != HIV*

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*

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.

PrEP (pre-exposure prophylaxis) is when HIV-negative people take anti-HIV medications (like Truvada or Descovy) on a regular basis to prevent HIV infection

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



DONATE Have you donated blood in the **PAST 12 MONTHS?**

Yes (1)

No (0)

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

BPST\_INTRO This next section asks about chest binding, body contouring, packing, and standing-to-pee devices and the impact of these activities on health.

---



**BINDING** In the **PAST 12 MONTHS**, have you used “binding”? (Binding refers to flattening your chest using materials such as bandages, cloth strips, layering of shirts, etc.)

- Yes (1)
  - No (0)
- 

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



BINDING\_PROBS Please indicate below which of the following health problems you have had in the **PAST 12 MONTHS**, and you believe that they were caused by binding. (Check all that apply.)

- Pain (for example, abdominal, back, chest, breast, shoulder) (1)
  - Headache (2)
  - Breast tenderness (3)
  - Bad Posture (4)
  - Rib or spine changes (5)
  - Bone or joint issues (for example, "popping" joints, rib fractures) (6)
  - Fatigue and Weakness (7)
  - Feeling lightheaded or dizzy (8)
  - Numbness (9)
  - Chest/Breast changes (for example, muscle wasting, scarring, swelling) (10)
  - Digestive issues or heartburn (11)
  - Respiratory Issues (for example, cough, shortness of breath, respiratory infections, collapsed lung/pneumothorax) (12)
  - Skin Changes (for example, itch, rash, acne, infections) (13)
  - Another health problem not listed here (please describe) (14)
-

None or no health problems from binding (0)



PACKING In the **PAST 12 MONTHS**, have you used “packing”? (Packing refers to placing an object in one’s underwear to resemble the appearance of a penis/phallus.)

Yes (1)

No (0)

*Display This Question:*

*If PACKING = Yes*



PACKING\_PROBS Please indicate below which of the following health problems you have had in the **PAST 12 MONTHS**, and you believe that they were caused by packing. (Check all that apply.)

Skin rashes (1)

Skin infections (2)

Other skin changes (for example, thickening, color changes, pubic hair changes, scars, etc.) (3)

Urinary tract or bladder infections (4)

Pain/numbness in the groin area (5)

Another health problem not listed here (please describe) (6)

None or no health problems from packing (0)



**STUFFING** In the **PAST 12 MONTHS**, have you used “stuffing”? (Stuffing refers to changing the appearance of your chest/breasts using materials such as push-up bras, gel pads, cloth strips, cotton gauze, tape, etc.)

Yes (1)

No (0)

---



**TUCKING** In the **PAST 12 MONTHS**, have you used “tucking”? (Tucking refers to concealing one’s genitals by placing them between and behind one’s legs, and/or by pushing them inside your groin/abdomen.)

Yes (1)

No (0)

---

*Display This Question:*

*If TUCKING = Yes*



TUCKING\_PROBS Please indicate below which of the following health problems you have had in the **PAST 12 MONTHS**, and you believe that they were caused by tucking. (Check all that apply.)

- Skin rashes (1)
  - Skin infections (2)
  - Other skin changes (for example, thickening, color changes, pubic hair changes, scars, etc.) (3)
  - Itching (4)
  - Urinary tract or bladder infection(s) (5)
  - Problems ejaculating (6)
  - Problems urinating (7)
  - Pain in penis (8)
  - Pain in testicles (9)
  - Numbness in the penis or testicles (10)
  - Another health problem not listed here (please describe) (11)
- 
- None or no health problems from tucking (0)





SILICONE In the **PAST 12 MONTHS**, have you injected a substance (fillers) to fill out your face or make your figure more curvy (for example, silicone)?

Yes (1)

No (0)

---

*Display This Question:*

*If SILICONE = Yes*



SILICONE\_PROBS Please indicate below which of the following health problems you have had in the **PAST 12 MONTHS**, and you believe that they were caused by the injections. (Check all that apply.)

Skin rashes (1)

Skin infections (2)

Other skin changes (for example, thickening, color changes, scars, swelling etc.) (3)

Whole body infections (for example, blood bacterial infection, HIV, Hepatitis C) (4)

Breathing problems (5)

Pain in the areas of injection (6)

Another health problem not listed here (please describe) (7)

---

None or no health problems from silicone/other substance injections (0)

Display This Question:

If SILICONE = Yes

SILICONE\_SOURCE Where did you get your injections? (Check all that apply.)

- Injections from a licensed medical provider (1)
  - Injections during a group session (for example, pumping party) (2)
  - Individual injections from someone who is not a medical provider (3)
  - Another place (please describe) (4)
- 

X→

STP In the **PAST 12 MONTHS**, have you used “stand-to-pee” or STP device to stand up to pee?

- Yes (1)
- No (0)

Display This Question:

If STP = Yes

X→

STP\_PROBS Please indicate below which of the following health problems you have had in the **PAST 12 MONTHS**, and you believe that they were caused by using a “stand-to-pee” (STP) device. (Check all that apply.)

- Skin rashes (1)
  - Skin infections (2)
  - Other skin changes (for example, thickening, color changes, pubic hair changes, scars, etc.) (3)
  - Urinary tract or bladder infections (4)
  - Pain/numbness in the groin area (5)
  - Another health problem not listed here (please describe) (6)
- 
- None or no health problems from using an STP device (0)

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

MEDMJ\_INTRO **Medical Marijuana**

---



MEDMJ Do you currently use medical cannabis/marijuana to manage any physical or mental health conditions?

- Yes, it is legal in my state and/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)
- 

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*

X→

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)

-----  
X→

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

PH\_OUTRO You have completed the Physical Health Block! This is one of 4 blocks! WOOHOO - another one done! Each block you complete helps us understand LGBTQ+ people's 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.

End of Block: Physical Health Block

---

Start of Block: Miscellaneous Block

MISC\_INTRO This final section asks additional questions about you, such as political views 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.

-----

ADDITIONALQ\_INTRO **More About Me**



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)

-----

Page Break

---



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

- Zero. I do not visit or use dating sites/apps. (0)
- 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 APPTIME = Less than 1 hour a week*

*Or APPTIME = 1-6 hours per week*

*Or APPTIME = 1 hour per day*

*Or APPTIME = 2 hours per day*

*Or APPTIME = 3 or more hours per day*



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

- Never (0)
- 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)





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/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)

---

-----  
Page Break

---

## MIL\_INTRO Military Service

---



MIL\_YR At any time in the **PAST 12 MONTHS**, have you served at any time 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\_YR = Now on active duty*

*Or MIL\_YR = Only on active duty for training in the Reserves or National Guard*

*Or MIL\_YR = On active duty in the past but not now*



MIL\_NOW In the **PAST 12 MONTHS**, did you join or leave the military?

- Yes, I joined the military in the PAST 12 MONTHS. (1)
  - Yes, I left the military in the PAST 12 MONTHS. (2)
  - No, I left the military before the PAST 12 MONTHS. (3)
  - No, I am currently still serving in the military. (0)
-

Display This Question:

If MIL\_YR = Now on active duty

Or MIL\_YR = Only on active duty for training in the Reserves or National Guard

Or MIL\_YR = On active duty in the past but not now



MIL\_BRANCH What is your **current or most recent** branch of service?

- Air Force (1)
- Air Force Reserve (2)
- Air National Guard (3)
- Army (4)
- Army Reserve (5)
- Army National Guard (6)
- Coast Guard (7)
- Coast Guard Reserve (8)
- Marine Corps (9)
- Marine Corps Reserve (10)
- Navy (11)
- Navy Reserve (12)

---

Display This Question:

If MIL\_NOW = Yes, I left the military in the PAST 12 MONTHS.

Or MIL\_NOW = No, I left the military <u>before</u> the PAST 12 MONTHS.



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\_NOW = Yes, I joined the military in the PAST 12 MONTHS.*

MIL\_START\_WHEN When did you begin your military service? (If you can't recall precisely, please estimate.)

Month (1)

Year (2)

- January (1)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)

---

*Display This Question:*

*If MIL\_NOW = Yes, I left the military in the PAST 12 MONTHS.*



MIL\_END\_WHEN When did you separate from military service? (If you can't recall precisely, please estimate.)

Month (1)

Year (2)

- January (1)
- January ~ 2021 (2)
- January ~ 2022 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2021 (6)
- February ~ 2022 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2021 (10)
- March ~ 2022 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2021 (14)
- April ~ 2022 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2021 (18)
- May ~ 2022 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2020 (22)
- June ~ 2021 (23)
- June ~ 2022 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2020 (27)
- July ~ 2021 (28)
- July ~ 2022 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2020 (32)
- August ~ 2021 (33)
- August ~ 2022 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2020 (37)
- September ~ 2021 (38)
- September ~ 2022 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2020 (42)
- October ~ 2021 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2020 (46)
- November ~ 2021 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2020 (50)
- December ~ 2021 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2020 (54)
- I don't know/remember ~ 2021 (55)
- I don't know/remember ~ 2022 (56)
- I don't know/remember ~ I don't know/remember (57)



VACARE\_NOW In the **PAST 12 MONTHS**, did you receive any type of health care through the Department of Veterans Affairs (VA)?

Yes (1)

No (0)



Page Break 

---

OTHER\_HEALTH Is there anything else you would like to share with us about your health or well-being?

---

---

---

---

---

-----

**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 **2021 Annual Questionnaire** and for advancing scientific knowledge about the health of LGBTQ+ people! If you have questions or concerns about this survey, please send an email to [support@pridestudy.org](mailto:support@pridestudy.org) or call The PRIDE Study hotline at (855) 421-9991

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: [www.lgbtcenters.org](http://www.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: National Suicide Prevention Lifeline at 1-800-273-8255 (a 24/7 Lifeline and an online chat function at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)) or the LGBT National Hotline at 1-888-843-4564 ([www.glbthotline.org](http://www.glbthotline.org)) to talk with someone.
- Talk with someone 24/7 if you need support related to being a survivor of sexual assault: National Sexual Assault Hotline at 1-800-656-4673

Thank you again for completing the **2021 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 Block

---