

2022 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 2022 Annual Questionnaire!

PLEASE READ THIS

Welcome to The PRIDE Study's 2022 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).

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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. The LGBT National Hotline can be reached at 1-888-843-4564 or 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.

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RACE_ETHN Which categories describe you? (Check all that apply.)

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

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

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

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

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

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

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

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

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

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

RACE_LATINX Which additional categories describe you? (Check all that apply.)

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

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)
- Emirati (12)
- Iranian (4)
- Iraqi (5)
- Israeli (6)
- Jordanian (13)
- Lebanese (7)
- Libyan (14)
- Moroccan (8)
- Omani (15)
- Palestinian (16)
- Qatari (17)
- Saudi Arabian (18)
- Syrian (9)

- Tunisian (10)
- Yemeni (19)
- 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 *(For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)*



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 (For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)



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 (made of flesh and permanently connected to your body) (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 (made of flesh and permanently connected to your body) (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)

Display This Question:

If ORGANS_NOW = Breasts or breast tissue

Or ORGANS_NOW = Cervix (you likely have this if you have a uterus or womb)

Or ORGANS_NOW = Ovaries

Or ORGANS_NOW = Penis/Phallus (made of flesh and permanently connected to your body)

Or ORGANS_NOW = Prostate (you likely have this if you were assigned male sex at birth)

Or ORGANS_NOW = Testicles

Or ORGANS_NOW = Uterus/Womb

Or ORGANS_NOW = Vagina/Frontal genital opening

NEWWORDS Please indicate which word(s) you use for the following body part(s).

Display This Choice:
If ORGANS_NOW = Breasts or breast tissue

Breasts or breast tissue (1)

Display This Choice:
If ORGANS_NOW = Cervix (you likely have this if you have a uterus or womb)

Cervix (you likely have this if you have a uterus or womb) (2)

Display This Choice:
If ORGANS_NOW = Ovaries

Ovaries (3)

Display This Choice:
If ORGANS_NOW = Penis/Phallus (made of flesh and permanently connected to your body)

Penis/Phallus (made of flesh and permanently connected to your body) (4)

Display This Choice:
If ORGANS_NOW = Prostate (you likely have this if you were assigned male sex at birth)

Prostate (you likely have this if you were assigned male sex at birth) (5)

Display This Choice:
If ORGANS_NOW = Testicles

Testicles (6)

Display This Choice:
If ORGANS_NOW = Uterus/Womb

Uterus/Womb (7)

Display This Choice:
If ORGANS_NOW = Vagina/Frontal genital opening

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 We are asking the following question so we can better customize this questionnaire for you.

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

Please choose the option that you think is best for you.

- 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)

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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)

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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 the time do people use the pronouns you want them to use for you?

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

PRONOUNS_HC_WANT Which pronouns do you **want** your health care providers to use?
(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_HC_ASK Have your health care providers **EVER** asked you which pronouns you use?

- Yes, ALL of my health care providers have asked (1)
 - Yes, SOME of my health care providers have asked (2)
 - No, NONE of my health care providers have asked (3)
-

PRONOUNS_HC_ACTUAL Which pronouns do your health care providers **actually** use ?
(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)
-

Page Break



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)



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.

Or NAME_CORRECT = All 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: We recognize that people may have multiple genders, but current systems may only allow us to check/select one option; so, for the purposes of this question, please select a 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.

Or `MARKER_ACCURATE` = All 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)
-



PROB_HAIRPULL In the **PAST 12 MONTHS**, have you thought that you had a problem with pulling out your hair?

- 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_SKINPICK In the **PAST 12 MONTHS**, have you thought that you had a problem with picking at your skin to the point it caused damage?

- 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?

Display This Question:

If SMOKE_NOW = Every day

Or SMOKE_NOW = Some days



SMOKE_TTFC How long after waking up do you smoke your first cigarette?

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

Display This Question:
If SMOKE_NOW = Every day
Or SMOKE_NOW = Some days



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

- Yes (1)
- No (0)

Display This Question:
If SMOKE_NOW = Every day
And SMOKE_NOW = Some days



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

- Never tried to quit (0)
- Quit "cold turkey" (1)
- Gradually cut down (2)
- Stop smoking class/program for a fee (3)
- Stop smoking class/program (no fee) (4)
- Advice or counseling from a doctor, nurse, psychologist, or other health professional (5)
- Telephone hotline (6)
- Hypnosis (7)
- Acupuncture (8)
- Nicotine gum (9)
- Nicotine patch (10)
- Nicotine spray (11)
- Nicotine inhaler (12)
- Nicotine lozenge (13)
- Zyban, Wellbutrin, or bupropion for smoking cessation (14)

- Chantix or varenicline (15)
 - E-cigarette (e.g., vaping, hookah pen) with nicotine (16)
 - E-cigarette (e.g., vaping, hookah pen) without nicotine (17)
 - Internet (please specify website) (18)
-
- Other (please specify) (19)
-

Display This Question:

If SMOKE_NOW = Every day

Or SMOKE_NOW = Some days



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

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



NONCIG

In the **PAST MONTH**, have you used any tobacco or nicotine products other than cigarettes?
(Check all that apply.)

- Blunt (with another substance) (1)
 - Blunt (without any other substance) (2)
 - Bidi (3)
 - Chewing tobacco ("chew") (4)
 - Other cigars with tobacco inside (e.g., cigarillos, little cigars, bidis) (5)
 - Other cigars with another substance (e.g., cigarillos, little cigars, bidis) (6)
 - Dip (7)
 - E-cigarette or vape device with nicotine (8)
 - 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 kill yourself, 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) or 1-888-843-4564 (LGBT National Hotline, 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

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)
-

Page Break



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) or 1-888-843-4564 (LGBT National Hotline, 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)
-



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

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



GAD5 Over the **LAST 2 WEEKS**, how often have you been bothered by the following problem:
Being so restless that it is hard to sit still

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



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

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



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

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

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.)



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

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

Display This Question:

If CAN_LASTUSE = Within the past 30 days



CAN_DAYS In the **PAST 30 DAYS**, on how many days have you used cannabis (marijuana, pot, grass, hash, etc.)?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
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- 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

X→

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

Yes (1)

No (0)

Display This Question:

If CAN_ANYMD = Yes

X→

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

Yes (1)

No (0)

Display This Question:

If CAN_FREQ = Once or Twice

Or CAN_FREQ = Monthly

Or CAN_FREQ = Weekly

Or CAN_FREQ = Daily or Almost Daily

X→

CAN_URGE In the **PAST 3 MONTHS**, how often have you had a strong desire or urge to use cannabis (marijuana, pot, grass, hash, etc.)?

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

Display This Question:
If CAN_FREQ = Once or Twice
Or CAN_FREQ = Monthly
Or CAN_FREQ = Weekly
Or CAN_FREQ = Daily or Almost Daily



CAN_PROBS During the **PAST 3 MONTHS**, how often has your use of cannabis (marijuana, pot, grass, hash, etc.) led to health, social, legal, or financial problems?

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

Display This Question:

If CAN_FREQ = Once or Twice

Or CAN_FREQ = Monthly

Or CAN_FREQ = Weekly

Or CAN_FREQ = Daily or Almost Daily



CAN_FAIL During the **PAST 3 MONTHS**, how often have you failed to do what was normally expected of you because of your use of cannabis (marijuana, pot, grass, hash, etc.)?

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

Display This Question:

If DRUGS = 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)
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- 30 (30)

Display This Question:

If COKE_LASTUSE = Within the past 30 days

Or COKE_LASTUSE = More than 30 days ago but within the past 12 months



COKE_FREQ In the **PAST 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

X→

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

X→

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.)

X→

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

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

Display This Question:

If STIM_LASTUSE = Within the past 30 days

X→

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

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
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- 26 (26)
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- 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

X→

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.)

X→

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.)

X→

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.)

X→

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

X→

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)
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- 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.) not</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)
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- 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.) not</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.) not</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)
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- 28 (28)
- 29 (29)
- 30 (30)

Display This Question:

If POP_LASTUSE = Within the past 30 days

Or POP_LASTUSE = More than 30 days ago but within the past 12 months



POP_FREQ In the **PAST 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)
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- 6 (6)
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- 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

X→

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.)

X→

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.)

X→

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)
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- 24 (24)
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- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

Display This Question:

If GHB_LASTUSE = Within the past 30 days

Or GHB_LASTUSE = More than 30 days ago but within the past 12 months



GHB_FREQ In the **PAST 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.)



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

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

Display This Question:

If HALL_LASTUSE = Within the past 30 days



HALL_DAYS In the **PAST 30 DAYS**, on how many days have you used hallucinogens (LSD, acid, mushrooms, PCP, ketamine, Special K, etc.)?

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



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

Yes (1)

No (0)

Display This Question:

If HALL_ANYMD = Yes



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

Yes (1)

No (0)

Display This Question:

If HALL_FREQ = Once or Twice

Or HALL_FREQ = Monthly

Or HALL_FREQ = Weekly

Or HALL_FREQ = Daily or Almost Daily



HALL_URGE In the **PAST 3 MONTHS**, how often have you had a strong desire or urge to use hallucinogens (LSD, acid, mushrooms, PCP, ketamine, Special K, etc.)?

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

Display This Question:

*If HALL_FREQ = Once or Twice
Or HALL_FREQ = Monthly
Or HALL_FREQ = Weekly
Or HALL_FREQ = Daily or Almost Daily*



HALL_PROBS During the **PAST 3 MONTHS**, how often has your use of hallucinogens (LSD, acid, mushrooms, PCP, ketamine, Special K, etc.) led to health, social, legal or financial problems?

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

Display This Question:

If HALL_FREQ = Once or Twice

Or HALL_FREQ = Monthly

Or HALL_FREQ = Weekly

Or HALL_FREQ = Daily or Almost Daily



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.)



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.)



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

Display This Question:

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

Display This Question:

If 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)

X→

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

X→

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)
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- 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)

Page Break

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



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

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



ERQ2 I keep my emotions to myself.

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



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

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



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

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



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

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

Page Break



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

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



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

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



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

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



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

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



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

1 Strongly Disagree (1)

2 (2)

3 (3)

4 Neutral (4)

5 (5)

6 (6)

7 Strongly Agree (7)

Page Break

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



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

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

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

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

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

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

Page Break

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

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

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

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



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

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

Page Break _____

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



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

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



AAQ2 I'm afraid of my feelings.

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



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

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



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

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

Page Break



AAQ5 Emotions cause problems in my life.

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



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

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



AAQ7 Worries get in the way of my success.

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

Page Break

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)

Page Break _____

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

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!

Page Break



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)



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)

Page Break



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?

- 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).

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CORONA_INTRO The next set of questions ask about the impact of COVID.



COVID_IMPACT_FINANCE How has the COVID 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)





COVIDIMPACT_HC22 How has COVID impacted your health care in the **PAST 12 MONTHS?**
(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_HC22 = I did not go to the doctor for routine health care (for example, an annual visit)
Or COVIDIMPACT_HC22 = I did not get treatment for a chronic illness or disease
Or COVIDIMPACT_HC22 = I made the decision to postpone health care procedures
Or COVIDIMPACT_HC22 = I was not allowed to access health care procedures



COVIDIMPACT_HC22_Y You said that health care appointments or procedures were postponed due to COVID in the **PAST 12 MONTHS**. 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

NUMJOBS At how many paid jobs do you currently work?

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

Display This Question:
If WORK = Yes



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 = Yes

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

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

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

Display This Question:

If WORK = Yes

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

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)

Page Break



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 or on an app(s) (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 2021 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 2021 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)

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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)
 - No partner(s) in the last 12 months (0)
-



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)
- No partner(s) in the last 12 months (0)



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)
 - No partner(s) in the last 12 months (0)
-



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)
 - No partner(s) in the last 12 months (0)
-



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)
 - No partner(s) in the last 12 months (0)
-

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).

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.

X→

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)
-

X→

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)
-

X→

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).

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... Text Response 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... Text Response 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... Text Response 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... Text Response 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... Text Response 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... Text Response 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... Text Response 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... Text Response 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... Text Response 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)
-

Display This Question:

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

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



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

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

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

WELCOME_INTRO The next few questions ask about your experiences in LGBTQ+ spaces.

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

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

Display This Question:

If WELCOME = Unaccepted/unwelcomed in all of these spaces

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

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

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

X→

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

- My ability/disability status (1)
 - My age (2)
 - My body size, weight, or shape (3)
 - My gender expression (4)
 - My gender identity (5)
 - The language I speak or sign (6)
 - My participation in BDSM, kink, or other sexual activities (7)
 - My political views (8)
 - My race and/or ethnicity (9)
 - My sexual orientation (10)
 - My skin color (11)
 - My spiritual/religious affiliation (12)
 - 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)

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

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 the name(s) 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 Text Response 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 the name(s) in questions that follow.

Person 1 (1) _____

Person 2 (2) _____

Person 3 (3) _____

Person 4 (4) _____

Page Break

Display This Question:

If 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&n... Text Response 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)
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- 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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response 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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response 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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response 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 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&n... Text Response 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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response Is Not Empty



OUTGI_ACCPAST2 When $\{\text{COMEOUTGI_NAMES/ChoiceTextEntryValue/2}\}$ **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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response Is Not Empty



OUTGI_ACCNOW2 In your **most recent interactions** with $\{\text{COMEOUTGI_NAMES/ChoiceTextEntryValue/2}\}$, 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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response Is Not Empty



OUTGI_COMMCHANGE2 How did your communication with $\{\text{COMEOUTGI_NAMES/ChoiceTextEntryValue/2}\}$ 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 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&n... Text Response 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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response 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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response Is Not Empty



OUTGI_ACCNOW3 In your **most recent interactions** with $\{\text{COMEOUTGI_NAMES/ChoiceTextEntryValue/3}\}$, 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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response Is Not Empty



OUTGI_COMMCHANGE3 How did your communication with $\{\text{COMEOUTGI_NAMES/ChoiceTextEntryValue/3}\}$ 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 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&n... Text Response 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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response Is Not Empty



OUTGI_ACCPAST4 When $\{\text{COMEOUTGI_NAMES/ChoiceTextEntryValue/4}\}$ **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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response Is Not Empty



OUTGI_ACCNOW4 In your **most recent interactions** with $\{\text{COMEOUTGI_NAMES/ChoiceTextEntryValue/4}\}$, 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., genderqueer, non-binary, questioning one's gender identity, transgender, etc.) in the PAST 12 MONTHS&n... Text Response Is Not Empty



OUTGI_COMMCHANGE4 How did your communication with $\{\text{COMEOUTGI_NAMES/ChoiceTextEntryValue/4}\}$ 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

CARS_INTRO 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 _____

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

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)
-

Page Break



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 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... Text Response Is Not Empty

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

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

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

Or Or Please list up to five additional medical conditions that a doctor or other health care provider... Text Response 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.)
(Surgeries and procedures that are exclusively and/or primarily for gender affirmation or transition are asked about in greater depth 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 surgeries or procedures that are exclusively and/or primarily for gender affirmation or transition, 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/contouring (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 (also called reduction mammoplasty) (2)
- Top surgery/chest reconstruction/mastectomy (for example with scars under the chest, "double incision" with nipple removal and WITHOUT re-attachment) (3)
- Top surgery/chest reconstruction/mastectomy (for example with scars under the chest, "double incision" with nipple removal and WITH re-attachment) (5)
- Top surgery/chest reconstruction/mastectomy (for example "keyhole" through the areola, "periareolar" with no re-positioning of the nipple) (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 a new vagina using peritoneal tissue (vaginoplasty, peritoneal pull-through) (16)
- 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-related 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, pubic hair removal (8)
- 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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
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- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
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- July ~ I don't know/remember (30)
- August (31)
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- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
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- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

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- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
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- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
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- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
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- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
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- April (13)
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- April ~ I don't know/remember (16)
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- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
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- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
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- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
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- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
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- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
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- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
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- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
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- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
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- April ~ 2023 (15)
- April ~ I don't know/remember (16)
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- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
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- July (26)
- July ~ 2021 (27)
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- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
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- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
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- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
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- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
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- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
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- June ~ I don't know/remember (25)
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- November ~ I don't know/remember (48)
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- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
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- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
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- August ~ 2023 (34)
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- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
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- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
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- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
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- May ~ 2023 (19)

- May ~ I don't know/remember (20)
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- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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.



COVID_DX Have you had COVID?

- Yes, confirmed by a positive test at home or with a health care provider (1)
 - Yes, I think I had COVID but did not have a positive test (2)
 - No (0)
 - I don't know (88)
-

Display This Question:
If COVID_DX = Yes, confirmed by a positive test at home or with a health care provider
Or COVID_DX = Yes, I think I had COVID but did not have a positive test



COVID_TIMES How many times have you had COVID?

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

Display This Question:
If COVID_DX = Yes, confirmed by a positive test at home or with a health care provider
Or COVID_DX = Yes, I think I had COVID but did not have a positive test

COVID_MEDICALCARE Did you receive any medical care for COVID at any time? (Check all that apply.)

- No, I recovered on my own (1)
- Yes, I went to the emergency room (2)
- Yes, I saw a health care provider in a clinic (including urgent care) (3)
- Yes, I was hospitalized (4)

Display This Question:
If COVID_MEDICALCARE = Yes, I was hospitalized

COVID_VENT Were you on a ventilator for COVID?

- Yes (1)
- No (2)

Display This Question:
If COVID_DX = Yes, confirmed by a positive test at home or with a health care provider
Or COVID_DX = Yes, confirmed by a positive test at home or with a health care provider

COVID_RX Which treatments did you receive for COVID? (Check all that apply.)

- I did not receive any treatments for COVID (6)
 - Paxlovid (also called nirmatrelvir with ritonavir) (1)
 - Veklury (also called remdesivir) (2)
 - Bebtelovimab (3)
 - Molnupiravir (also called Legevrio) (4)
 - Something else (please specify) (5)
-

Display This Question:
If COVID_DX = Yes, confirmed by a positive test at home or with a health care provider
Or COVID_DX = Yes, confirmed by a positive test at home or with a health care provider

COVID_LONG Do you have any of the following long COVID or post-COVID symptoms?
(Check all that apply.)

- No, I don't have any long COVID or post-COVID symptoms (1)
- Tiredness or fatigue that interferes with daily life (2)
- Symptoms that get worse after physical or mental effort (also known as “post-exertional malaise”) (20)
- Fever (21)
- Difficulty breathing or shortness of breath (5)
- Cough (22)
- Chest pain (23)
- Fast-beating or pounding heart (also known as heart palpitations) (24)
- Difficulty thinking or concentrating (sometimes referred to as “brain fog”) (9)
- Headache (25)
- Sleep problems (26)
- Dizziness when you stand up (lightheadedness) (27)
- Pins-and-needles feelings (28)
- Change in smell or taste (29)
- Depression or anxiety (30)

Diarrhea (16)

Stomach pain (34)

Joint or muscle pain (18)

Rash (35)

Changes in menstrual cycles (36)

Something else (please specify, separate multiple symptoms with commas) (32)

Page Break

COVID_VACCINE_INTRO COVID VACCINE

This section asks about your experiences with the COVID vaccine.



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



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_BRANDS Which company/companies made the COVID vaccine doses (including boosters) that you received? (Check all that apply.)

- 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

X→

VACCINE_DOSES How many doses of the COVID vaccine (including boosters) did you receive?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (89)
- 5 (90)
- 6 or more (91)
- I don't know (88)

Display This Question:

*If VACCINE_DOSES = 1
Or VACCINE_DOSES = 2
Or VACCINE_DOSES = 3
Or VACCINE_DOSES = 4
Or VACCINE_DOSES = 5
Or VACCINE_DOSES = 6 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



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



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



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_HPVS 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)



SUPP Have you EVER used the following drugs/supplements for the purpose of enhancing appearance or performance? (Check all that apply.)

- Anabolic Steroids (1)
- Protein supplements (such as whey protein, protein shakes, protein bars) (2)
- Creatine supplements (including creatine monohydrate, creatine ethyl ester, and others) (3)
- Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) (4)
- Diuretics/water pills (such as furosemide (Lasix), hydrochlorothiazide, spironolactone, and others) (5)
- I have never used these drugs or supplements. (0)

Display This Question:

If SUPP = Anabolic Steroids

SUPP_WHY_STEROIDS I use/have used **anabolic steroids** primarily for:

- Performance (including athletic performance) (1)
- Appearance (2)
- Both performance and appearance (3)
- Neither performance or appearance (4)

Display This Question:

If SUPP = Anabolic Steroids



SUPP_FREQ_STEROIDS IN THE PAST 12 MONTHS, I have used **anabolic steroids** for approximately:

- Not used in the last 12 months (0)
- 1-2 months (1)
- 3-4 months (2)
- 5-6 months (3)
- 7-8 months (4)
- 9-10 months (5)
- 11-12 months (6)

Page Break

HCACCESS_INTRO **Healthcare Access**



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)



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)



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 (made of flesh and permanently connected to your body)

Or `ORGANS_BORN` = Testicles

Or `SAAB` = Male

REPRO_INTRO_MALE Reproductive History

Display This Question:

If `SAAB` = Male

Or `ORGANS_BORN` = Penis/Phallus (made of flesh and permanently connected to your body)

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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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.)

- 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 (made of flesh and permanently connected to your body)



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/phallus 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 (made of flesh and permanently connected to your body)



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 (made of flesh and permanently connected to your body)



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 (made of flesh and permanently connected to your body)



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

SEXHEALTH_INTRO In the following questions, we ask about various types of sex, sexual behaviors, and or sexual activities. Some questions are based on questions you answered earlier in the survey about health experiences or body parts. We know that the questions posed here are not exhaustive of the type of sex people have. We also know that the language we use for body parts or activities may not work for everyone. We are working hard not to prioritize or validate certain types of sex over other types of sex. We also wish to make the language we use as accessible as possible while still allowing for meaningful data comparison to other studies, so as to bring visibility to our communities.

If there are sexual activities or experiences that are important to you that we have missed, there is a question at the end of the block where you can tell us more. Thank you for sharing with us and helping us advance knowledge about LGBTQ+ health together.

Page Break _____

PROSTHESIS_INTRO In many of the questions that follow, we are trying to understand the different ways people engage in sexual activities and how best to talk about that in research. Thanks for helping us understand this better.



PROSTHESIS_SEX_HAVE Some people engage in sexual activities with another person(s) using object(s) not made of human skin that are shaped like a cylinder or penis/phallus. Do you have that kind of sex?

- Yes (1)
 - No (0)
-

Display This Question:
If PROSTHESIS_SEX_HAVE = Yes

PROSTHESIS_SEX_FREE What do you call that object or object(s)?

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 (2)
 - I use this object in another way (please describe) (3)
- _____
-

Display This Question:

If PROSTHESIS_HOW_USE = I insert the object into someone's body



PROSTHESIS_INSERT How do you use this object when you insert the object into someone else's body? (Check all that apply.)

- I insert the object into someone's mouth (1)
 - I insert the object into someone's vagina/frontal genital opening. (2)
 - I insert the object into someone's anus (3)
 - I insert the object into another part of someone's body (please specify) (4)
-

Display This Question:

If PROSTHESIS_INSERT = I insert the object into someone's mouth



PROS_INSERT_MOUTH How often do you insert that object into the mouth of a sexual partner(s)?

- 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 PROSTHESIS_INSERT = I insert the object into someone's vagina/frontal genital opening.

X→

PROS_INSERT_VAGINA How often do you insert that object into the vagina/frontal genital opening of a sexual partner(s)?

- 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 PROSTHESIS_INSERT = I insert the object into someone's anus

X→

PROS_INSERT_ANUS How often do you insert that object into the anus of a sexual partner(s)?

- 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 PROSTHESIS_HOW_USE = I receive the object into my body



PROSTHESIS_REC How do you use this object when inserted into your body? (Check all that apply.)

- I receive the object into my mouth (1)
 - I receive the object into my vagina/frontal genital opening. (2)
 - I receive the object into my anus (3)
 - I receive the object into another part of my body (please specify) (4)
-

Display This Question:

If PROSTHESIS_REC = I receive the object into my mouth



PROS_REC_MOUTH How often do you have the object inserted into your mouth by a sexual partner(s)?

- 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 PROSTHESIS_REC = I receive the object into my vagina/frontal genital opening.



PROS_REC_VAGINA How often do you have the object inserted into your vagina/frontal genital opening by a sexual partner(s)?

- 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 PROSTHESIS_REC = I receive the object into my anus



PROS_REC_ANUS How often do you have the object inserted into your anus by a sexual partner(s)?

- More than once a day (1)
- Daily (2)
- More than once a week (3)
- Weekly (4)
- Monthly (5)
- Less than monthly (6)

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_22_V In the **PAST 12 MONTHS**, have you had receptive vaginal sex where a penis/phallus (made of flesh and permanently connected to your body) is put 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_22_FGO In the **PAST 12 MONTHS**, have you had receptive frontal genital opening sex where a penis/phallus (made of flesh and permanently connected to your body) is put in your frontal genital opening.

- Yes (1)
- No (0)

Display This Question:
If VAGSEX_VAG_22_V = Yes

VAGSEX_VAG_FRQ22_V How often do you have receptive vaginal sex where a penis/phallus (made of flesh and permanently connected to your body) is put 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_22_FGO = Yes

VAGSEX_VAG_FRQ22_FGO How often do you have receptive frontal genital opening sex where a penis/phallus (made of flesh and permanently connected to your body) is put 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 (made of flesh and permanently connected to your body)

And VAGINA_BRANCH != Please use the term "frontal genital opening."



VAGSEX_PEN_22_V In the **PAST 12 MONTHS**, have you had insertive vaginal sex where you put your penis/phallus (made of flesh and permanently connected to your body) in someone's vagina.

Yes (1)

No (0)

Display This Question:

If VAGSEX_PEN_22_V = Yes

VAGSEX_PEN_FRQ22_V How often do you have insertive vaginal sex where you put penis/phallus (made of flesh and permanently connected to your body) 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 (made of flesh and permanently connected to your body)

And VAGINA_BRANCH = Please use the term "frontal genital opening."



VAGSEX_PEN_22_FGO In the **PAST 12 MONTHS**, have you had insertive frontal genital opening sex where you put your penis/phallus (made of flesh and permanently connected to your body) in someone's frontal genital opening.

- Yes (1)
- No (0)

Display This Question:

If VAGSEX_PEN_22_FGO = Yes

VAGSEX_PEN_FRQ22_FGO How often do you have insertive frontal genital opening sex where you put penis/phallus (made of flesh and permanently connected to your body) 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_PASTYR22_V Have you **performed** oral sex where you put your mouth on another person's genitals in the **PAST 12 MONTHS**? (Check all that apply.)

- Yes, on a person with a penis/phallus (made of flesh and permanently connected to their body) (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 where you put your mouth on another person's genitals in the **PAST 12 MONTHS**? (Check all that apply.)

- Yes, on a person with a penis/phallus (made of flesh and permanently connected to their body) (1)
- Yes, on a person with a frontal genital opening (2)
- No (0)

Display This Question:

If ORAL_GIVE_PASTYR22_V = Yes, on a person with a penis/phallus (made of flesh and permanently connected to their body)

Or ORAL_GIVE_PASTYR_FGO = Yes, on a person with a penis/phallus (made of flesh and permanently connected to their body)

ORAL_GIVE_PEN_FREQ How often do you **perform** oral sex on a person with a penis/phallus (made of flesh and permanently connected to 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 ORAL_GIVE_PASTYR22_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_22 Have you **received** oral sex where someone put their mouth on your genitals in the **PAST 12 MONTHS**?

- Yes (1)
- No (0)

Display This Question:

If ORAL_GET_PASTYR_22 = Yes

ORAL_GET_FREQ_22 How often have you received oral sex where 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_22 Have you performed oral-anal sex (also called "rimming") where there was contact between your mouth and someone's anus or butt in the **PAST 12 MONTHS**?

- Yes (1)
- No (0)

Display This Question:

If RIM_PASTYR_22 = Yes

RIM_FREQ_22 How often do you perform oral-anal sex (also called "rimming") where there is 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_22 Have you **performed** digital penetration (also called "fingering") where you put your fingers into someone's vagina or someone's anus or butt in the **PAST 12 MONTHS**? (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_22 Have you **performed** digital penetration (also called "fingering") where you put your fingers into someone's frontal genital opening or someone's anus or butt in the **PAST 12 MONTHS**? (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_22 = 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_22 = 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_22 = Yes, I have had contact between my finger(s) and someone's anus or butt

Or FINGER_PASTYR_FGO_22 = 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

And ORGANS_NOW = Vagina/Frontal genital opening



ANAL_VAG_22 In the **PAST 12 MONTHS**, have you had anal sex where there is contact between a penis/phallus (made of flesh and permanently connected to someone's body) and your anus or butt?

Yes (1)

No (0)

Display This Question:

If ANAL_VAG_22 = Yes

ANAL_VAG_FREQ22 How often do you have anal sex where there is contact between a penis/phallus (made of flesh and permanently connected to your body) 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 (made of flesh and permanently connected to your body)



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 (made of flesh and permanently connected to your body) 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 (made of flesh and permanently connected to someone's body) 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 (made of flesh and permanently connected to your body) and someone's anus or butt (also known as <u>insertive</u> anal sex or "topping")

ANAL_PEN_INSERT_FREQ How often do you have contact between your penis/phallus (made of flesh and permanently connected to your body) 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 (made of flesh and permanently connected to someone's body) 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 (made of flesh and permanently connected to someone's body) 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_22_V = Yes

And VAGINA_BRANCH != Please use the term "frontal genital opening."



VAGSEX_YR22_PEN_V In the **PAST 12 MONTHS**, with how many people have you had insertive vaginal sex where you put your penis/phallus (made of flesh and permanently connected to your body) in someone's vagina?

Display This Question:

If VAGSEX_PEN_22_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_22_FGO = Yes

And VAGINA_BRANCH = Please use the term "frontal genital opening."



VAGSEX_YR22_PEN_FGO In the **PAST 12 MONTHS**, with how many people have you had insertive vaginal sex where you put your penis/phallus (made of flesh and permanently connected to your body) in someone's frontal genital opening.

Display This Question:

If VAGSEX_PEN_22_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_22_V = Yes



VAGSEX_YR22_VAG In the **PAST 12 MONTHS**, with how many people have you had receptive vaginal sex where someone put their penis/phallus (made of flesh and permanently connected to your body) in your vagina?

Display This Question:

If VAGSEX_VAG_22_FGO = Yes



VAGSEX_YR22_FGO In the **PAST 12 MONTHS**, with how many people have you had receptive vaginal sex where someone put their penis/phallus (made of flesh and permanently connected to your body) in your frontal genital opening?

Display This Question:

If VAGSEX_VAG_22_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_22_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 (made of flesh and permanently connected to someone's body) and my anus or butt (also known as <u>receptive</u> anal sex or "bottoming")

Or ANAL_VAG_22 = Yes



ANALSEX_YR22 In the **PAST 12 MONTHS**, with how many people have you "bottomed" or had receptive anal sex where there was contact between a penis/phallus (made of flesh and permanently connected to someone's body) 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 (made of flesh and permanently connected to someone's body) and my anus or butt (also known as <u>receptive</u> anal sex or "bottoming")

Or ANAL_VAG_22 = Yes



ANALSEX_NOCON_22 In the **PAST 12 MONTHS**, about how often have you "bottomed" or had receptive anal sex without using a condom where there was contact between a penis/phallus (made of flesh and permanently connected to someone's body) 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_22 = *Less than half of the time*

Or ANALSEX_NOCON_22 = *About half of the time*

Or ANALSEX_NOCON_22 = *Not always, but more than half of the time*

Or ANALSEX_NOCON_22 = *Always*



ANALSEX_NOCON_QUAN22 In the **PAST 12 MONTHS**, with how many different people have you "bottomed" or had receptive anal sex without a condom where there was contact between a penis/phallus (made of flesh and permanently connected to someone's body) and your anus or butt?

Page Break

Display This Question:

If ANAL_PEN_PASTYR = Yes, I have had contact between my penis/phallus (made of flesh and permanently connected to your body) and someone's anus or butt (also known as insertive anal sex or "topping")



TOP_YR22 In the **PAST 12 MONTHS**, with how many people have you "topped" or had insertive anal sex where there was contact between your penis/phallus (made of flesh and permanently connected to your body) and someone's anus or butt?

Display This Question:

If ANAL_PEN_PASTYR = Yes, I have had contact between my penis/phallus (made of flesh and permanently connected to your body) and someone's anus or butt (also known as insertive anal sex or "topping")



TOP_NOCON_22 In the **PAST 12 MONTHS**, about how often have you "topped" or had insertive anal sex without using a condom where there was contact between your penis/phallus (made of flesh and permanently connected to your body) 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_22 = Less than half of the time
Or TOP_NOCON_22 = About half of the time
Or TOP_NOCON_22 = Not always, but more than half of the time
Or TOP_NOCON_22 = Always



TOP_NOCON_QUAN22 In the **PAST 12 MONTHS**, with how many different people have you "topped" or had insertive anal sex without a condom where there was contact between your penis/phallus (made of flesh and permanently connected to your body) and someone's anus or butt.) (If you are unsure, please estimate as best you can.)

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 At The PRIDE Study, we know that we may not know or understand everything about every kind of sexual interaction or activity. 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_MED Which PrEP medication are you currently using?

Apretude injections (long-acting cabotegravir) (1)

Descovy (emtricitabine/tenofovir alafenamide) [FTC/TAF] (2)

Truvada (emtricitabine/tenofovir disoproxil fumarate) [FTC/TDF], including generic forms (4)

Another medication (please specify) (3)

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 via an injection every 2 months. (5)
- 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 prevention but stopped 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/
To find a PrEP provider near you, please visit: pleaseprepme.org For information on programs to help pay for PrEP, please visit: 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, Descovy, or Apretude) 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/

To find a PrEP provider near you, please visit: pleaseprepme.org

For information on programs to help pay for PrEP, please visit: 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)
-

Display This Question:

If MEDMJ = Yes, it is legal in my state and/or I have a health care provider's recommendation to do so

Or MEDMJ = Yes, but it is not legal in my state and/or I do not have a health care provider's recommendation to do so

MEDMJ_PROBS What problems or conditions do you use medical cannabis/marijuana to manage? (One problem or condition per line.)

Condition 1 (please specify) (1)

Condition 2 (please specify) (2)

Condition 3 (please specify) (3)

Condition 4 (please specify) (4)

Condition 5 (please specify) (5)

Display This Question:

If MEDMJ = Yes, it is legal in my state and/or I have a health care provider's recommendation to do so

Or MEDMJ = Yes, but it is not legal in my state and/or I do not have a health care provider's recommendation to do so



MEDMJ_EFFECTIVE How effective has medical cannabis/marijuana been in managing this/these problem(s) or condition(s)?

- Not at all effective (0)
- Somewhat effective (1)
- Moderately effective (2)
- Very effective (3)
- Almost completely effective (4)

Display This Question:

If MEDMJ = Yes, it is legal in my state and/or I have a health care provider's recommendation to do so

Or MEDMJ = Yes, but it is not legal in my state and/or I do not have a health care provider's recommendation to do so



MEDMJ_FORMS What forms of medical cannabis/marijuana have you used in the past month?
(Check all that apply.)

- Smoking cannabis/marijuana in flower/plant form (1)
 - Vaporizing cannabis/marijuana in flower/plant form or as an extract (2)
 - "Dabbing" cannabis/marijuana concentrates (e.g., wax, shatter) (3)
 - Eating cannabis/marijuana in capsules or food products (4)
 - Applying cannabis-containing balms, tinctures, or other products (5)
 - Other (please specify) (6)
-

Page Break

CIH_INTRO **Complementary and Integrative Health**

CIH_INTRO2 The next questions are about your use of various practices that some people use to manage physical and/or mental health conditions.



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

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

Display This Question:
If CIH_PASTYR = Acupuncture

ACU_PROBS What problem(s) or condition(s) do you use acupuncture to manage? (One condition per line.)

Condition 1 (please specify) (1)

Condition 2 (please specify) (2)

Condition 3 (please specify) (3)

Condition 4 (please specify) (4)

Condition 5 (please specify) (5)

Display This Question:

If CIH_PASTYR = Acupuncture



ACU_EFFECTIVE How effective has acupuncture been in managing this/these problem(s) or condition(s)?

Not at all effective (0)

Somewhat effective (1)

Moderately effective (2)

Very effective (3)

Almost completely effective (4)

Display This Question:

If CIH_PASTYR = Chiropractic or osteopathic manipulation

CHIRO_PROBS What problem(s) or condition(s) do you use chiropractic or osteopathic manipulation to manage? (One condition per line.)

Condition 1 (please specify) (1)

Condition 2 (please specify) (2)

Condition 3 (please specify) (3)

Condition 4 (please specify) (4)

Condition 5 (please specify) (5)

Display This Question:

If CIH_PASTYR = Chiropractic or osteopathic manipulation



CHIRO_EFFECTIVE How effective has chiropractic or osteopathic manipulation been in managing this/these problem(s) or condition(s)?

Not at all effective (0)

Somewhat effective (1)

Moderately effective (2)

Very effective (3)

Almost completely effective (4)

Display This Question:

If CIH_PASTYR = Energy healing

ENERGY_PROBS What problem(s) or condition(s) do you use energy healing to manage?

Condition 1 (please specify) (1)

Condition 2 (please specify) (2)

Condition 3 (please specify) (3)

Condition 4 (please specify) (4)

Condition 5 (please specify) (5)

Display This Question:

If CIH_PASTYR = Energy healing



ENERGY_EFFECTIVE How effective has energy healing been in managing this/these problem(s) or condition(s)?

Not at all effective (0)

Somewhat effective (1)

Moderately effective (2)

Very effective (3)

Almost completely effective (4)

Display This Question:

If CIH_PASTYR = Massage therapy

MESSAGE_PROBS What problem(s) or condition(s) do you use massage therapy to manage?
(One condition per line.)

- Condition 1 (please specify) (1)

- Condition 2 (please specify) (2)

- Condition 3 (please specify) (3)

- Condition 4 (please specify) (4)

- Condition 5 (please specify) (5)

Display This Question:
If CIH_PASTYR = Massage therapy



MESSAGE_EFFECTIVE How effective has massage therapy been in managing this/these
problem(s) or condition(s)?

- Not at all effective (0)
- Somewhat effective (1)
- Moderately effective (2)
- Very effective (3)
- Almost completely effective (4)

Page Break



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

Yes (1)

No (0)

Display This Question:

If MEDITATION = Yes



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

Display This Question:

If MEDITATION = Yes



MEDITATION_MANAGE Was your meditation practice intended to manage physical and/or mental health conditions?

Yes (1)

No (0)

Display This Question:

If MEDITATION_MANAGE = Yes

MEDITATION_PROBS What problem(s) or condition(s) do you use meditation to manage?
(One condition per line.)

- Condition 1 (please specify) (1)

- Condition 2 (please specify) (2)

- Condition 3 (please specify) (3)

- Condition 4 (please specify) (4)

- Condition 5 (please specify) (5)

Display This Question:
If MEDITATION_MANAGE = Yes



MEDITATION_EFFECTIVE How effective has meditation been in managing this/these
problem(s) or condition(s)?

- Not at all effective (0)
- Somewhat effective (1)
- Moderately effective (2)
- Very effective (3)
- Almost completely effective (4)



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

Yes (1)

No (0)

Display This Question:

If YOGA = Yes



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

Display This Question:

If YOGA = Yes



YOGA_MANAGE Was your yoga practice intended to manage physical and/or mental health conditions?

Yes (1)

No (0)

Display This Question:

If YOGA_MANAGE = Yes

YOGA_PROBS What problem(s) or condition(s) do you use yoga to manage? (One condition per line.)

Condition 1 (please specify) (1)

Condition 2 (please specify) (2)

Condition 3 (please specify) (3)

Condition 4 (please specify) (4)

Condition 5 (please specify) (5)

Display This Question:

If YOGA_MANAGE = Yes



YOGA_EFFECTIVE How effective has yoga been in managing this/these problem(s) or condition(s)?

Not at all effective (0)

Somewhat effective (1)

Moderately effective (2)

Very effective (3)

Almost completely effective (4)

Page Break

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)
-

POLVIEWS How would you describe your political views?

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

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

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

Display This Question:

If POLPARTY = Independent

INDEP_LEANING As of today, do you lean more toward the Democratic Party or the Republican Party?

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

VOTE_2020 Did you vote in the 2020 election year?

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

VOTE_INTEND22 Did you intend to vote, or have you already voted, in the 2022 election year?

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

POL_STATE_SO As far as you know, without searching the internet or asking anyone, does the state where you currently live have a state-level law or policy that prohibits discrimination against a person because of their sexual orientation in any of the following areas? (Check all that apply.)

- Adoption/fostering (1)
 - Education (4)
 - Employment (5)
 - Health care (6)
 - Housing (7)
 - Public accommodations/public places (8)
 - I don't know (9)
 - None of these (10)
-

POL_STATE_GI As far as you know, without searching the internet or asking anyone, does the state where you currently live have a state-level law or policy that prohibits discrimination against a person because of their gender identity in any of the following areas? (Check all that apply.)

- Adoption/fostering (1)
- Education (4)
- Employment (5)
- Health care (6)
- Housing (7)
- Public accommodations/public places (8)
- I don't know (9)
- None of these (10)

POL_STATE_LGBTQ Without searching the internet or asking anyone, please tell us about the specific types of laws or policies in your state that impact LGBTQ+ people, and please tell us how these have impacted your life.



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

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

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

Zoe (32)

Other (please specify) (33)

Display This Question:

*If Please select up to 3 of the following dating sites/apps that you use the most.
q://QID2641/SelectedChoicesCount Is Greater Than or Equal to 1*

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



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)



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 do not use dating apps (16)
- 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

SEXCOMM Do you consider yourself a member of any of the following communities? (Check all that apply.)

- None of these (1)
 - BDSM (2)
 - Kink (3)
 - Leather (4)
 - Puppy pack (5)
 - Faeries (6)
 - Bear (7)
 - Furry (8)
 - Polyamorous (9)
 - Another community (please specify) (10)
-

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)
- Space Force (13)

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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 ~ 2022 (2)
- January ~ 2023 (3)
- January ~ I don't know/remember (4)
- February (5)
- February ~ 2022 (6)
- February ~ 2023 (7)
- February ~ I don't know/remember (8)
- March (9)
- March ~ 2022 (10)
- March ~ 2023 (11)
- March ~ I don't know/remember (12)
- April (13)
- April ~ 2022 (14)
- April ~ 2023 (15)
- April ~ I don't know/remember (16)
- May (17)
- May ~ 2022 (18)
- May ~ 2023 (19)

- May ~ I don't know/remember (20)
- June (21)
- June ~ 2021 (22)
- June ~ 2022 (23)
- June ~ 2023 (24)
- June ~ I don't know/remember (25)
- July (26)
- July ~ 2021 (27)
- July ~ 2022 (28)
- July ~ 2023 (29)
- July ~ I don't know/remember (30)
- August (31)
- August ~ 2021 (32)
- August ~ 2022 (33)
- August ~ 2023 (34)
- August ~ I don't know/remember (35)
- September (36)
- September ~ 2021 (37)
- September ~ 2022 (38)
- September ~ 2023 (39)
- September ~ I don't know/remember (40)

- October (41)
- October ~ 2021 (42)
- October ~ 2022 (43)
- October ~ I don't know/remember (44)
- November (45)
- November ~ 2021 (46)
- November ~ 2022 (47)
- November ~ I don't know/remember (48)
- December (49)
- December ~ 2021 (50)
- December ~ 2022 (51)
- December ~ I don't know/remember (52)
- I don't know/remember (53)
- I don't know/remember ~ 2021 (54)
- I don't know/remember ~ 2022 (55)
- I don't know/remember ~ 2023 (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 **2022 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 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
- 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
- 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) or the LGBT National Hotline at 1-888-843-4564 (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 **2022 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
