Lifetime Health & Experiences Survey

Start of Block: Introductory Block
BROWSER_SCROLL 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 ecommend using Chrome. We apologize for the inconvenience.
Please advance to the next screen to start this survey.

INTRO WELCOME TO THE PRIDE STUDY'S LIFETIME HEALTH & EXPERIENCES QUESTIONNAIRE! PLEASE READ THIS

Welcome to The PRIDE Study's Lifetime Health & Experiences Questionnaire. We thank you for your interest in helping us track LGBTQ+ health on a long-term scale.

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. This questionnaire is about health-related issues that have **EVER** happened to you. Some questions are similar to those in the "My Profile" and "My Health" sections of The PRIDE Study. We apologize for what seems like duplicated questions, but 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.

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INTRO2 HOW TO SAVE YOUR SURVEY TO FINISH LATER

We estimate that this Lifetime Health & Experiences Questionnaire will take about 35-45 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.
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SOGI_INTRO Let's begin by asking a few questions about your gender identity and your sexual orientation, where you live, and other categories that may describe you.			
X→			
GENDERID_ What is your	L 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_L Wha certificate?	t was the sex assigned to you at birth, for example on your original birth
O Femal	e (2)
O Male	(1)
X→	
ORIENTATIO	N_L 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)

INTERSE	X Do you identify as	intersex?		
○ Ye	s (1)			
O No	(0)			
	is Question:			
If INTE	ERSEX = Yes			
INTERSE	X_DEF What does b	peing intersex me	ean to you?	
Dogo Dro				
Page Brea	1K			



CYOA_L I would like to complete a survey designed for:
O Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.) (0)
O Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) (1)
O People who identify as both a sexual AND gender minority (2)
Page Break

RACE_ETHN Which categories describe you? (Check all that apply.)
American Indian or Alaska Native (For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.) (1)
Asian (For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.) (2)
Black, African American or African (For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.) (3)
Hispanic, Latino or Spanish <i>(For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)</i> (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 DACE ETUN - American Indian or Alaska Nativa com / For example: Aztoc Plackfoot Triba

Di

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_AIAN = American Indian			
Or RACE_AIAN = Alaska Native			
Or RACE_AIAN = Central or South American Indian			
RACE_AIAN_TRIBE Please provide the name of the tribe(s) in which you are enrolled or affiliated or your tribal descent. (For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.) Please list tribes separated by commas.			
For example, one answer may be: "Navajo Nation, Pomo"			
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)	
describe y	None of these fully describe me (please tell us about additional categories that ou) (10)	
Display This Question:		
	TTHN = Black, African American or African (For example: African American, an, 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)		
describe y	None of these fully describe me (please tell us about additional categories that rou) (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)		
describe y	None of these fully describe me (please tell us about additional categories that you) (10)		
If RACE_ETHN = Middle Eastern or North African (For example: Algerian, Egyptian, Iranian,			
Display This Q	Spanish (9) None of these fully describe me (please tell us about additional categories that you) (10)		

RACE_MENA Which additional categories describe you? (Check all that apply.)			
	Afghan (1)		
	Algerian (2)		
	Egyptian (3)		
	Iranian (4)		
	Iraqi (5)		
	Israeli (6)		
	Lebanese (7)		
	Moroccan (8)		
	Syrian (9)		
	Tunisian (10)		
describe y	None of these fully describe me (please tell us about additional categories that 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)		
describe y	None of these fully describe me (please tell us about additional categories that rou) (10)		
Display This Qu			
If RACE_E Polish, etc.) <td>THN = White (For example: English, European, French, German, Irish, Italian, m></td>	THN = White (For example: English, European, French, German, Irish, Italian, m>		

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)		
describe y	None of these fully describe me (please tell us about additional categories that you) (8)		
Page Break			

per	box.)	
	Ethnic and/or cultural group 1 (1)	
	Ethnic and/or cultural group 2 (2)	
	Ethnic and/or cultural group 3 (3) ———————————————————————————————————	
	Ethnic and/or cultural group 4 (4)	
	Ethnic and/or cultural group 5 (5)	
Pa	ge Break	

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

Display This Question:

If If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cu... Ethnic and/or cultural group 1 Is Not Empty

CULTURE_BELONG1 I have a strong sense of BELONGING to my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/1}			
O Strongly disagree (1)			
O Disagree (2)			
O Neutral (3)			
O Agree (4)			
O Strongly agree (5)			
Display This Question:			
If If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cu Ethnic and/or cultural group 1 Is Not Empty			
CULTURE_ID1 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/1}			
O Strongly disagree (1)			
O Disagree (2)			
O Neutral (3)			
O Agree (4)			
O Strongly agree (5)			
Display This Question:			

-,-,

If If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cu... Ethnic and/or cultural group 2 Is Not Empty

CULTURE_BELONG2 I have a strong sense of BELONGING to my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/2}
O Strongly disagree (1)
O Disagree (2)
O Neutral (3)
O Agree (4)
O Strongly agree (5)
Display This Question: If If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cu Ethnic and/or cultural group 2 Is Not Empty
CULTURE_ID2 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/2}
O Strongly disagree (1)
O Disagree (2)
O Neutral (3)
O Agree (4)
O Strongly agree (5)
Display This Question:

If If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cu... Ethnic and/or cultural group 3 Is Not Empty

CULTURE_BELONG3 I have a strong sense of BELONGING to my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/3}			
O Strongly disagree (1)			
O Disagree (2)			
O Neutral (3)			
O Agree (4)			
O Strongly agree (5)			
Display This Question:			
If If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cu Ethnic and/or cultural group 3 Is Not Empty			
CULTURE_ID3 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/3}			
O Strongly disagree (1)			
O Disagree (2)			
O Neutral (3)			
O Agree (4)			
O Strongly agree (5)			
Display This Question: If If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cu Ethnic and/or cultural group 4 Is Not Empty			

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CULTURE_BELONG4 I have a strong sense of BELONGING to my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/4}
O Strongly disagree (1)
O Disagree (2)
O Neutral (3)
O Agree (4)
O Strongly agree (5)
Display This Question:
If If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cu Ethnic and/or cultural group 4 Is Not Empty
CULTURE_ID4 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/4}
O Strongly disagree (1)
O Disagree (2)
O Neutral (3)
O Agree (4)
O Strongly agree (5)
Display This Question:

If If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cu... Ethnic and/or cultural group 5 Is Not Empty

CULTURE_BELONG5 I have a strong sense of BELONGING to my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/5}			
O Strongly disagree (1)			
O Disagree (2)			
O Neutral (3)			
O Agree (4)			
○ Strongly agree (5)			
Display This Question:			
If If With which ethnic and/or cultural group(s) DO YOU IDENTIFY? (Please list all the ethnic and/or cu Ethnic and/or cultural group 5 Is Not Empty			
CULTURE_ID5 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/5}			
○ Strongly disagree (1)			
Strongly disagree (1)Disagree (2)			
O Disagree (2)			
O Disagree (2) O Neutral (3)			
Disagree (2)Neutral (3)Agree (4)			

fewer identity options.
X
SELFBIN_GI_L 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.)
O Cisgender man (1)
O Cisgender woman (2)
O Non-binary (3)
○ Transgender man (4)
○ Transgender woman (5)
O Another gender identity (6)
X
SELFBIN_SO_L If you had to choose only one of the following terms, which best describes your current sexual orientation?
O Asexual/Demisexual/Gray-Ace (1)
O Bisexual/Pansexual (2)
○ Gay/Lesbian (3)
O Queer (4)
O Straight/Heterosexual (5)
O Another sexual orientation (6)

Page Break			



	I_ROM_L We would like to know more about your romantic feelings toward other e select all of the people you have EVER had romantic feelings for: (Check all that
	Cisgender men (identify as men and were assigned male sex at birth) (1)
	Transgender men (identify as men and were assigned female sex at birth) (2)
	Cisgender women (identify as women and were assigned female sex at birth) (3)
(4)	Transgender women (identify as women and were assigned male sex at birth)
female sex	Genderqueer/non-binary/gender non-conforming individual(s) who were assigned at birth (5)
male sex a	Genderqueer/non-binary/gender non-conforming individual(s) who were assigned at birth (6)
	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)

female sex at birth (5)		N_SEX_L We would like to know more about your sexual attractions to other e select all of the people you have EVER been attracted to: (Check all that apply.)
Cisgender women (identifies as women and were assigned female sex at birth) Transgender women (identify as women and were assigned male sex at birth) 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) I am sexually attracted to people of another gender(s) (please specify) (7) XI am not sexually attracted to people of any gender (0) I don't know (88)		Cisgender men (identify as men and were assigned male sex at birth) (1)
Transgender women (identify as women and were assigned male sex at birth) 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) 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)		Transgender men (identify as men and were 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) I am sexually attracted to people of another gender(s) (please specify) (7) Oliminary/gender non-conforming individual(s) who were assigned male sex at birth (6) I am sexually attracted to people of another gender(s) (please specify) (7) Oliminary/gender non-conforming individual(s) who were assigned male sex at birth (6) I am sexually attracted to people of another gender(s) (please specify) (7)	(3)	Cisgender women (identifies as women and were assigned female sex at birth)
female sex at birth (5) Genderqueer/non-binary/gender non-conforming individual(s) who were assigned male sex at birth (6) I am sexually attracted to people of another gender(s) (please specify) (7) Output I am not sexually attracted to people of any gender (0) I don't know (88)	(4)	Transgender women (identify as women and were assigned male sex at birth)
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)	female se	Genderqueer/non-binary/gender non-conforming individual(s) who were assigned x at birth (5)
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	male sex	Genderqueer/non-binary/gender non-conforming individual(s) who were assigned at birth (6)
I don't know (88)		I am sexually attracted to people of another gender(s) (please specify) (7)
		⊗I am not sexually attracted to people of any gender (0)
End of Block: Introductory Block		I don't know (88)
	End of Block	: Introductory Block

Start of Block: Mental Health Block

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 Lifetime Health & Experiences 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 5-10 minutes to complete.

While we recommend that you complete the entire Lifetime Health & Experiences

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!			
	_L Has a mental health professional or health care provider EVER told you that of the following? (Check all that apply.)		
	Depression (1)		
	Bipolar Disorder (2)		
	Any anxiety disorder (3)		
	Generalized Anxiety Disorder (4)		
	Post-Traumatic Stress Disorder (PTSD) (5)		
	None of the above (6)		

	of the following? (Check all that apply.)
	Agoraphobia or Panic Disorder (1)
	Social Phobia or Social Anxiety Disorder (2)
"psychotic	Schizophrenia or a psychotic disorder or that you had a "psychotic episode" or break" (3)
	Obsessive Compulsive Disorder (OCD) (4)
	Chronic Tic Disorder or Tourette Syndrome (5)
	None of the above (6)
	_L Has a mental health professional or health care provider EVER told you that of the following? (Check all that apply.)
	of the following? (Check all that apply.)
	of the following? (Check all that apply.) Trichotillomania (hair pulling disorder) (1)
	of the following? (Check all that apply.) Trichotillomania (hair pulling disorder) (1) Chronic skin picking or Excoriation Disorder (2) Body Dysmorphic Disorder (BDD) (3) Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder
you have any (ADHD)	of the following? (Check all that apply.) Trichotillomania (hair pulling disorder) (1) Chronic skin picking or Excoriation Disorder (2) Body Dysmorphic Disorder (BDD) (3) Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder
you have any (ADHD)	of the following? (Check all that apply.) Trichotillomania (hair pulling disorder) (1) Chronic skin picking or Excoriation Disorder (2) Body Dysmorphic Disorder (BDD) (3) Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (4) Any personality disorder (such as Borderline Personality Disorder or Narcissistic

	_L Has a mental health professional or health care provider EVER told you that of the following? (Check all that apply.)
	Alcoholism or Alcohol Use Disorder (1)
	Drug or Substance Use Disorder (2)
	Any eating disorder (such as anorexia or bulimia) (3)
	Insomnia or another sleep disorder (4)
	Hypochondriasis or Illness Anxiety Disorder (5)
	Dissociative Identity Disorder or another dissociative disorder (6)
	None of the above (7)
Page Break	

Q47 Problems You May Have Had
$\chi_{ ightarrow}$
PROB_DEPRESSION_L Have you EVER thought that you had depression?
I have never had this problem (0)
○ I have had this problem (1)
$X \rightarrow$
PROB_ANXIETY_L Have you EVER thought that you had a problem with anxiety?
I have never had this problem (0)
I have had this problem (1)
$X \rightarrow$
PROB_EATING_L Have you EVER thought that you had an eating disorder or a problem with eating?
I have never had this problem (0)
I have had this problem (1)
$\chi_{ ightarrow}$
PROB_ALCOHOL_L Have you EVER thought that you had a problem with alcohol use?
I have never had this problem (0)
I have had this problem (1)



PROB_SUBST_L Have you EVER thought that you had a problem with drug or substance use other than alcohol)?
I have never had this problem (0)
O I have had this problem (1)
X÷
MED_MENTAL_L Which of the following best describes your use of medications for stress or mental health problems?
I have never taken medication for these reasons (0)
I have taken medication for these reasons (1)
$X \rightarrow$
COUNSEL_MENTAL_L Which of the following best describes your use of osychotherapy/counseling for stress or mental health problems?
I have never been in psychotherapy/counseling for these reasons (0)
I have been in psychotherapy/counseling for these reasons (1)
$X \rightarrow$
MED_SUBST_L Which of the following best describes your use of medications for <u>substance</u> use <u>problems</u> ?
I have never taken medication for this reason (0)
I have taken medication for this reason (1)



COUNSEL_SUBST_L Which of the following best describes your use of psychotherapy/counseling for <u>substance use problems</u> ?
I have never been in psychotherapy/counseling for this reason (0)
I have been in psychotherapy/counseling for this reason (1)
Page Break ————————————————————————————————————

_
SMOKE_EVER_L Have you EVER tried cigarette smoking, even one or two puffs?
○ Yes (1)
O No (0)
Display This Question: If SMOKE_EVER_L = Yes
X
SMOKER_L Have you smoked at least 100 cigarettes in your ENTIRE LIFE ?
O Yes (1)
O No (0)

Page Break —

		Ē.	

X→	
NONCIG_L Have you EV l apply.)	ER used any tobacco or nicotine products other than cigarettes? (Check all that
	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 never used any tobacco- or nicotine-containing products (0)

Page Break ———



PHQ1_L Over the LAST 2 WEEKS , how often have you been bothered by the following problem: Little interest or pleasure in doing things
O Not at all (0)
O Several days (1)
O More than half the days (2)
O Nearly every day (3)
PHQ2_L Over the LAST 2 WEEKS , how often have you been bothered by the following problem: Feeling down, depressed, or hopeless
O Not at all (0)
O Several days (1)
O More than half the days (2)
O Nearly every day (3)
X÷

PCL1_L In the PAST MONTH , how much have you been bothered by the following problem: Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?
O Not at all (1)
A little bit (2)
O Moderately (3)
Quite a bit (4)
C Extremely (5)
χ_{\rightarrow}
PCL2_L In the PAST MONTH , how much have you been bothered by the following problem: Feeling <i>very upset when something reminded</i> you of a stressful experience from the past?
O Not at all (1)
A little bit (2)
O Moderately (3)
Quite a bit (4)
Extremely (5)

PCL3_L In the PAST MONTH , how much have you been bothered by the following problem: Avoided <i>activities or situations</i> because they <i>reminded you</i> of a stressful experience from the past?
O Not at all (1)
A little bit (2)
O Moderately (3)
Ouite a bit (4)
O Extremely (5)
X÷
PCL4_L In the PAST MONTH , how much have you been bothered by the following problem: Feeling <i>distant</i> or <i>cut off</i> from other people?
O Not at all (1)
O A little bit (2)
O Moderately (3)
Ouite a bit (4)
O Extremely (5)
X÷

Feeling irritable or having angry outbursts?	
O Not at all (1)	
O A little bit (2)	
O Moderately (3)	
O Quite a bit (4)	
O Extremely (5)	
X-)	-
PCL6_L In the PAST MONTH , how much have you been bothered by the following problem: Having difficulty concentrating?	
O Not at all (1)	
O A little bit (2)	
O Moderately (3)	
O Quite a bit (4)	
O Extremely (5)	
Va.	

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

Have you EVER e	experienced this kir	nd of event?		
O Yes (1)				
O No (0)				
Page Break ——				



problem: Feeling nervous, anxious or on edge
O Not at all (0)
O Several days (1)
O More than half the days (2)
O Nearly every day (3)
$X \rightarrow$
GAD2_L Over the LAST 2 WEEKS , how often have you been bothered by the following problem: Not being able to stop or control worrying
O Not at all (0)
O Several days (1)
O More than half the days (2)
More than half the days (2)Nearly every day (3)

AUDIT1_L How often did you have a drink containing alcohol in the PAST YEAR?
O Never (0)
O 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_L != Never
$X \rightarrow$
AUDIT2_L How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
O 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_L != Never
$X \rightarrow$

AUDIT3_L How often do you have six or more drinks on one occasion?
O Never (0)
C Less than monthly (1)
O Monthly (2)
○ Weekly (3)
O Daily or almost daily (4)
X→
SELFHARM_L Have you EVER purposefully physically harmed or injured yourself (for example, cutting or burning yourself)?
○ Yes (1)
O No (0)
<i>X</i> →

SBQ1 L

The next question is about suicide. Like many of the questions in this survey, this question is used in other studies. This may bring up negative emotions for some people.

Have you EVER thought about or attempted to kill yourself?		
O Never (0)		
It was just a brief passing thought. (1)		
O I have had a plan at least once to kill myself but did not try to do it. (2)		
O 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 SELFHARM_L = Yes		
Or SBQ1_L = It was just a brief passing thought.		
Or $SBQ1_L = I$ have had a plan at least once to kill myself but did not try to do it.		
Or $SBQ1_L = I$ have had a plan at least once to kill myself and really wanted to die.		
Or SBQ1_L = I have attempted to kill myself, but did not want to die.		

SUICIDE_SUPPORT We at The PRIDE Study value you and your health. Suicide has taken too many of us. We sincerely urge you to get help, as we know that things can get better with help. Please consider reaching out for services in your area, and also consider calling 1-800-273-8255 (National Suicide Prevention Lifeline) or 1-888-843-4564 (LGBT National Hotline) to talk with someone. Go to the emergency room or call 911 if you are in crisis and don't know where to get help. The PRIDE Study team cares about you and the health of our community.

Or SBQ1_L = I have attempted to kill myself, and really hoped to die.

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 Block

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 Lifetime Health & Experiences 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 Lifetime Health & Experiences Ques	tionnaire
in one sitting, you can pause the survey to complete at a later time by selecting "Save a	nd Exit"
in the upper-right corner. If you select this option, please do come back later. Completing	g the
whole questionnaire means we have more power to advance LGBTQ+ health. Thank you making a difference!	ou for

DIS_SELFID_L

Have you **EVER** identified as a person with a disability?

Yes (1)

O No (2)

Display This Question:

If DIS SELFID L = Yes



DIS_SELFID_COND_L What condition(s) or problem(s) were related to your disability identity? (Check all that apply.) Arthritis/rheumatism (1) Autism (38) Back or neck problem (2) Benign tumors, cysts (3) Birth defect (4) Cancer (5) Circulation problems (including blood clots) (6) Depression/anxiety/emotional problem (7) Diabetes (8) Epilepsy, seizures (9) Fibromyalgia, lupus (10) Fracture, bone/joint injury (11) Hearing problem (12) Heart problem (13) Hernia (14) Hypertension/high blood pressure (15) Intellectual/developmental disability (16)

Kidney, bladder or renal problems (17)
Knee problems (not arthritis, not joint injury) (18)
Lung/breathing problem(for example, asthma and emphysema) (19)
Memory (20)
Migraine headaches (not just headaches) (21)
Missing limbs (fingers, toes or digits), amputee (22)
Multiple Sclerosis (MS), Muscular Dystrophy (MD) (23)
Osteoporosis, tendinitis (24)
Other developmental problem (for example cerebral palsy) (25)
Other injury (26)
Other nerve damage, including carpal tunnel syndrome (27)
Parkinson's disease, other tremors (28)
Polio(myelitis), paralysis, para/quadriplegia (29)
Stroke problem (30)
Thyroid problems, Grave's disease, gout (31)
Ulcer (32)
Varicose veins, hemorrhoids (33)
Vision/problem seeing (34)

	Weight problem (35)
	Other impairment/problem (please specify one) (36)
	Other impairment/problem (please specify one) (37)
Page Break	

DIS_OMB_INTRO In addition to the question(s) just asked, The PRIDE Study asks six ability-related questions to all participants. These six questions are used on a variety of federal health surveys.
X
DIS_OMB1_L Are you deaf or do you have serious difficulty hearing?
○ Yes (1)
O No (0)
X^{\rightarrow}
DIS_OMB2_L Are you blind or do you have serious difficulty seeing, even when wearing glasses?
○ Yes (1)
O No (0)
X
DIS_OMB3_L Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
○ Yes (1)
O No (0)
X→

DIS_OMB4_L Do you have serious difficulty walking or climbing stairs?
○ Yes (1)
O No (0)
χ_{\rightarrow}
DIS_OMB5_L Do you have difficulty dressing or bathing?
○ Yes (1)
O No (0)
χ_{\rightarrow}
DIS_OMB6_L 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)
O No (0)
Page Break ————————————————————————————————————

Page Break ----

PARENI_L Are you a parent?
○ Yes (1)
O No (2)
Display This Question:
If PARENT_L = Yes
*
CHILD_QUANT_L To how many people are you/have you been a parent?
This includes people who are now adults, are deceased, or are not biologically related to you.
Display This Ougstion:

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

parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name, initials, or nickname. We will use these names in the following questions. If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 1 O Person 1 (1) If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 2 O Person 2 (2) _____ If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 3 O Person 3 (3) _____ If To how many people are you/have you been a parent? This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 4 O Person 4 (4) ______ If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 5 O Person 5 (5) If To how many people are you/have you been a parent? This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 6 Person 6 (6) If To how many people are you/have you been a parent? This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 7 O Person 7 (7) _____ If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 8 O Person 8 (8) If To how many people are you/have you been a parent? This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 9 O Person 9 (9) _____ If To how many people are you/have you been a parent? This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 10 O Person 10 (10) ______

CHILD NAMES L We are going to ask you a question about the different people that you

deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 11
O Person 11 (11)
If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 12
O Person 12 (12)
If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 13
O Person 13 (13)
If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 14
O Person 14 (14)
Page Break
3

If To how many people are you/have you been a parent?This includes people who are now adults, are

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 1 Is Not Empty

PARENT_HOW1_L Please indicate how you became a parent to \${CHILD NAMES L/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 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)

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 2 Is Not Empty

PARENT_HOW2_L Please indicate how you became a parent to \${CHILD_NAMES_L/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 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)

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 3 Is Not Empty

PARENT_HOW3_L Please indicate how you became a parent to \${CHILD_NAMES_L/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 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 —

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 4 Is Not Empty

PARENT_HOW4_L Please indicate how you became a parent to \${CHILD NAMES L/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 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)

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 5 Is Not Empty

PARENT_HOW5_L Please indicate how you became a parent to \${CHILD_NAMES_L/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 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)

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 6 Is Not Empty

PARENT_HOW6_L Please indicate how you became a parent to \${CHILD_NAMES_L/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 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 —

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 7 Is Not Empty

PARENT_HOW7_L Please indicate how you became a parent to \${CHILD_NAMES_L/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 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)

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 8 Is Not Empty

PARENT_HOW8_L Please indicate how you became a parent to \${CHILD NAMES L/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 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)

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 9 Is Not Empty

PARENT_HOW9_L Please indicate how you became a parent to \${CHILD_NAMES_L/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 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 —

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 10 Is Not Empty

PARENT_HOW10_L Please indicate how you became a parent to \${CHILD NAMES L/ChoiceTextEntryValue/10}. (Check all that apply.) I engaged in sexual activity with another parent of this child (1) I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens 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 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)

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 11 Is Not Empty

PARENT_HOW11_L Please indicate how you became a parent to \${CHILD NAMES L/ChoiceTextEntryValue/11}. (Check all that apply.) I engaged in sexual activity with another parent of this child (1) I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens 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 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)

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 12 Is Not Empty

PARENT_HOW12_L Please indicate how you became a parent to \${CHILD_NAMES_L/ChoiceTextEntryValue/12}. (Check all that apply.) I engaged in sexual activity with another parent of this child (1) I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens 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 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 —

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 13 Is Not Empty

PARENT_HOW13_L Please indicate how you became a parent to \${CHILD NAMES L/ChoiceTextEntryValue/13}. (Check all that apply.) I engaged in sexual activity with another parent of this child (1) I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens 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 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)

If If We are going to ask you a question about the different people that you parent/have parented. To h... Person 14 Is Not Empty

PARENT_HOW14_L Please indicate how you became a parent to \${CHILD_NAMES_L/ChoiceTextEntryValue/14}. (Check all that apply.) I engaged in sexual activity with another parent of this child (1) I carried this child through a pregnancy and WAS also the egg source for this child (this is what happens 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 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 —



ASD_L Has a mental health professional or health care provider EVER told you that you have Autism Spectrum Disorder or Asperger's Syndrome?
○ Yes (1)
O No (0)
O I don't know (88)
Display This Question:
If ASD_L = Yes
*
ASD_AGE At what age were you first told by a mental health professional or health care provider that you have Autism Spectrum Disorder or Asperger's Syndrome? If you are not sure, please provide your best guess.
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**, or **body size**, **weight**, **or shape**. This may be hard to know for sure. Please make your best judgment.

adgment.
X→
VHARASS Have you EVER experienced harassment or name calling from strangers in public
○ Yes (1)
○ No (0)

Display This Question:

If EVHARASS = Yes



strangers in public due to your (Check all that apply.)		
	Ability/disability status (1)	
	Age (2)	
	Body size, weight, or shape (3)	
	Gender expression (4)	
	Gender identity (5)	
	Race and/or ethnicity (6)	
	Sexual orientation (7)	
	Something else (please specify) (8)	
	None of the above (0)	
X→		
EVATTACK Have you EVER been physically attacked or deliberately injured?		
○ Yes (1)		
O No (0)		
D: 1 - T' - 0		
Display This Question: If EVATTACK = Yes		
X→		

EVHARASSY Do you think you were targeted for this harassment or name calling from

your (Check all that apply.)		
	Ability/disability status (1)	
	Age (2)	
	Body size, weight, or shape (3)	
	Gender expression (4)	
	Gender identity (5)	
	Race and/or ethnicity (6)	
	Sexual orientation (7)	
	Something else (please specify) (8)	
	None of the above (0)	
χ→		
EVDV Have you EVER experienced physical violence from a romantic or sexual partner?		
○ Yes (1)		
O No (0)		
Display This Question:		
If EVDV =		
X→		

EVDVY Do you think you were targeted for this physical violence from a romantic or sexual partner due to your (Check all that apply.)		
	Ability/disability status (1)	
	Age (2)	
	Body size, weight, or shape (3)	
	Gender expression (4)	
	Gender identity (5)	
	Race and/or ethnicity (6)	
	Sexual orientation (7)	
	Something else (please specify) (8)	
	None of the above (0)	
X→		
EVJOBDISC Have you EVER been treated unfairly at work or when applying/interviewing for a job?		
O Yes (1)		
O No (0)		
Diombo	This Oversion	
	This Question: VJOBDISC = Yes	
X→		

EVJOBDISCY Do you think you were targeted for this unfair treatment in employment due to your (Check all that apply.)		
	Ability/disability status (1)	
	Age (2)	
	Body size, weight, or shape (3)	
	Gender expression (4)	
	Gender identity (5)	
	Race and/or ethnicity (6)	
	Sexual orientation (7)	
	Something else (please specify) (8)	
	None of the above (0)	
X→		
EVHOUSDISC Have you EVER been treated unfairly while trying to rent an apartment or buy a home, or been unfairly evicted from your residence?		
O Yes (1)		
O No (0)		
D'. I. TI'.		
Display This Que		

o your (Ch	neck all that apply.)
	Ability/disability status (1)
	Age (2)
	Body size, weight, or shape (3)
	Gender expression (4)
	Gender identity (5)
	Race and/or ethnicity (6)
	Sexual orientation (7)
	Something else (please specify) (8)
	None of the above (0)
Page Break	

EVHOUSDISCY Do you think you were targeted for this unfair treatment in housing/eviction due



EVSERVDISC Have you EVER received poorer service than other people in restaurants, stores, other businesses or agencies?	
O Yes (1)
○ No (0)
D: 1 TI: 0	
Display This Q	uestion: VDISC = Yes
X→	
EVSERVDISO	CY Do you think you were targeted for the poorer service due to your at apply.)
	Ability/disability status (1)
	Age (2)
	Body size, weight, or shape (3)
	Gender expression (4)
	Gender identity (5)
	Race and/or ethnicity (6)
	Sexual orientation (7)
	Something else (please specify) (8)
	None of the above (0)

χ→

another educational setting?	
O Yes (1)
O No (0	
Display This Q	restion:
	DISC = Yes
X→	
	Oo you think you were targeted for this unfair treatment in educational settings (Check all that apply.)
	Ability/disability status (1)
	Age (2)
	Body size, weight, or shape (3)
	Gender expression (4)
	Gender identity (5)
	Race and/or ethnicity (6)
	Sexual orientation (7)
	Something else (please specify) (8)
	None of the above (0)
_	

EVMED Have	you EVER been denied or given lower quality medical care?
O Yes (1)
O No (0	
Display This Quality If EVMED	
X→	
EVMEDY Do	you think you were targeted for this discrimination in a medical setting due to your that apply.)
	Ability/disability status (1)
	Age (2)
	Body size, weight, or shape (3)
	Gender expression (4)
	Gender identity (5)
	Race and/or ethnicity (6)
	Sexual orientation (7)
	Something else (please specify) (8)
	None of the above (0)

EVMENTAL Have you EVER been denied or given lower quality mental health care?		
O Yes (1)	
O No (0)		
Display This Qu		
If EVMEN	TAL = Yes	
X→		
	Do you think you were targeted for this discrimination in a mental health setting (Check all that apply.)	
	Ability/disability status (1)	
	Age (2)	
	Body size, weight, or shape (3)	
	Gender expression (4)	
	Gender identity (5)	
	Race and/or ethnicity (6)	
	Sexual orientation (7)	
	Something else (please specify) (8)	
	None of the above (0)	

another law enforcement officer?	
O Yes (1)
○ No (0	
Dianlay This O	vaction.
Display This Q	
X→	
	Do you think you were targeted for this unfair treatment or harassment from a law officer due to (Check all that apply.)
	Ability/disability status (1)
	Age (2)
	Body size, weight, or shape (3)
	Gender expression (4)
	Gender identity (5)
	Race and/or ethnicity (6)
	Sexual orientation (7)
	Something else (please specify) (8)
	None of the above (0)
_	

EVSA Have y	ou EVER experienced unwanted sexual contact?
O Yes (1)
○ No (0)
Display This Q	
$If EVSA = X \rightarrow X$	Yes
EVSAY Do yo	ou think you were targeted for this unwanted sexual contact due to your at apply.)
	Ability/disability status (1)
	Age (2)
	Body size, weight, or shape (3)
	Gender expression (4)
	Gender identity (5)
	Race and/or ethnicity (6)
	Sexual orientation (7)
	Something else (please specify) (8)
	None of the above (0)
Display This Q	uestion:
If EVSA =	

χ⇒

AGESA HOW	old were you when this unwanted sexual contact occurred? (Check all that apply.)
	Child (0-12 years) (1)
	Adolescent (12-17 years) (2)
	Adult (18+ years) (3)
Display This Q	uestion:
If EVSA =	Yes
LGBTQ+ peoperate with sexual view please considerate.	CES Thank you for answering these questions to better our understanding of ple's experiences with sexual violence. We realize that recalling past experiences olence can be difficult. If you'd like to talk with someone about these experiences, ler reaching out to the National Sexual Assault Hotline (800-656-4673), operated se, & Incest National Network (RAINN; rainn.org).
Page Break	

Q354 The next questions are about your views about communities that you have lived in.
Display This Question:
If CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
X
ACCEPTGM_WAS Overall, how accepting of <u>gender minority</u> (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.) people was the community in which you <u>were raised</u> ?
O Extremely accepting (4)
O Accepting (3)
O Neutral (2)
O Unaccepting (1)
Extremely unaccepting (0)
Display This Question:
If CYOA_L = Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
X \rightarrow

ACCEPTSM_WAS Overall, how accepting of <u>sexual minority</u> (for example: asexual, bisexual, gay, lesbian, queer, etc.) people was the community in which you <u>were raised</u> ?
O Extremely accepting (4)
O Accepting (3)
O Neutral (2)
O Unaccepting (1)
O Extremely unaccepting (0)
Display This Question:
If CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
X
SAFEGM_WAS Overall, how safe for <u>gender minority</u> people was the community in which you <u>were raised</u> ?
C Extremely safe (4)
○ Safe (3)
O Neutral (2)
O Unsafe (1)
C Extremely unsafe (0)
Display This Question:
If CYOA_L = Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority

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SAFESM_WAS Overall, how safe for <u>sexual minority</u> people was the community in which you <u>were raised</u> ?
C Extremely safe (4)
○ Safe (3)
O Neutral (2)
O Unsafe (1)
Extremely unsafe (0)
χ_{\Rightarrow}
GICONVTX_L Have you EVER been in therapy or been part of a program or group intended to change your gender or gender identity to be consistent with the sex assigned to you at birth? (This is sometimes called "conversion therapy.")
○ Yes (1)
O No (0)
Display This Question: If GICONVTX_L = Yes
GICONVTXPROV_L Who provided the therapy, program, or group intended to change your gender or gender identity to be consistent with your sex assigned at birth? (Check all that apply.)
A licensed mental health provider (1)
A religious group or leader (2)
Someone or something else (please specify) (3)

Display This Question:
If GICONVTX_L = Yes
*
GICONVTXAGE1 How old were you when you FIRST were in therapy or part of a program or group intended to change your gender or gender identity to be consistent with your sex assigned at birth?
Display This Question: If GICONVTX_L = Yes
*
GICONVTXAGE2 How old were you when you LAST were in therapy or part of a program or group intended to change your gender or gender identity to be consistent with your sex assigned at birth?
$X \rightarrow$
SOCONVTX_L Have you EVER 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)
O No (0)
Display This Question:
If SOCONVTX_L = Yes

	TXPROV_L Who provided the therapy, program, or group intended to change your entation 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)
D'	
	is Question: CONVTX_L = Yes
*	NONV 1X_L = 163
	TXAGE1 How old were you when you FIRST were in therapy or part of a program or nded to change your sexual orientation to heterosexual/straight?
	is Question:
*	CONVTX_L = Yes
	TXAGE2 How old were you when you LAST were in therapy or part of a program or nded to change your sexual orientation to heterosexual/straight?
Page Brea	ak ————————————————————————————————————



SA_OPTIN The following questions are about 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.

\bigcirc	Yes, I	would	like to	complete	these	questions	(1)
------------	--------	-------	---------	----------	-------	-----------	-----

No, I would like to skip these questions (0)

Skip To: Q399 If SA_OPTIN = No, I would like to skip these questions



SES1_POST14 How many times has this happened to you **SINCE AGE 14**?

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)
- O₁ (1)
- O 2 (2)
- O 3+ (3)



3L31_FIXE 14 Flow many times did this happen to you BEFORE AGE 14 :
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)
O (0)
O 1 (2)
O 2 (2)
O 3+ (3)
X= SES2_POST14 How many times has this happened to you SINCE AGE 14 ?
Someone had oral sex with me or made me have oral sex with them without my consent.
O (0)
O 1 (1)
O 2 (2)
O 3+ (3)

SES2_PRE14 How many times did this happen to you **BEFORE AGE 14**?

Someone had oral sex with me or made me have oral sex with them without my consent.
O (0)
O 1 (1)
O 2 (2)
O 3+ (3)
<i>X</i> →
SES3_POST14 Note: People have a wide range of language or terms for their physical anatomy. This is especially true among members of our national LGBTQ+ communities. Some participants in The PRIDE Study use the term 'vagina'; some use the term 'frontal genital opening'; and some prefer other terms. The PRIDE Study includes the terms 'vagina' and 'frontal genital opening' to incorporate the terms used by most participants.
How many times has this happened to you SINCE AGE 14?
Someone put their penis, fingers, or objects into my butt and/or vagina/frontal genital opening without my consent.
O (0)
O 1 (1)
O 2 (2)
O 3+ (3)
X+

SES3_PRE14 How many times did this happen to you **BEFORE AGE 14**?

omeone put their penis, fingers, or objects into my butt and/or vagina/frontal genital openi thout my consent.	ng
O (0)	
O 1 (1)	
O 2 (2)	
O 3+ (3)	
ES4_POST14 How many times has this happened SINCE AGE 14 ?	
ven though it didn't happen, someone TRIED to make me have oral sex with them, or TRI put fingers, objects, or a penis into my butt and/or vagina/frontal genital opening.	ED
ven though it didn't happen, someone TRIED to make me have oral sex with them, or TRI	ED
ven though it didn't happen, someone TRIED to make me have oral sex with them, or TRI put fingers, objects, or a penis into my butt and/or vagina/frontal genital opening.	ED
ven though it didn't happen, someone TRIED to make me have oral sex with them, or TRI put fingers, objects, or a penis into my butt and/or vagina/frontal genital opening.	ED
ven though it didn't happen, someone TRIED to make me have oral sex with them, or TRI put fingers, objects, or a penis into my butt and/or vagina/frontal genital opening.	ED

SES4_PRE14 How many times did this happen to you **BEFORE AGE 14**?

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/frontal genital opening.
O 0 (1)
O 1 (1)
O 2 (2)
O 3+ (3)
X÷
RAPE_L Have you EVER been sexually assaulted and/or raped?
○ Yes (1)
O No (0)
SA_RESOURCES 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

Q399 The next questions are about your experiences with spiritual and/or religious groups.	
RAISED_REL Were you raised with spiritual or religious involvement?	
○ Yes (1)	
O No (2)	
Display This Question:	
If RAISED_REL = Yes	
And If	
$CYOA_L = Gender\ minority\ people\ (for\ example:\ genderqueer,\ non-binary,\ questioning\ one's\ gender\ identity,\ transgender,\ etc.)$	
Or CYOA_L = People who identify as both a sexual AND gender minority	
X \rightarrow	
RELACCEPT_GM_RAISED How accepting of <u>gender minority</u> people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.) was the religious community in which you were raised?	
O Very accepting (4)	
○ Somewhat accepting (3)	
O Neutral (2)	
O Somewhat rejecting (1)	
O Very rejecting (0)	

Display This Question:

If RAISED_REL = Yes

And If

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

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

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

Very accepting (4)

Somewhat accepting (3)

Neutral (2)

Somewhat rejecting (1)

Very rejecting (0)

Display This Question:

If RAISED_REL = Yes



RELIGION_RA	AISED In which religion or spiritual tradition(s) were you raised? (Check all that
	Agnostic (1)
	Atheist (2)
	Baha'i (3)
	Buddhist (4)
	Christian (5)
	Confucianist (6)
	Druid (7)
	Hindu (8)
	Jain (9)
	Jehovah's Witness (10)
	Jewish (11)
	Muslim (12)
	Native American Traditional Practitioner or Ceremonial (13)
	Pagan (14)
	Rastafarian (15)
	Scientologist (16)
	Secular Humanist (17)

Shinto (18)	
Sikh (19)	
Taoist (20)	
Tenrikyo (21)	
Unitarian Universalist (25)	
Wiccan (22)	
Spiritual, but no religious affiliation (23)	
No affiliation (0)	
A religious affiliation or spiritual identity not listed above (please specify) (24	ı
isplay This Question:	
If RELIGION_RAISED = Christian	

CHRISTIAN_RAISED In which Christian affiliation(s) were you raised? (Check all that apply.)		
	African Methodist Episcopal (1)	
	African Methodist Episcopal Zion (2)	
	Assembly of God (3)	
	Baptist (4)	
	Catholic/Roman Catholic (5)	
	Church of Christ (6)	
	Church of God in Christ (7)	
	Christian Orthodox (8)	
	Christian Methodist Episcopal (9)	
	Christian Reformed Church (CRC) (10)	
	Episcopalian (11)	
	Evangelical (12)	
	Greek Orthodox (13)	
	Lutheran (14)	
	Mennonite (15)	
	Moravian (16)	
	Nondenominational Christian (17)	
	Pentecostal (18)	

	Presbyterian (19)
	Protestant (20)
	Protestant Reformed Church (21)
	Quaker (22)
	Reformed Church of America (RCA) (23)
	Russian Orthodox (24)
	Seventh Day Adventist (25)
	The Church of Jesus Christ of Latter-day Saints (26)
	United Methodist (27)
	Unitarian Universalist (28)
	United Church of Christ (29)
	A Christian affiliation not listed above (please specify) (30)
splay This Q	uestion:
	DN RAISED - Jewish

	SED In which Jewish affiliation(s) were you raised? (Check all that apply.)		
	Conservative (1)		
	Hasidic (2)		
	Humanist (3)		
	Orthodox (4)		
	Reconstructionist (5)		
	Reform (6)		
	A Jewish affiliation not listed above (please specify) (7)		
Display This Q	uestion:		
Display This Q If RELIGIO	uestion: DN_RAISED = Muslim		
If RELIGIO			
If RELIGIO	DN_RAISED = Muslim		
If RELIGIO	ON_RAISED = Muslim ISED In which Muslim affiliation(s) were you raised? (Check all that apply.)		
If RELIGIO	ISED In which Muslim affiliation(s) were you raised? (Check all that apply.) Muslim (not specifically Sunni or Shia) (1)		
If RELIGIO	ISED In which Muslim affiliation(s) were you raised? (Check all that apply.) Muslim (not specifically Sunni or Shia) (1) Sunni (for example, Hanafi, Maliki, Shafi, or Hanbali) (2)		
If RELIGIO	ISED In which Muslim affiliation(s) were you raised? (Check all that apply.) Muslim (not specifically Sunni or Shia) (1) Sunni (for example, Hanafi, Maliki, Shafi, or Hanbali) (2) Shia (for example, Ithna Ashari/Twelver or Ismaili/Sevener) (3)		

$\chi_{ ightarrow}$
RELIGIOUS Are you currently spiritual or religious?
○ Yes (1)
O No (0)
Display This Question:
If RELIGIOUS = Yes
And If
CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's gende identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
χ_{\Rightarrow}
RELACCEPT_GM_NOW How accepting of <u>gender minority</u> people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.) is your current spiritual or religious community?
O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)

O Does not apply to me, I don't have a spiritual or religious community (5)

O Somewhat rejecting (1)

O Very rejecting (0)

Display This Question:

If RELIGIOUS = Yes

And If

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

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



RELACCEPT_SM_NOW How accepting of <u>sexual minority</u> people (for example: asexual, bisexual, gay, lesbian, queer, etc.) is your current spiritual or religious community?

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

Display This Question:

If RELIGIOUS = Yes



RELIGION What is your <u>current</u> religious or spiritual identity? (Check all that apply.)		
	Agnostic (1)	
	Atheist (2)	
	Baha'i (3)	
	Buddhist (4)	
	Christian (5)	
	Confucianist (6)	
	Druid (7)	
	Hindu (8)	
	Jain (9)	
	Jehovah's Witness (10)	
	Jewish (11)	
	Muslim (12)	
	Native American Traditional Practitioner or Ceremonial (13)	
	Pagan (14)	
	Rastafarian (15)	
	Scientologist (16)	
	Secular Humanist (17)	
	Shinto (18)	

	Sikh (19)
	Taoist (20)
	Tenrikyo (21)
	Unitarian Universalist (22)
	Wiccan (23)
	Spiritual, but no religious affiliation (24)
	No affiliation (0)
	A religious affiliation or spiritual identity not listed above (please specify) (25)
isplav This Q	uestion:

If RELIGION = Christian



CHRISTIAN Please select your Christian affiliation(s). (Check all that apply.)		
	African Methodist Episcopal (1)	
	African Methodist Episcopal Zion (2)	
	Assembly of God (3)	
	Baptist (4)	
	Catholic/Roman Catholic (5)	
	Church of Christ (6)	
	Church of God in Christ (7)	
	Christian Orthodox (8)	
	Christian Methodist Episcopal (9)	
	Christian Reformed Church (CRC) (10)	
	Episcopalian (11)	
	Evangelical (12)	
	Greek Orthodox (13)	
	Lutheran (14)	
	Mennonite (15)	
	Moravian (16)	
	Nondenominational Christian (17)	
	Pentecostal (18)	

	Presbyterian (19)
	Protestant (20)
	Protestant Reformed Church (21)
	Quaker (22)
	Reformed Church of America (RCA) (23)
	Russian Orthodox (24)
	Seventh Day Adventist (25)
	The Church of Jesus Christ of Latter-day Saints (26)
	United Methodist (27)
	Unitarian Universalist (28)
	United Church of Christ (29)
	A Christian affiliation not listed above (please specify) (30)
splay This C	uestion:
If RELIGIO	ON = Jewish

χ→

JEWISH Plea	ase select your Jewish affiliation(s). (Check all that apply.)	
	Conservative (1)	
	Hasidic (2)	
	Humanist (3)	
	Orthodox (4)	
	Reconstructionist (5)	
	Reform (6)	
	A Jewish affiliation not listed above (please specify) (7)	
Display This C	Question: ON = Muslim	
	ase select your Muslim affiliation(s). (Check all that apply.)	
	Muslim (not specifically Sunni or Shia) (1)	
	Sunni (for example, Hanafi, Maliki, Shafi, or Hanbali) (2)	
	Shia (for example, Ithna Ashari/Twelver or Ismaili/Sevener) (3)	
	A Muslim affiliation not listed above (please specify) (4)	
Page Break		

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

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

assigned birth sex?
O 1 (1)
O 2 (2)
O 3 (3)
O 4 (4)
O 5 (5)
O 6 (6)
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\bigcirc	82	(82)

O 83 (83)

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O 95 (95)	
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O 97 (97)	
O 98 (98)	
O 99 (99)	
O 100+ (100)	

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

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

GITHINK At about what age did you start to <u>think</u> you were a gender minority person (for example: genderqueer, non-binary, questioning your gender identity, transgender) even if you did not know the words for it?	
O 1 (1)	
O 2 (2)	
O 3 (3)	
O 4 (4)	
O 5 (5)	
O 6 (6)	
O 7 (7)	
O 8 (8)	
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- O 41 (41)

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	44	(44)
	45	(45)
0	46	(46)
	47	(47)
	48	(48)
0	49	(49)
0	50	(50)
0	51	(51)
0	52	(52)
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O 59 (59)

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

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

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(for example: genderqueer, non-binary, questioning your gender identity, transgender) even if you did not use those words?
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GITELL At about what age did you start to tell others that you were a gender minority person

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

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

SOFEEL At about what age did you begin to feel that that you had sexual/romantic attractions hat were different than or not only heterosexual/straight?
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If CYOA_L = Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)

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

SOTHINK At about what age did you start to <u>think</u> you were a sexual minority person (for example: asexual, bisexual, gay, lesbian, queer, questioning your sexual orientation, etc.) even

if you did not know the words for it'	?	
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If CYOA_L = Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)

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

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(for example: asexual, bisexual, gay, lesbian, queer, questioning your sexual orientation, etc.) even if you did not use those words?
O I have not told others. (0)
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SOTELL At about what age did you start to tell others that you were a sexual minority person

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Lq(ge Brea	II.				

people who raised you.	snips with
RELATE_NAMES We are going to ask you questions about up to four different per raised you (for example: parents, family members, or parental figures). To help you which person we are asking a question about, please type in the person's first name nickname. We will use these names in the questions that follow.	u remember
O Person 1 (1)	
O Person 2 (2)	
O Person 3 (3)	
O Person 4 (4)	
Page Break ————————————————————————————————————	

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

RELATE_1 How is \${RELATE_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)

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

RELATE_2 Ho apply.)	ow is \${RELATE_NAMES/ChoiceTextEntryValue/2} related to you? (Check all that
	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)

Another way (please specify) (19)	Another way (please specify) (19)	

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

RELATE_3 Ho apply.)	ow is \${RELATE_NAMES/ChoiceTextEntryValue/3} related to you? (Check all that
	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)	specify) (19)	Another way (please	

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

RELATE_4 Ho apply.)	ow is \${RELATE_NAMES/ChoiceTextEntryValue/4} related to you? (Check all that
	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)

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

Or Or We are going to ask you questions about up to four different people who raised you (for example:... Person 2 Is Not Empty

Or Or We are going to ask you questions about up to four different people who raised you (for example:... Person 3 Is Not Empty

Or Or We are going to ask you questions about up to four different people who raised you (for example:... Person 4 Is Not Empty

people ever identify as LGBTQ+ (or another sexual minority or gender minority identity)? (Check all that apply.) If We are going to ask you questions about up to four different people who raised you (for example, parents, family members, or parental figures). To help you remember which person we are asking a que... Person 1 Is Not Empty \${RELATE_NAMES/ChoiceTextEntryValue/1} (1) If We are going to ask you questions about up to four different people who raised you (for example, parents, family members, or parental figures). To help you remember which person we are asking a que... Person 2 Is Not Empty \${RELATE NAMES/ChoiceTextEntryValue/2} (2) If We are going to ask you questions about up to four different people who raised you (for example, parents, family members, or parental figures). To help you remember which person we are asking a que... Person 3 Is Not Empty \${RELATE NAMES/ChoiceTextEntryValue/3} (3) If We are going to ask you questions about up to four different people who raised you (for example, parents, family members, or parental figures). To help you remember which person we are asking a que... Person 4 Is Not Empty \${RELATE_NAMES/ChoiceTextEntryValue/4} (4) None of these people identified as LGBTQ+ (or another sexual minority or gender minority identity) (5) Page Break

RELATE_SGM At any time during your childhood (prior to age 18), did any of the following

Display This Question:
If CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
And If
If We are going to ask you questions about up to four different people who raised you (for example: Person 1 Is Not Empty
χ_{\to}
RELATE_OUTGI1 Does \${RELATE_NAMES/ChoiceTextEntryValue/1} know about your gender identity? If no longer alive, did \${RELATE_NAMES/ChoiceTextEntryValue/1} know about your gender identity?
○ Yes (1)
O No (0)
Display This Question:
If CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
And If
RELATE_OUTGI1 = Yes
$X \rightarrow$
ACCPAST_GI1 When \${RELATE_NAMES/ChoiceTextEntryValue/1} INITIALLY LEARNED about your gender identity, how accepting were they?
O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
O Somewhat rejecting (1)
O Very rejecting (0)

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

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

And If

RELATE_OUTGI1 = Yes



ACCNOW_GI1 In your most RECENT INTERACTIONS

with \${RELATE_NAMES/ChoiceTextEntryValue/1} (even if no longer alive), how accepting were they of your gender identity?

O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
O Somewhat rejecting (1)

Very rejecting (0)

Display This Question:

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

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

And If

RELATE OUTGI1 = Yes



\${RELATE_NAMES/ChoiceTextEntryValue/1} change after they learned about your gender identity?
O It got a lot better. (5)
O It got somewhat better. (4)
O It did not change. (3)
O It got somewhat worse. (2)
O It got a lot worse. (1)
○ We stopped communicating after I came out. (0)
Display This Question: If COMMCHANGE_GI1 = It got somewhat worse.
Or COMMCHANGE_GI1 = It got a lot worse.
Or COMMCHANGE_GI1 = We stopped communicating after I came out. X→
COMMCHANGE2_GI1 Did your communication with \${RELATE_NAMES/ChoiceTextEntryValue/1} eventually get better?
○ Yes (1)
O No (0)
Display This Question: If If We are going to ask you questions about up to four different people who raised you (for example: Person 1 Is Not Empty

COMMCHANGE_GI1 Did your communication with

ESTRANGE_GI1 Are you still in touch with \${RELATE_NAMES/ChoiceTextEntryValue/1}?
○ Yes (1)
O No (0)
O Person is not alive but we were in touch before their death (2)
O Person is no longer alive and we were not in touch before their death (3)
David David
Page Break ————————————————————————————————————

Display This Question:
If CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
And If
If We are going to ask you questions about up to four different people who raised you (for example: Person 2 Is Not Empty
X→
RELATE_OUTGI2 Does \${RELATE_NAMES/ChoiceTextEntryValue/2} know about your gender identity? If no longer alive, did \${RELATE_NAMES/ChoiceTextEntryValue/2} know about your gender identity?
○ Yes (1)
O No (0)
Display This Question:
If CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
And If
RELATE_OUTGl2 = Yes
$X \rightarrow$
ACCPAST_GI2 When \${RELATE_NAMES/ChoiceTextEntryValue/2} INITIALLY LEARNED about your gender identity, how accepting were they?
O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
O Somewhat rejecting (1)
O Very rejecting (0)

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

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

And If

RELATE_OUTGI2 = Yes



ACCNOW_GI2 In your most RECENT INTERACTIONS

with \${RELATE_NAMES/ChoiceTextEntryValue/2} (even if no longer alive), how accepting were they of your gender identity?

O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
O Somewhat rejecting (1)

.....

Display This Question:

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

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

And If

RELATE OUTGI2 = Yes

O Very rejecting (0)



\${RELATE_NAMES/ChoiceTextEntryValue/2} change after they learned about your gender identity?
O It got a lot better. (5)
O It got somewhat better. (4)
O It did not change. (3)
O It got somewhat worse. (2)
O It got a lot worse. (1)
○ We stopped communicating after I came out. (0)
Display This Question:
If COMMCHANGE_Gl2 = It got somewhat worse.
Or COMMCHANGE_Gl2 = It got a lot worse.
Or COMMCHANGE_Gl2 = We stopped communicating after I came out.
$X \rightarrow$
COMMCHANGE2_GI2 Did your communication with \${RELATE_NAMES/ChoiceTextEntryValue/2} eventually get better?
○ Yes (1)
O No (0)
Display This Question:
If If We are going to ask you questions about up to four different people who raised you (for example: Person 2 Is Not Empty

COMMCHANGE_GI2 Did your communication with

ESTRANGE_GI2 Are you still in touch with \${RELATE_NAMES/ChoiceTextEntryValue/2}?
○ Yes (1)
O No (0)
O Person is not alive but we were in touch before their death (2)
O Person in no longer alive and we were not in touch before their death (3)
Page Break ————————————————————————————————————

Display This Question:
If CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
And If
If We are going to ask you questions about up to four different people who raised you (for example: Person 3 Is Not Empty
χ_{\Rightarrow}
RELATE_OUTGI3 Does \${RELATE_NAMES/ChoiceTextEntryValue/3} know about your gender identity? If no longer alive, did \${RELATE_NAMES/ChoiceTextEntryValue/3} know about your gender identity?
○ Yes (1)
O No (0)
Display This Question:
If CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
And If
RELATE_OUTGI3 = Yes
χ_{\Rightarrow}
ACCPAST_GI3 When \${RELATE_NAMES/ChoiceTextEntryValue/3} INITIALLY LEARNED about your gender identity, how accepting were they?
O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
O Somewhat rejecting (1)
O Very rejecting (0)

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

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

And If

RELATE_OUTGI3 = Yes



ACCNOW_GI3 In your most RECENT INTERACTIONS

with \${RELATE_NAMES/ChoiceTextEntryValue/3} (even if no longer alive), how accepting were they of your gender identity?

O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
O Somewhat rejecting (1)

Display This Question:

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

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

And If

RELATE OUTGI3 = Yes

O Very rejecting (0)



\${RELATE_NAMES/ChoiceTextEntryValue/3} change after they learned about your gender identity?
O It got a lot better. (5)
O It got somewhat better. (4)
O It did not change. (3)
O It got somewhat worse. (2)
O It got a lot worse. (1)
○ We stopped communicating after I came out. (0)
Display This Question:
If COMMCHANGE_GI3 = It got somewhat worse.
Or COMMCHANGE_GI3 = It got a lot worse.
Or COMMCHANGE_GI3 = We stopped communicating after I came out.
$X \rightarrow$
COMMCHANGE2_GI3 Did your communication with \${RELATE_NAMES/ChoiceTextEntryValue/3} eventually get better?
○ Yes (1)
O No (0)
Display This Question:
If If We are going to ask you questions about up to four different people who raised you (for example: Person 3 Is Not Empty

COMMCHANGE_GI3 Did your communication with

ESTRANGE_GI3 Are you still in touch with \${RELATE_NAMES/ChoiceTextEntryValue/3}?
○ Yes (1)
O No (0)
O Person is not alive but we were in touch before their death (2)
O Person in no longer alive and we were not in touch before their death (3)
Page Break ————————————————————————————————————

Display This Question:
If CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's
gender identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
And If
If We are going to ask you questions about up to four different people who raised you (for example: Person 4 Is Not Empty
$X \rightarrow$
RELATE_OUTGI4 Does \${RELATE_NAMES/ChoiceTextEntryValue/4} know about your gende identity? If no longer alive, did \${RELATE_NAMES/ChoiceTextEntryValue/4} know about your gender identity?
○ Yes (1)
O No (0)
Display This Question:
If CYOA_L = Gender minority people (for example: genderqueer, non-binary, questioning one's gender identity, transgender, etc.)
Or CYOA_L = People who identify as both a sexual AND gender minority
And If
RELATE_OUTGI4 = Yes
χ_{\Rightarrow}
ACCPAST_GI4 When \${RELATE_NAMES/ChoiceTextEntryValue/4} INITIALLY LEARNED about your gender identity, how accepting were they?
O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
O Somewhat rejecting (1)
O Very rejecting (0)

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

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

And If

RELATE_OUTGI4 = Yes



ACCNOW_GI4 In your most RECENT INTERACTIONS

with \${RELATE_NAMES/ChoiceTextEntryValue/4} (even if no longer alive), how accepting were they of your gender identity?

O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
Somewhat rejecting (1)

O Very rejecting (0)

Display This Question:

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

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

And If

RELATE OUTGI4 = Yes



\${RELATE_NAMES/ChoiceTextEntryValue/4} change after they learned about your gender identity?
O It got a lot better. (5)
O It got somewhat better. (4)
O It did not change. (3)
O It got somewhat worse. (2)
O It got a lot worse. (1)
○ We stopped communicating after I came out. (0)
Display This Question:
If COMMCHANGE_GI4 = It got somewhat worse.
Or COMMCHANGE_GI4 = It got a lot worse.
Or COMMCHANGE_GI4 = We stopped communicating after I came out.
$X \rightarrow$
COMMCHANGE2_GI4 Did your communication with \${RELATE_NAMES/ChoiceTextEntryValue/4} eventually get better?
○ Yes (1)
O No (0)
Display This Question:
If If We are going to ask you questions about up to four different people who raised you (for example: Person 4 Is Not Empty

COMMCHANGE_GI4 Did your communication with

ESTRANGE_GI4 Are you still in touch with \${RELATE_NAMES/ChoiceTextEntryValue/4}?
○ Yes (1)
O No (0)
O Person is not alive but we were in touch before their death (2)
O Person in no longer alive and we were not in touch before their death (3)
Page Break

Display This Question: If CYOA_L = Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) Or CYOA_L = People who identify as both a sexual AND gender minority And If If We are going to ask you questions about up to four different people who raised you (for example:... Person 1 Is Not Empty RELATE_OUTSO1 Does \${RELATE_NAMES/ChoiceTextEntryValue/1} know about your sexual orientation? If no longer alive, did \${RELATE_NAMES/ChoiceTextEntryValue/1} know about your sexual orientation? Yes (1) O No (0) Display This Question: If RELATE OUTSO1 = Yes ACCPAST_SO1 When \${RELATE_NAMES/ChoiceTextEntryValue/1} INITIALLY LEARNED about your sexual orientation, how accepting were they? Very accepting (4) Somewhat accepting (3) O Neutral (2) Somewhat rejecting (1) O Very rejecting (0) Display This Question: If RELATE_OUTSO1 = Yes

Disaber This Occasion
Display This Question:
If COMMCHANGE_SO1 = It got somewhat worse.
Or COMMCHANGE_SO1 = It got a lot worse.
Or COMMCHANGE_SO1 = We stopped communicating after I came out
χ_{\rightarrow}
COMMCHANGE2_SO1 Did your communication with \${RELATE_NAMES/ChoiceTextEntryValue/1} eventually get better?
○ Yes (1)
O No (0)
Display This Question:
If If We are going to ask you questions about up to four different people who raised you (for example: Person 1 Is Not Empty
$X \rightarrow$
ESTRANGE_SO1 Are you still in touch with \${RELATE_NAMES/ChoiceTextEntryValue/1}?
○ Yes (1)
O No (0)
O Person is not alive but we were in touch before their death (2)
O Person in no longer alive and we were not in touch before their death (3)
Page Break ————————————————————————————————————

Display This Question: If CYOA_L = Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) Or CYOA_L = People who identify as both a sexual AND gender minority And If If We are going to ask you questions about up to four different people who raised you (for example:... Person 2 Is Not Empty RELATE_OUTSO2 Does \${RELATE_NAMES/ChoiceTextEntryValue/2} know about your sexual orientation? If no longer alive, did \${RELATE_NAMES/ChoiceTextEntryValue/2} know about your sexual orientation? Yes (1) O No (0) Display This Question: If RELATE OUTSO2 = Yes ACCPAST_SO2 When \${RELATE_NAMES/ChoiceTextEntryValue/2} INITIALLY LEARNED about your sexual orientation, how accepting were they? Very accepting (4) Somewhat accepting (3) O Neutral (2) Somewhat rejecting (1) O Very rejecting (0) Display This Question: If RELATE_OUTSO2 = Yes

with \${RELATE_NAMES/ChoiceTextEntryValue/2} (even if no longer alive), how accepting were they of your sexual orientation?
O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
O Somewhat rejecting (1)
O Very rejecting (0)
Display This Question:
If RELATE_OUTSO2 = Yes
$X \rightarrow$
COMMCHANGE_SO2 Did your communication with \${RELATE_NAMES/ChoiceTextEntryValue/2} change after they learned about your sexual orientation?
O It got a lot better. (5)
O It got somewhat better. (4)
O It did not change. (3)
O It got somewhat worse. (2)
O It got a lot worse. (1)
We stopped communicating after I came out (0)

Display This Question:
If COMMCHANGE_SO2 = It got somewhat worse.
Or COMMCHANGE_SO2 = It got a lot worse.
Or COMMCHANGE_SO2 = We stopped communicating after I came out
χ_{\rightarrow}
COMMCHANGE2_SO2 Did your communication
with \${RELATE_NAMES/ChoiceTextEntryValue/2} eventually get better?
○ Yes (1)
O No (0)
Display This Question:
If If We are going to ask you questions about up to four different people who raised you (for example: Person 2 Is Not Empty
$\chi \rightarrow$
ESTRANGE_SO2 Are you still in touch with \${RELATE_NAMES/ChoiceTextEntryValue/2}?
○ Yes (1)
O No (0)
O Person is not alive but we were in touch before their death (2)
O Person is no longer alive and we were not in touch before their death (3)
Page Break —

Display This Question: If CYOA_L = Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) Or CYOA_L = People who identify as both a sexual AND gender minority And If If We are going to ask you questions about up to four different people who raised you (for example:... Person 3 Is Not Empty RELATE_OUTSO3 Does \${RELATE_NAMES/ChoiceTextEntryValue/3} know about your sexual orientation? If no longer alive, did \${RELATE_NAMES/ChoiceTextEntryValue/3} know about your sexual orientation? Yes (1) O No (0) Display This Question: If RELATE OUTSO3 = Yes ACCPAST_SO3 When \${RELATE_NAMES/ChoiceTextEntryValue/3} INITIALLY LEARNED about your sexual orientation, how accepting were they? Very accepting (4) Somewhat accepting (3) O Neutral (2) Somewhat rejecting (1) O Very rejecting (0) Display This Question: If RELATE_OUTSO3 = Yes

Display This Question:
If COMMCHANGE_SO3 = It got somewhat worse.
Or COMMCHANGE_SO3 = It got a lot worse.
Or COMMCHANGE_SO3 = We stopped communicating after I came out
χ_{\rightarrow}
COMMCHANGE2_SO3 Did your communication
with \${RELATE_NAMES/ChoiceTextEntryValue/3} eventually get better?
○ Yes (1)
O No (0)
Display This Question:
If If We are going to ask you questions about up to four different people who raised you (for example: Person 3 Is Not Empty
example Person 3 is Not Empty
$X \rightarrow$
ESTRANGE_SO3 Are you still in touch with \${RELATE_NAMES/ChoiceTextEntryValue/3}?
○ Yes (1)
O No (2)
O Person is not alive but we were in touch before their death (3)
O Person in no longer alive and we were not in touch before their death (4)
Page Break —

Display This Question: If CYOA_L = Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.) Or CYOA_L = People who identify as both a sexual AND gender minority And If If We are going to ask you questions about up to four different people who raised you (for example:... Person 4 Is Not Empty RELATE_OUTSO4 Does \${RELATE_NAMES/ChoiceTextEntryValue/4} know about your sexual orientation? If no longer alive, did \${RELATE_NAMES/ChoiceTextEntryValue/4} know about your sexual orientation? Yes (1) O No (0) Display This Question: If RELATE OUTSO4 = Yes ACCPAST_SO4 When \${RELATE_NAMES/ChoiceTextEntryValue/4} INITIALLY LEARNED about your sexual orientation, how accepting were they? Very accepting (4) Somewhat accepting (3) O Neutral (2) Somewhat rejecting (1) O Very rejecting (0) Display This Question: If RELATE_OUTSO4 = Yes

ACCNOW_SO4 In your most RECENT INTERACTIONS with \${RELATE_NAMES/ChoiceTextEntryValue/4} (even if no longer alive), how accepting were they of your sexual orientation?
O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
O Somewhat rejecting (1)
O Very rejecting (0)
Display This Question:
If RELATE_OUTSO4 = Yes
$X \rightarrow$
COMMCHANGE_SO4 Did your communication with \${RELATE_NAMES/ChoiceTextEntryValue/4} change after they learned about your sexual orientation?
O It got a lot better. (5)
O It got somewhat better. (4)
O It did not change. (3)
O It got somewhat worse. (2)
O It got a lot worse. (1)
We stopped communicating after I came out (0)



CHILDEXPGM Think back to when you were growing up. Did you have role models, in the following groups, who were <u>gender minority</u> (for example: genderqueer, non-binary, transgender, etc.) people? (Check all that apply.)

Family members (1)
Members of my community (2)
Peers (3)
People in an online community (4)
People in the media (5)
Other (please specify) (6)

X→

following grou	If Think back to when you were growing up. Did you have role models, in the ups, who were sexual minority (for example: asexual, bisexual, gay, lesbian, queer, (Check all that apply.)
	Family members (1)
	Members of my community (2)
	Peers (3)
	People in an online community (4)
	People in the media (5)
	Other (please specify) (6)
Page Break	

AUTISMQUO_INTRO Please select how much you agree or disagree with the following statements.
AUTISMQUO1 I often notice small sounds when others do not.
○ Strongly agree (1)
○ Slightly agree (2)
○ Slightly disagree (3)
○ Strongly disagree (4)
AUTISMQUO2 When I'm reading a story I find it difficult to work out the characters' intentions.
○ Strongly agree (1)
○ Slightly agree (2)
○ Slightly disagree (3)
○ Strongly disagree (4)
AUTISMQUO3 I find it easy to 'read between the lines' when someone is talking to me.
○ Strongly agree (1)
○ Slightly agree (2)
○ Slightly disagree (3)
○ Strongly disagree (4)

AUTISMQUO4 I usually concentrate more on the whole picture, rather than the small details.
O Strongly agree (1)
○ Slightly agree (2)
○ Slightly disagree (3)
○ Strongly disagree (4)
AUTISMQUO5 I know how to tell if someone listening to me is getting bored.
○ Strongly agree (1)
○ Slightly agree (2)
○ Slightly disagree (3)
○ Strongly disagree (4)
AUTISMQUO6 I find it easy to do more than one thing at once.
○ Strongly agree (1)
○ Slightly agree (2)
○ Slightly disagree (3)
○ Strongly disagree (4)

AUTISMQUO7 I find it easy to work out what someone is thinking or feeling just by looking at their face.
O Strongly agree (1)
○ Slightly agree (2)
○ Slightly disagree (3)
O Strongly disagree (4)
AUTISMQUO8 If there is an interruption, I can switch back to what I was doing very quickly.
O Strongly agree (1)
O Slightly agree (2)
O Slightly disagree (3)
O Strongly disagree (4)
AUTISMQUO9 I like to collect information about categories of things (e.g., types of cars, types of birds, types of trains, types of plants, etc.)
O Strongly agree (1)
○ Slightly agree (2)
○ Slightly disagree (3)
O Strongly disagree (4)

AUTISMQUO10 I find it difficult to work out people's intentions.
O Strongly agree (1)
O Slightly agree (2)
O Slightly disagree (3)
O Strongly disagree (4)
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

PH INTRO

Start of Block: Physical Health Block

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 Lifetime Health & Experiences 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 Lifetime Health & Experiences 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!



MEDHX1_L Has a doctor or health care provider EVER told you that you have the following conditions? (Check all that apply.)				
-	Although this list of conditions may seem to repeat what you may have filled out as part of "My Health," we want to make sure everything is as up-to-date as possible.			
	Acid reflux (heartburn) (1)			
	Anemia (2)			
	Angina pectoris (angina) (3)			
	Anxiety (4)			
	Asthma (5)			
	Atrial fibrillation (Afib) (6)			
	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 Qu	estion:			
	estion. _L = Cancer			

CA_TYPE_L	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)
Page Break	

Display This Question:
If CA_TYPE_L = Anal
*
CA_ANAL_YR In what year were you diagnosed with anal cancer?
Display This Question:
If CA_TYPE_L = Breast
*
CA RREAST VP In what year were you diagnosed with broast cancer?
CA_BREAST_YR In what year were you diagnosed with breast cancer?
Display This Question:
If $CA_TYPE_L = Colon$
11 O/_ 111 E_E = 30.011
CA_COLON_YR In what year were you diagnosed with colon cancer?
Display This Question:
If CA_TYPE_L = Kidney
*
CA_KIDNEY_YR In what year were you diagnosed with kidney cancer?
Display This Question:
If CA_TYPE_I = Leukemia/Lymphoma

CA_LEUKEMIA_YR In what year were you diagnosed with leukemia/lymphoma?
Display This Question:
Display This Question: If CA_TYPE_L = Lung
TON_THE_E = Eding
*
CA_LUNG_YR In what year were you diagnosed with lung cancer?
Display This Question:
If CA_TYPE_L = Skin (melanoma)
*
CA_MELANOMA_YR In what year were you diagnosed with melanoma?

Display This Question:
If CA_TYPE_L = Skin (non-melanoma)
*
CA SKINI VP in what year were you diagnosed with non-malaname skin concer?
CA_SKIN_YR In what year were you diagnosed with non-melanoma skin cancer?
Display This Question:
If $CA_TYPE_L = Ovary$
*
CA_OVARY_YR In what year were you diagnosed with ovarian cancer?

Display This Question:
If CA_TYPE_L = Pancreas
*
CA_PANCREAS_YR In what year were you diagnosed with pancreatic cancer?
Display This Question:
If CA_TYPE_L = Prostate
*
CA_PROSTATE_YR In what year were you diagnosed with prostate cancer?
Display This Question:
If CA_TYPE_L = Uterus
*
CA_UTERUS_YR In what year were you diagnosed with cancer of the uterus?
Display This Question:
If CA_TYPE_L = Other (please specify)
At .
CA_OTHER_YR In what year were you diagnosed with \${CA_TYPE_L/ChoiceTextEntryValue/12} cancer?
Page Break ————————————————————————————————————

MEDHX2_L How about any of these? Has a doctor or other health care provider EVER told you that you have the following conditions? (Check all that apply.) Coagulation (bleeding or clotting) problem (1) Congestive heart failure (CHF) (2) Coronary artery disease (3) Depression (4) Diabetes mellitus (diabetes, sugar diabetes) (5) Diabetes (borderline) (6) Erectile dysfunction (7) Glaucoma (8) Heart attack (9) Heart murmur (10) High cholesterol (11) HIV (12) None of these (0)

Display This Question:

If MEDHX2_L = HIV



HIV_	DXYR	In wha	at year	were	you (diagn	osed	with I	∃IV?	



MEDHX3_L Here's the last set! Has a doctor or other health care provider EVER told you that you have the following conditions? (Check all that apply.) Hypertension (high blood pressure) (1) Inflammatory bowel disease (Crohn's disease, ulcerative colitis) (2) Irritable bowel syndrome (IBS) (3) Kidney stone (nephrolithiasis) (4) Liver disease (5) Lupus (systemic lupus erythematous, SLE) (6) Menopause (7) Migraine headache (8) Obstructive sleep apnea (OSA) (9) 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)
	OBS_L Please list up to five additional medical conditions that a doctor or other rovider told you that you have (One condition per line). If no additional conditions, next.
O Cond	ition 1 (1)
O Cond	ition 2 (2)
O Cond	ition 3 (3)
O Cond	ition 4 (4)
O Cond	ition 5 (5)
Page Break	

INTRO_SURG We will ask you about general surgeries and procedures here.

X→

(Gender-affirming or transition-related surgeries and procedures are asked about later.) Although this list of procedures may seem to repeat what you may have entered in "My Health," getting the most up-to-date information will make sure that we can customize the survey for you. Coronary stent placement (1) Coronary artery bypass graft (CABG, bypass surgery) (2) Heart valve replacement (3) Pacemaker implantation (4) Implantable cardiac defibrillator (ICD) implantation (5) Bone marrow transplant (6) Organ transplant (7) Gallbladder removal (cholecystectomy) (8) Appendix removal (appendectomy) (9) 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) Hip replacement (one or both) (14) Knee replacement (one or both) (15)

SURGHX_L Have you **EVER** had the following surgeries or procedures? (Check all that apply.)

	None of these (16)
Display This Qu	uestion: K_L = Organ transplant
	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)
-	G_L ER had any of the following procedures for any reason (including gender Check all that apply.)
	Electrolysis (long-term hair removal) (1)
	Fat grafting (e.g., face, hips, buttocks, breasts/chest) (2)
	None of these (3)

please click next.	
O Surgery/procedure 1 (1)	
O Surgery/procedure 2 (2)	
O Surgery/procedure 3 (3)	
O Surgery/procedure 4 (4)	
O Surgery/procedure 5 (5)	
Dogo Drook	
Page Break ————————————————————————————————————	

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



GAHORMONE_EVER Have you **EVER** used hormones or medications for the purposes of gender affirmation (also called gender transition)?

O Yes (1)

O No (0)

O I don't know (88)

Display This Question:

If GAHORMONE_EVER = Yes

	E_TYPE_EVER Which hormones or medications for the purposes of gender so called gender transition) have you EVER taken? (Check all that apply.)
	Cyproterone acetate (sometimes called: CPA or Cyprostat) (1)
	Dutasteride (sometimes called: Avodart) (2)
	Depo leuprolide or leuprolide acetate (sometimes called: Lupron) (3)
acetate) (Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone 4)
	Estrogen (any type in any formulation such as: gel, injection, patch, pill) (5)
	Estradiol valerate (a specific type of estrogen) (6)
	Estradiol cypionate (a specific type of estrogen) (7)
	Finasteride (sometimes called: Proscar or Propecia) (8)
	Histarelin acetate (sometimes called: Vantas or Supprelin) (9)
	Progesterone (sometimes called: progestagen or progestins) (10)
	Micronized progesterone (sometimes called: Prometrium or Provera) (11)
	Spironolactone (sometimes called: "Spiro" or Aldactone) (12)
	Testosterone (any type in any formulation such as: gel, injection, patch) (13)
	Testosterone cypionate (a specific type of testosterone) (14)
	Testosterone enanthate (a specific type of testosterone) (15)
	Testosterone undecanoate (a specific type of testosterone) (16)

	Another hormone/medication not listed here (please specify) (17)
it is called.	I have (also) taken some other hormone(s)/medication(s), but I am not sure what (18)
	None of the above (19)
Page Break	

Display This Question:

If If Which hormones or medications for the purposes of gender affirmation (also called gender transition) have you EVER taken? (Check all that apply.) q://QID2025/SelectedChoicesCount Is Greater Than or Equal to 1

And GAHORMONE_TYPE_EVER != None of the above

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

CAHODMONE	TVDE_EVED_Cuprotorono contato (comotimos colled: CDA or Cuprotot)
GAHURIVIUNE	TYPE_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)
	Cyproterone acetate (sometimes called: CPA or Cyprostat) (1)
GAHORMONE	_TYPE_EVER = Dutasteride (sometimes called: Avodart)
	Dutasteride (sometimes called: Avodart) (2)
GAHORMONE	_TYPE_EVER = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)
CALIOPMONE	Depo leuprolide or leuprolide acetate (sometimes called: Lupron) (3)
	TYPE_EVER = Depo (Injection) provera (sometimes called: "Depo" or
acetate) (` *
GAHURMONE	_TYPE_EVER = Estrogen (any type in any formulation such as: gel, injection, patch, pill)
	Estrogen (any type in any formulation such as: gel, injection, patch, pill) (5)
GAHORMONE	_TYPE_EVER = Estradiol valerate (a specific type of estrogen)
	Estradiol valerate (a specific type of estrogen) (6)
GAHORMONE	_TYPE_EVER = Estradiol cypionate (a specific type of estrogen)
	Estradiol cypionate (a specific type of estrogen) (7)
GAHORMONE	_TYPE_EVER = Finasteride (sometimes called: Proscar or Propecia)
GAHORMONE	Finasteride (sometimes called: Proscar or Propecia) (8) E_TYPE_EVER = Histarelin acetate (sometimes called: Vantas or Supprelin)
OAITONWONE,	
GAHORMONE	Histarelin acetate (sometimes called: Vantas or Supprelin) (9) E_TYPE_EVER = Progesterone (sometimes called: progestagen or progestins)
	progeotation (semetimes ealed: progeotagement progeotime)
CAHORMONE	Progesterone (sometimes called: progestagen or progestins) (10)
GAHURIVIUNE	TYPE_EVER = Micronized progesterone (sometimes called: Prometrium or Provera)
	Micronized progesterone (sometimes called: Prometrium or Provera) (11)

GAHORMONE	_TYPE_EVER = Spironolactone (sometimes called: "Spiro" or Aldactone)
GAHORMONE	Spironolactone (sometimes called: "Spiro" or Aldactone) (12) TYPE_EVER = Testosterone (any type in any formulation such as: gel, injection, patch)
	Testosterone (any type in any formulation such as: gel, injection, patch) (13) TYPE EVER = Testosterone cypionate (a specific type of testosterone)
	Testosterone cypionate (a specific type of testosterone) (14)
<u>GAHORMONE</u>	TYPE_EVER = Testosterone enanthate (a specific type of testosterone)
	Testosterone enanthate (a specific type of testosterone) (15)
<u>GAHORMONE</u>	TYPE_EVER = Testosterone undecanoate (a specific type of testosterone)
CAHOPMONE	Testosterone undecanoate (a specific type of testosterone) (16) _TYPE_EVER = Another hormone/medication not listed here (please specify)
GAHURIMONE	_ I TPE_EVER = Another normone/medication not listed here (please specify)
	\${GAHORMONE_TYPE_EVER/ChoiceTextEntryValue/17} (17)
	⊗I am not currently taking any hormones for gender affirmation (18)
Page Break	

Display This Question:

If GAHORMONE_TYPE_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)

HOR_CYPRO_START_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)

And GAHORMONE_TYPE_NOW != Cyproterone acetate (sometimes called: CPA or Cyprostat)

HOR_CYPRO_STOP_L Please tell us when you STOPPED 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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	MONE_TYPE_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)	
And GAH(ORMONE_TYPE_NOW != Cyproterone acetate (sometimes called: CPA or Cyprostat)	
	D_STOP_Y_L Because you indicated that you are no longer taking cyproterone letimes called CPA or Cyprostat) , please tell us why you are no longer taking it. It apply.)	
	I no longer needed the hormones/medications. (1)	
	I had achieved the desired effect I wanted from the hormones/medications. (2)	
	I didn't like the effects of the hormones/medications. (3)	
(4)	I had health or medical complications as a result of the hormones/medications.	
	I was unable to access them (e.g., unable to get a prescription). (5)	
	I was unable to afford them. (6)	
	Another reason(s) (please specify) (7)	
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Display This Question:

If GAHORMONE_TYPE_EVER = Dutasteride (sometimes called: Avodart)

HOR_DUTAS_START_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Dutasteride (sometimes called: Avodart)

And GAHORMONE_TYPE_NOW != Dutasteride (sometimes called: Avodart)

HOR_DUTAS_STOP_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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	MONE_TYPE_EVER = Dutasteride (sometimes called: Avodart)			
And GAH	ORMONE_TYPE_NOW != Dutasteride (sometimes called: Avodart)			
	S_STOP_Y_L Because you indicated that you are no longer taking dutasteride called: Avodart) , please tell us why you are no longer taking it. (Check all that			
	I no longer needed the hormones/medications. (1)			
	I had achieved the desired effect I wanted from the hormones/medications. (2)			
	I didn't like the effects of the hormones/medications. (3)			
(4)	I had health or medical complications as a result of the hormones/medications.			
	I was unable to access them (e.g., unable to get a prescription). (5)			
	I was unable to afford them. (6)			
	Another reason(s) (please specify) (7)			
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Display This Question:

If GAHORMONE_TYPE_EVER = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)

HOR_LUPRO_START_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)

And GAHORMONE_TYPE_NOW != Depo leuprolide or leuprolide acetate (sometimes called:
Lupron)

HOR_LUPRO_STOP_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Lupron)	
leuprolide o	O_STOP_Y_L Because you indicated that you are no longer taking depo r leuprolide acetate (sometimes called: Lupron), please tell us why you are no it. (Check all that apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)

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Display This Question:

If GAHORMONE_TYPE_EVER = Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)

(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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

HOR_DEPO_START_L Please tell us when you STARTED taking depo (injection) provera

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Display This Question:

If GAHORMONE_TYPE_EVER = Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)

And GAHORMONE_TYPE_NOW != Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)

HOR_DEPO_STOP_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Q	uestion:
If GAHOR	MONE_TYPE_EVER = Depo (Injection) provera (sometimes called: "Depo" or sterone acetate)
And GAH	ORMONE_TYPE_NOW != Depo (Injection) provera (sometimes called: "Depo" or sterone acetate)
provera (son	_STOP_Y_L Because you indicated that you are no longer taking depo (Injection) netimes called: "Depo" or medroxyprogesterone acetate), please tell us why nger taking it. (Check all that apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)

Page Break ———

Display This Question:

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

HOR_ESTRO_START_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

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

And GAHORMONE_TYPE_NOW != Estrogen (any type in any formulation such as: gel, injection, patch, pill)

HOR_ESTRO_STOP_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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☐ I don't know/remember ~ 1993 (401) ☐ I don't know/remember ~ 1992 or earlier (402) ☐ I don't know/remember ~ I don't know/remember (403) ☐ I don't know/remember ~ I don't know/remember (403) ☐ I don't know/remember ~ I don't know/remember (403) ☐ I don't know/remember ~ I don't know/remember (403) ☐ I don't know/remember ~ I don't know/remember (403) ☐ And GAHORMONE_TYPE_EVER = Estrogen (any type in any formulation such as: gel, injection, patch, pill) ☐ And GAHORMONE_TYPE_NOW != Estrogen (any type in any formulation such as: gel, injection, patch, pill), 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)	O I don	○ I don't know/remember ~ 1995 (399)							
I don't know/remember ~ 1992 or earlier (402) I don't know/remember ~ I don't know/remember (403) Display This Question: If GAHORMONE_TYPE_EVER = Estrogen (any type in any formulation such as: gel, injection, pately) And GAHORMONE_TYPE_NOW != Estrogen (any type in any formulation such as: gel, injection, patch, pill) HOR_ESTRO_STOP_Y_L 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. I was unable to access them (e.g., unable to get a prescription). (5)	O I don	O I don't know/remember ~ 1994 (400)							
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	(4)	I had health or medical complications as a result of the hormones/medications.							
I was unable to afford them. (6)		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)		Another reason(s) (please specify) (7)							

Page Break ———

Display This Question:

If GAHORMONE_TYPE_EVER = Estradiol valerate (a specific type of estrogen)

HOR_EVALE_START_L 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)				
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Display This Question:

If GAHORMONE_TYPE_EVER = Estradiol valerate (a specific type of estrogen)

And GAHORMONE_TYPE_NOW != Estradiol valerate (a specific type of estrogen)

HOR_EVALE_STOP_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Q	uestion:		
	MONE_TYPE_EVER = Estradiol valerate (a specific type of estrogen)		
And GAH(ORMONE_TYPE_NOW != Estradiol valerate (a specific type of estrogen)		
	_STOP_Y_L Because you indicated that you are no longer taking estradiol pecific type of estrogen) , please tell us why you are no longer taking it. (Check)		
	I no longer needed the hormones/medications. (1)		
	I had achieved the desired effect I wanted from the hormones/medications. (2)		
	I didn't like the effects of the hormones/medications. (3)		
(4)	I had health or medical complications as a result of the hormones/medications.		
	I was unable to access them (e.g., unable to get a prescription). (5)		
	I was unable to afford them. (6)		
	Another reason(s) (please specify) (7)		
Page Break			

Display This Question:

If GAHORMONE_TYPE_EVER = Estradiol cypionate (a specific type of estrogen)

HOR_ECYPI_START_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Estradiol cypionate (a specific type of estrogen)

And GAHORMONE_TYPE_NOW != Estradiol cypionate (a specific type of estrogen)

HOR_ECYPI_STOP_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Qu	uestion:
If GAHORI	MONE_TYPE_EVER = Estradiol cypionate (a specific type of estrogen)
And GAHC	DRMONE_TYPE_NOW != Estradiol cypionate (a specific type of estrogen)
	_STOP_Y_L Because you indicated that you are no longer taking estradiol specific type of estrogen) , please tell us why you are no longer taking it. (Check
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)
Page Break	

Display This Question:

If GAHORMONE_TYPE_EVER = Finasteride (sometimes called: Proscar or Propecia)

HOR_FINAS_START_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Finasteride (sometimes called: Proscar or Propecia)

And GAHORMONE_TYPE_NOW != Finasteride (sometimes called: Proscar or Propecia)

HOR_FINAS_STOP_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18)

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Display This Qu	uestion:
If GAHORI	MONE_TYPE_EVER = Finasteride (sometimes called: Proscar or Propecia)
And GAHC	DRMONE_TYPE_NOW != Finasteride (sometimes called: Proscar or Propecia)
	STOP_Y_L Because you indicated that you are no longer taking finasteride called: Proscar or Propecia) , please tell us why you are no longer taking it. t apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)
Page Break	

Display This Question:

If GAHORMONE_TYPE_EVER = Histarelin acetate (sometimes called: Vantas or Supprelin)

(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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

HOR_HISTA_START_L Please tell us when you STARTED taking histarelin acetate

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I don't know/remember ~ I don't know/remember (403)

Display This Question:

If GAHORMONE_TYPE_EVER = Histarelin acetate (sometimes called: Vantas or Supprelin)

And GAHORMONE_TYPE_NOW != Histarelin acetate (sometimes called: Vantas or Supprelin)

(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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

HOR_HISTA_STOP_L Please tell us when you STOPPED taking histarelin acetate

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Display This Qu	uestion:
	MONE_TYPE_EVER = Histarelin acetate (sometimes called: Vantas or Supprelin)
And GAHC	DRMONE_TYPE_NOW != Histarelin acetate (sometimes called: Vantas or Supprelin)
	STOP_Y_L Because you indicated that you are no longer taking histarelin etimes called: Vantas or Supprelin) , please tell us why you are no longer taking hat apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)
Page Break	

Display This Question:

If GAHORMONE_TYPE_EVER = Progesterone (sometimes called: progestagen or progestins)

HOR_PROGE_START_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Progesterone (sometimes called: progestagen or progestins)

And GAHORMONE_TYPE_NOW != Progesterone (sometimes called: progestagen or progestins)

HOR_PROGE_STOP_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Q	uestion:
	MONE_TYPE_EVER = Progesterone (sometimes called: progestagen or progestins)
And GAH(DRMONE_TYPE_NOW != Progesterone (sometimes called: progestagen or progestins)
	E_STOP_Y_L Because you indicated that you are no longer taking progesterone called: progestagen or progestins), please tell us why you are no longer taking hat apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)
Page Break	

Display This Question:

If GAHORMONE_TYPE_EVER = Micronized progesterone (sometimes called: Prometrium or Provera)

(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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

HOR_MICRO_START_L Please tell us when you STARTED taking micronized progesterone

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Display This Question:

If GAHORMONE_TYPE_EVER = Micronized progesterone (sometimes called: Prometrium or Provera)

And GAHORMONE_TYPE_NOW != Micronized progesterone (sometimes called: Prometrium or Provera)

HOR_MICRO_STOP_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Qu If GAHORI Provera)	MONE_TYPE_EVER = Micronized progesterone (sometimes called: Prometrium or
· ·	DRMONE_TYPE_NOW != Micronized progesterone (sometimes called: Prometrium or
progesterone	_STOP_Y_L Because you indicated that you are no longer taking micronized e (sometimes called: Prometrium or Provera), please tell us why you are no it. (Check all that apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)

Page Break ———

Display This Question:

If GAHORMONE_TYPE_EVER = Spironolactone (sometimes called: "Spiro" or Aldactone)

HOR_SPIRO_START_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Spironolactone (sometimes called: "Spiro" or Aldactone)

And GAHORMONE_TYPE_NOW != Spironolactone (sometimes called: "Spiro" or Aldactone)

HOR_SPIRO_STOP_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Q	uestion:		
If GAHORI	MONE_TYPE_EVER = Spironolactone (sometimes called: "Spiro" or Aldactone)		
And GAHC	DRMONE_TYPE_NOW != Spironolactone (sometimes called: "Spiro" or Aldactone)		
	_STOP_Y_L Because you indicated that you are no longer taking spironolactone called: "Spiro" or Aldactone), please tell us why you are no longer taking it. t apply.)		
	I no longer needed the hormones/medications. (1)		
	I had achieved the desired effect I wanted from the hormones/medications. (2)		
	I didn't like the effects of the hormones/medications. (3)		
(4)	I had health or medical complications as a result of the hormones/medications.		
	I was unable to access them (e.g., unable to get a prescription). (5)		
	I was unable to afford them. (6)		
	Another reason(s) (please specify) (7)		
Page Break			

Display This Question:

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

HOR_TEST_START_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

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

And GAHORMONE_TYPE_NOW != Testosterone (any type in any formulation such as: gel, injection, patch)

HOR_TEST_STOP_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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	uestion: MONE_TYPE_EVER = Testosterone (any type in any formulation such as: gel, injection,
patch) And GAH(injection, patch	ORMONE_TYPE_NOW != Testosterone (any type in any formulation such as: gel,
(any type in	STOP_Y_L Because you indicated that you are no longer taking testosterone any formulation such as: gel, injection, patch), please tell us why you are no it. (Check all that apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)

Page Break ———

Display This Question:

If GAHORMONE_TYPE_EVER = Testosterone cypionate (a specific type of testosterone)

HOR_TCYPI_START_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Testosterone cypionate (a specific type of testosterone)

And GAHORMONE_TYPE_NOW != Testosterone cypionate (a specific type of testosterone)

HOR_TCYPI_STOP_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Q	uestion:
	MONE_TYPE_EVER = Testosterone cypionate (a specific type of testosterone)
And GAH	ORMONE_TYPE_NOW != Testosterone cypionate (a specific type of testosterone)
testosterone	_STOP_Y_L Because you indicated that you are no longer taking cypionate (a specific type of testosterone), please tell us why you are no it. (Check all that apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)
Page Break	

Display This Question:

If GAHORMONE_TYPE_EVER = Testosterone enanthate (a specific type of testosterone)

HOR_TENAN_START_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Testosterone enanthate (a specific type of testosterone)

And GAHORMONE_TYPE_NOW != Testosterone enanthate (a specific type of testosterone)

HOR_TENAN_STOP_L 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) O January (1) January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Qu	uestion:
	MONE_TYPE_EVER = Testosterone enanthate (a specific type of testosterone)
And GAHC	DRMONE_TYPE_NOW != Testosterone enanthate (a specific type of testosterone)
testosterone	I_STOP_Y_L Because you indicated that you are no longer taking enanthate (a specific type of testosterone), please tell us why you are no it. (Check all that apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)
Page Break	

Display This Question:

If GAHORMONE_TYPE_EVER = Testosterone undecanoate (a specific type of testosterone)

HOR_TUNDE_START_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Testosterone undecanoate (a specific type of testosterone)

And GAHORMONE_TYPE_NOW != Testosterone undecanoate (a specific type of testosterone)

HOR_TUNDE_STOP_L 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) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) O January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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If GAHOR	MONE_TYPE_EVER = Testosterone undecanoate (a specific type of testosterone)
And GAH(DRMONE_TYPE_NOW != Testosterone undecanoate (a specific type of testosterone)
testosterone	S_STOP_Y_L Because you indicated that you are no longer taking undecanoate (a specific type of testosterone), please tell us why you are no it. (Check all that apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)
Page Break	

Display This Question:

If GAHORMONE_TYPE_EVER = Another hormone/medication not listed here (please specify)

taking \${GAHORMONE_TYPE_EVER/ChoiceTextEntryValue/17} for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.) Month (1) Year (2) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) January ~ 2011 (11) O January ~ 2010 (12) January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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Display This Question:

If GAHORMONE_TYPE_EVER = Another hormone/medication not listed here (please specify)

And GAHORMONE_TYPE_NOW != \$\{q://QID2025/ChoiceTextEntryValue/17\}

\${GAHORMONE_TYPE_EVER/ChoiceTextEntryValue/17} for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.) Month (1) Year (2) O January (1) O January ~ 2020 (2) O January ~ 2019 (3) O January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) O January ~ 2015 (7) O January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) January ~ 2011 (11) O January ~ 2010 (12) January ~ 2009 (13) O January ~ 2008 (14) O January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) O January ~ 2003 (19)

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O December ~ 1992 or earlier (371)
O December ~ I don't know/remember (372)
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O I don't	know/remember ~ 1993 (401)
O I don't	know/remember ~ 1992 or earlier (402)
O I don't	know/remember ~ I don't know/remember (403)
Display This Q	uestion:
	MONE_TYPE_EVER = Another hormone/medication not listed here (please specify) ORMONE_TYPE_NOW != \${q://QID2025/ChoiceTextEntryValue/17}
\${GAHORMO	R_STOP_Y_L Because you indicated that you are no longer taking DNE_TYPE_EVER/ChoiceTextEntryValue/17}, please tell us why you are no it. (Check all that apply.)
	I no longer needed the hormones/medications. (1)
	I had achieved the desired effect I wanted from the hormones/medications. (2)
	I didn't like the effects of the hormones/medications. (3)
(4)	I had health or medical complications as a result of the hormones/medications.
	I was unable to access them (e.g., unable to get a prescription). (5)
	I was unable to afford them. (6)
	Another reason(s) (please specify) (7)
Page Break	
- 5	

GAS_L Have	you had any gender-amming or transition-related surgenes or procedures:
may have ente	question and the ones that follow about procedures may seem to repeat what you ered in "My Health," getting the most up-to-date information will make sure that we the survey for you.
O Yes (1)
O No (2))
Display This Qu If GAS_L =	
	NECK_L Have you EVER had any of the following gender-affirming or transitionies or procedures that involve your head or neck? (Check all that apply.)
	Brow lift (1)
	Chin augmentation (genioplasty) (2)
	Forehead reconstruction/contouring (3)
	Jaw bone revision (mandible contouring) (4)
	Lip lift (5)
	Nose reconstruction (rhinoplasty) (6)
	Scalp advancement (7)
	Tracheal shave (reduction thyrochondroplasty) (8)
	Vocal cord/voice surgery (9)
	None of these (10)

Display This Q	uestion:
If GAS_L =	= Yes
	_L Have you EVER had any of the following gender-affirming or transition-related procedures that involve your chest? (Check all that apply.)
	Breast augmentation (1)
	Breast/chest reduction (reduction mammoplasty) (2)
incision")	Top surgery/chest reconstruction/mastectomy (scars under the chest, "double (3)
"periareol	Top surgery/chest reconstruction/mastectomy (keyhole, through the areola, ar") (4)
	None of these (5)
Display This Q	uestion:
If GAS L =	

	orocedures that involve your abdomen or pelvis? (Check all that apply.)
	Creation of a new vagina using colon graft (vaginoplasty, colon graft) (1)
	Creation of a new vagina using penile tissue (vaginoplasty, penile inversion) (2)
	Creation of new labia without creation of new vagina (labiaplasty) (3)
	Creation of new scrotum (scrotoplasty) (4)
	Fallopian tube removal (salpingectomy) (5)
	Meta/meto or clitoral release (metoidioplasty) (6)
	Ovary removal (oophorectomy) (7)
	Penile implant insertion (8)
	Phallo/creation of a new penis (phalloplasty) (9)
	Removal of penis (penectomy) (10)
	Removal of testes (orchiectomy) (11)
	Removal of vaginal tissue (vaginectomy) (12)
	Testicular implant insertion (13)
	Uterus removal with cervix retained (supracervical hysterectomy) (14)
	Uterus removal with cervix removed (total hysterectomy) (15)
	None of these (0)

Display	This	Questio	n.
If C	10	1 - Voo	

ADDGAS_L Please list up to five additional gender-affirming surgeries/procedures that you have **EVER** had. (One surgery/procedure per line.) If no additional surgeries/procedures, please click next.

O Gender-affirming surgery/procedure 1 (1)	
O Gender-affirming surgery/procedure 2 (2)	
O Gender-affirming surgery/procedure 3 (3)	
O Gender-affirming surgery/procedure 4 (4)	
Gender-affirming surgery/procedure 5 (5)	
Page Break ————————————————————————————————————	

ORGAN_INTRO The next set of questions mentions body organs. We are asking these questions to get a comprehensive look at your health. We know that people refer to their organs differently, and we have tried to use the medical terms as well as commonly used non-medical terms. We know that this will not accurately reflect the diversity of our communities, but we hope it gets us closer to some critical health understanding.				
X→				
ORGANS_BORN_L 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.)				
	Servix (you likely have/had this if you were assigned female sex at birth) (1)			
	Ovaries (2)			
Р	Penis/Phallus (not including a prosthetic) (3)			
P	Prostate (you likely have/had this if you were assigned male sex at birth) (4)			
Т	esticles (5)			
	Iterus/Womb (6)			
V	agina/Frontal genital opening (7)			
X→				
ORGANS_BRE	ASTS_L Have you EVER had breasts or breast tissue?			
O Yes (1)				
O No (0)				
O I don't kr	O I don't know (88)			

Page Break			

ORGANS_NO Which of the f	DW_L following organs do you have now? (Check all that apply.)	
	Breasts or breast tissue (1)	
	Cervix (you likely have this if you have a uterus or womb) (2)	
	Ovaries (3)	
	Penis/Phallus (not including a prosthetic) (4)	
	Prostate (you likely have this if you were assigned male sex at birth) (5)	
	Testicles (6)	
	Uterus/Womb (7)	
	Vagina/Frontal genital opening (8)	
Display This Q	uestion:	
If ORGAN	S_NOW_L = Vagina/Frontal genital opening	
X→		
VAGINA_BRANCH_L 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.		
O Please use the term "vagina." (1)		
O Please use the term "frontal genital opening." (2)		
Page Break		

Q592 Cancer Screening
Display This Question: If ORGANS_BORN_L = Prostate (you likely have/had this if you were assigned male sex at birth) Or ORGANS_NOW_L = Prostate (you likely have this if you were assigned male sex at birth)
PSA_EVER Have you EVER had a PSA test? A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.
○ Yes (1)
O No (0)
O I don't know (88)
Display This Question: If PSA_EVER = Yes X+
PSA_SUGGEST Who first suggested the PSA test?
O I did (0)
My health care provider did (1)
O Someone else (2)
O I don't know (88)
Display This Question:
If ORGANS_BORN_L = Prostate (you likely have/had this if you were assigned male sex at birth) Or ORGANS_NOW_L = Prostate (you likely have this if you were assigned male sex at birth)
$X \rightarrow$

the PSA test?
○ Yes (1)
○ No (0)
O I don't know (88)
Display This Question:
If PSA_EVER = Yes
$X \rightarrow$
PSA_LAST How long has it been since your last PSA test?
O A year ago or less (0)
O More than 1 year but not more than 2 years ago (1)
O More than 2 years but not more than 3 years ago (2)
O More than 3 years but not more than 5 years ago (3)
Over 5 years ago (4)
○ I don't know (88)
Display This Question:
If ORGANS_BREASTS_L = Yes

tissue is squeezed between two firm surfaces to obtain X-rays/pictures of the breast/chest tissue.
○ Yes (1)
O No (0)
O I don't know (88)
Display This Question:
If MAMMO_EVER_L = Yes
X÷
MAMMO_LAST How long has it been since your last mammogram?
O A year ago or less (0)
O More than 1 year but not more than 2 years ago (1)
O More than 2 years but not more than 3 years ago (2)
O More than 3 years but not more than 5 years ago (3)
Over 5 years ago (4)
O I don't know (88)
Display This Question:
If MAMMO_EVER_L = Yes
MAMMO_ABNL_L Have you EVER had a mammogram where the results were NOT normal?
O Yes (1)
O No (0)
O I don't know (88)

Page Break			_

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Display This Question:
    If ORGANS_BORN_L = Cervix (you likely have/had this if you were assigned female sex at birth)
    Or ORGANS BORN L = Ovaries
    Or ORGANS_BORN_L = Uterus/Womb
    Or ORGANS_BORN_L = Vagina/Frontal genital opening
    Or ORGANS_NOW_L = Cervix (you likely have this if you have a uterus or womb)
    Or ORGANS NOW L = Ovaries
    Or ORGANS NOW L = Uterus/Womb
And If
   VAGINA BRANCH L != Please use the term "frontal genital opening."
PAP_EVER_V Have you EVER had a Pap smear or Pap test? (A Pap smear or Pap test is a
routine test in which a health care provider places an instrument inside the vagina, 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)
    O No (0)
    O I don't know (88)
Display This Question:
    If ORGANS_BORN_L = Cervix (you likely have/had this if you were assigned female sex at birth)
    Or ORGANS BORN L = Ovaries
    Or ORGANS BORN L = Uterus/Womb
    Or ORGANS_BORN_L = Vagina/Frontal genital opening
    Or ORGANS_NOW_L = Cervix (you likely have this if you have a uterus or womb)
    Or ORGANS_NOW_L = Ovaries
    Or ORGANS NOW L = Uterus/Womb
And If
```

 χ

PAP_EVER_FGO Have you **EVER** had a Pap smear or Pap test? (A Pap smear or Pap test is a routine test in which a health care provider places an instrument inside the frontal genital

VAGINA BRANCH L = Please use the term "frontal genital opening."

look for abnormal or cancer cells.)	0
O Yes (1)	
O No (0)	
O I don't know (88)	
Display This Quarties	
Display This Question: If PAP_EVER_V = Yes	
X→ X→	
PAP_LAST How long has it been since your last Pap smear or Pap test?	
○ A year ago or less (0)	
O More than 1 year but not more than 2 years ago (1)	
O More than 2 years but not more than 3 years ago (2)	
O More than 3 years but not more than 5 years ago (3)	
Over 5 years ago (4)	
O I don't know (88)	
Display This Question: If PAP_EVER_V = No	
X÷	

I do not have a reason or I never thought about it (0) I did not know I needed this type of test (1) My health care provider told me I did not need it (2) I have not had any problems (3) I put it off or I did not get around to it (4) O It was too expensive or I have no insurance (5) It was too painful, unpleasant, or embarrassing (6) I do not have a cervix or I have had a hysterectomy (7) I do not have a provider (8) I had an HPV vaccine (9) O I am under the age of 21 (10) O I don't know (11) Display This Question: If PAP_LAST = Over 5 years ago And If ORGANS_NOW_L = Cervix (you likely have this if you have a uterus or womb) Or ORGANS_NOW_L = Ovaries Or ORGANS NOW L = Uterus/Womb And If SURGHX_L != Uterus removal with cervix removed (total hysterectomy)

NEVERPAP_WHY What is the **most important reason** you have NEVER had a Pap test?

X→

LAST 5 YEARS?
O I do not have a reason or I never thought about it (0)
I did not know I needed this type of test (1)
My health care provider told me I did not need it (2)
I was told I could stop screening or I am over the age of 65 (12)
O I have not had any problems (3)
I put it off or I did not get around to it (4)
It was too expensive or I have no insurance (5)
It was too painful, unpleasant, or embarrassing (6)
I do not have a cervix or I have had a hysterectomy (7)
O I do not have a provider (8)
O I had an HPV vaccine (9)
O I don't know (10)
Display This Question: If PAP_EVER_V = Yes
X+
PAP_ABNL Have you EVER had a Pap test where the results were NOT normal?
○ Yes (1)
O No (0)
O I don't know (88)

NOPAP5YR_WHY What is the **most important reason** you have NOT had a Pap test in the

Display This Question: If PAP ABNL = Yes PAP_RECENTABNL Was your most recent Pap test NOT normal? O Yes (1) O No (0) O I don't know (88) Display This Question: If ORGANS_NOW_L = Cervix (you likely have this if you have a uterus or womb) Or ORGANS_NOW_L = Ovaries Or ORGANS NOW L = Uterus/Womb HPV_HEARD Have you EVER heard of HPV? HPV stands for human papillomavirus. Some types of HPV increase risk for cervical or anal cancer while others do not. O Yes (1) O No (0) O I don't know (88) Display This Question: If HPV_HEARD = Yes And PAP_EVER_V = Yes

Have you EVER had an HPV test with along with your cervical Pap test?
○ Yes (1)
O No (0)
O I don't know (88)
Display This Question:
If HPV_EVER = Yes
$X \rightarrow$
HPV_ABNL Have you EVER had a HPV test where the results were positive (meaning you were positive for HPV virus)?
○ Yes (1)
O No (0)
O I don't know (88)
Page Break



COLON_TEST_L 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 or another health care provider checks only part of the colon and you are fully awake. For a colonoscopy, the doctor or another health care provider checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home. Before a sigmoidoscopy or colonoscopy, you are asked to take a medication that causes diarrhea.

Have you EV	YER 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 Q	uestion:
If COLON	_TEST_L = Blood stool test (FIT test)

χ→

FII_LAST How long has it been since your last blood stool test (FIT test)?
O A year ago or less (0)
O More than 1 year but not more than 2 years ago (1)
O More than 2 years but not more than 3 years ago (2)
O More than 3 years but not more than 5 years ago (3)
O More than 5 years ago but not more than 10 years (4)
Over 10 years ago (5)
O I don't know (88)
Display This Question: If COLON_TEST_L = Blood stool test (FIT test)
$X \rightarrow$
FIT_ABNL_L Have you EVER had a blood stool test (FIT) where the results were NOT normal?
○ Yes (1)
O No (2)
O I don't know (88)
Display This Question:
If COLON_TEST_L = Sigmoidoscopy

SIG_LAST How long has it been since your last sigmoidoscopy?
O A year ago or less (0)
O More than 1 year but not more than 2 years ago (1)
O More than 2 years but not more than 3 years ago (2)
O More than 3 years but not more than 5 years ago (3)
O More than 5 years ago but not more than 10 years (4)
Over 10 years ago (5)
O I don't know (88)
Display This Question: If COLON_TEST_L = Sigmoidoscopy
$X \rightarrow$
SIG_ABNL_L Have you EVER had a sigmoidoscopy where the results were NOT normal?
○ Yes (1)
O No (2)
O I don't know (88)
Display This Question:
If COLON_TEST_L = Colonoscopy

COLO_LAST How long has it been since your last colonoscopy?
O A year ago or less (0)
O More than 1 year but not more than 2 years ago (1)
O More than 2 years but not more than 3 years ago (2)
O More than 3 years but not more than 5 years ago (3)
O More than 5 years ago but not more than 10 years (4)
Over 10 years ago (5)
O I don't know (88)
Display This Question: If COLON_TEST_L = Colonoscopy
$X \rightarrow$
COL_ABNL_L Have you EVER had a colonoscopy where the results were NOT normal?
○ Yes (1)
O No (2)
O I don't know (88)

	_SCREEN_L Have you EVER had any of the following tests as an evaluation for cancer? (Check all that apply.)
inserts the	Digital anal rectal exam (an examination where a doctor or health care provider ir finger into your anus (butt) (1)
HPV) (2)	Anal HPV test (a routine test with a swab that tests for human papillomavirus,
from the a	Anal Pap smear (a routine test in which a health care provider takes a few cells nus (butt) using a swab to look for abnormal or cancer cells) (3)
anus/butt)	High-Resolution Anoscopy (HRA) (an exam with a microscope of the rectum and (4)
	I don't know (5)
	None of these (6)
	iestion: CTCA_SCREEN_L = Digital anal rectal exam (an examination where a doctor or health serts their finger into your anus (butt)
X→	
_	REEN_DRE_L ER had a digital anal/rectal examination test where the results were NOT normal?
O Yes (1	
O No (0)	
O I don't	know (88)
Display This Qu	uestion:
If ANOREC papillomavirus,	CTCA_SCREEN_L = Anal HPV test (a routine test with a swab that tests for human HPV)

ANOREC_SCREEN_HPV_L Have you EVER had an anal HPV test where the results were NOT normal?
○ Yes (1)
O No (0)
O I don't know (88)
Display This Question: If ANORECTCA_SCREEN_L = Anal Pap smear (a routine test in which a health care provider takes a few cells from the anus (butt) using a swab to look for abnormal or cancer cells)
$X \rightarrow$
ANOREC_SCREEN_PAP_L Have you EVER had an anal Pap test where the results were NOT normal?
○ Yes (1)
O No (0)
O I don't know (88)
Display This Question:
If ANORECTCA_SCREEN_L = High-Resolution Anoscopy (HRA) (an exam with a microscope of the rectum and anus/butt)
$\chi_{ o}$
ANOREC_SCREEN_HRA_L Have you EVER had a high-resolution anoscopy (HRA) test where the results were NOT normal?
○ Yes (1)
O No (0)
O I don't know (88)



develop a certain health condition, such as specific cancers or heart problems?
○ Yes (1)
O No (0)
O I don't know (88)
Page Break

Q424 Oral Health

Now we will ask you about your oral health.
$X \rightarrow$
DENT_VISIT_L About how long has it been since you last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.
O 6 months or less (0)
O More than 6 months, but not more than 1 year ago (1)
O More than 1 year, but not more than 2 years ago (2)
O More than 2 years, but not more than 3 years ago (3)
O More than 3 years, but not more than 5 years ago (4)
O More than 5 years ago (5)
O Never have been to dentist (6)
Page Break ————————————————————————————————————

Q708 Vaccinations
$\chi_{ ightarrow}$
HPVSHOT Have you EVER received an HPV shot or vaccine? HPV stands for human papillomavirus. The vaccines are sometimes called CERVARIX® or GARDASIL®. The HPV vaccine is given as a three-dose series routinely to people from age 9-45. It was released in 2006.
○ Yes (1)
O No (0)
O Doctor or another health care provider refused to give it to me when I asked for it (2)
O I don't know (88)
Display This Overtion
Display This Question: If HPVSHOT = Yes
$X \rightarrow$
HPVQUANT How many HPV vaccine shots did you have?
One (1)
○ Two (2)
O Three (3)
O I don't know (88)
$X \rightarrow$

and has only been available since 1995. Have you EVER received the hepatitis A vaccine?
○ Yes (1)
O No (0)
O I don't know (88)
X \Rightarrow
HBV Have you EVER received the hepatitis B vaccine? This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.
○ Yes (1)
O No (0)
O I don't know (88)
X
PNEUMO Have you EVER had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.
○ Yes (1)
○ No (0)
O I don't know (88)
X

HAV The hepatitis A vaccine is given as a two-dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot,

person's lifetime if you are HIV-negative. If you are living with HIV, it is usually given every five years. It is also called the meningococcal vaccine.
○ Yes (1)
O No (0)
O I don't know (88)
X÷
SHINGLES Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you EVER had the Zoster or Shingles vaccine, also called Zostavax®?
○ Yes (1)
O No (0)
O I don't know (88)
Page Break ————————————————————————————————————

MENING Have you EVER had a meningitis shot? This shot is given only once or twice in a

INTRO_SH Sexual Health and Activities

MASTURBAT sexual pleasu	E_EVER Have you EVER masturbated? Masturbation is touching yourself for re.
O Yes (1)
○ No (2	
X→	
SEX_EVER H	lave you EVER engaged in any kind of sexual activity with another person?
O Yes (1)
○ No (0	
Display This Q	
	NA_BRANCH_L != Please use the term "frontal genital opening."
X→	
	ER_V Have you EVER performed digital penetration (also called "fingering")? This g your fingers into someone's vagina or someone's anus or butt. (Check all that
	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_EVER = Yes
And VAGINA_BRANCH_L = Please use the term "frontal genital opening."
X→
FINGER_EVER_FGO Have you EVER performed digital penetration (also called "fingering")? This means putting your fingers into someone's frontal genital opening or someone's anus or butt. (Check all that apply.)
Yes, I have had contact between my finger(s) and someone's frontal genital opening (1)
Yes, I have had contact between my finger(s) and someone's anus or butt (2)
□ ⊗No (0)
Display This Question:
If SEX_EVER = Yes
X→
RIM_EVER Have you EVER performed oral-anal sex (also called "rimming")? This means contact between your mouth and someone's anus or butt.
○ Yes (1)
O No (0)
Display This Question:
If SEX_EVER = Yes
χ_{\rightarrow}

	ER Have you EVER used sex toys (such as dildos, butt plugs) with a sexual ck all that apply.)
	Yes, I inserted the sex toy into someone's body (1)
	Yes, I received the sex toy into my body (2)
	⊗ No (0)
Display This Qu If SEX_EV	
# 3E/_E	
	EVER Have you EVER performed oral sex? This means putting your mouth on n's genitals. (Check all that apply.)
	Yes, on a person with a penis/phallus (not including a prosthetic) (1)
	Yes, on a person with a vagina/frontal genital opening (2)
	⊗ No (0)
Display This Qu If SEX_EV	
X→	
ORAL_GET_E on your genita	EVER Have you EVER received oral sex? This means someone put their mouth als.
O Yes (1	
O No (0)	

```
Display This Question:
    If SEX_EVER = Yes
    And ORGANS_NOW_L = Vagina/Frontal genital opening
   And VAGINA BRANCH L != Please use the term "frontal genital opening."
VAG2VAG_V_L Have you EVER had sex where your vagina is touching another person's
vagina?
   O Yes (1)
    O No (0)
Display This Question:
   If SEX EVER = Yes
   And ORGANS_NOW_L = Vagina/Frontal genital opening
   And VAGINA BRANCH L = Please use the term "frontal genital opening."
VAG2VAG_FGO_L Have you EVER had sex where your frontal genital opening is touching
another person's frontal genital opening?
   O Yes (1)
    O No (0)
Display This Question:
    If SEX_EVER = Yes
   And ORGANS_NOW_L = Penis/Phallus (not including a prosthetic)
   And VAGINA_BRANCH_L != Please use the term "frontal genital opening."
```

VAGSEX_PEN_V_L Have you EVER had <u>insertive</u> vaginal sex? This means putting your penis/phallus (not including a prosthetic) in someone's vagina.
○ Yes (1)
O No (0)
Display This Question:
If SEX_EVER = Yes
And ORGANS_NOW_L = Penis/Phallus (not including a prosthetic)
And VAGINA_BRANCH_L = Please use the term "frontal genital opening."
$X \rightarrow$
VAGSEX_PEN_FGO_L Have you EVER had <u>insertive</u> frontal genital opening sex? This means putting your penis/phallus (not including a prosthetic) in someone's frontal genital opening.
○ Yes (1)
○ No (0)
Display This Question: If SEX_EVER = Yes
Display This Question:
Display This Question: If SEX_EVER = Yes
Display This Question: If SEX_EVER = Yes And ORGANS_NOW_L = Vagina/Frontal genital opening
Display This Question: If SEX_EVER = Yes And ORGANS_NOW_L = Vagina/Frontal genital opening
Display This Question: If SEX_EVER = Yes And ORGANS_NOW_L = Vagina/Frontal genital opening And VAGINA_BRANCH_L!= Please use the term "frontal genital opening." X→ VAGSEX_VAG_L Have you EVER had receptive vaginal sex? This means a penis/phallus (not
Display This Question: If SEX_EVER = Yes And ORGANS_NOW_L = Vagina/Frontal genital opening And VAGINA_BRANCH_L != Please use the term "frontal genital opening." X+ VAGSEX_VAG_L Have you EVER had receptive vaginal sex? This means a penis/phallus (not including a prosthetic) in your vagina.

Display This Question: If SEX EVER = Yes And ORGANS_NOW_L = Vagina/Frontal genital opening And VAGINA BRANCH L = Please use the term "frontal genital opening." VAGSEX_FGO_L Have you EVER had receptive frontal genital opening sex? This means a penis/phallus (not including a prosthetic) in your frontal genital opening. Yes (1) O No (0) Display This Question: If SEX EVER = Yes And ORGANS_NOW_L = Penis/Phallus (not including a prosthetic) ANAL_PEN_EVER Have you **EVER** had anal sex? (Check all that apply.) Yes, I have had contact between my penis/phallus (not including a prosthetic) and someone's anus or butt (also known as insertive anal sex or "topping") (1) Yes, I have had contact between someone's penis/phallus (not including a prosthetic) and my anus or butt (also known as receptive anal sex or "bottoming") (2) No (0) Display This Question: If SEX_EVER = Yes And ORGANS_NOW_L != Penis/Phallus (not including a prosthetic)

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Have you EVER had receptive anal sex? This means contact between a penis/phallus (not including a prosthetic) and your anus or butt.
○ Yes (1)
O No (0)
Display This Question:
If SEX_EVER = Yes
And VAGINA_BRANCH_L != Please use the term "frontal genital opening."
*
DEBUT_V_L How old were you the first time you had any kind of sex with another person including vaginal, oral, and anal? (Do not include masturbation.)
Display This Question:
If SEX_EVER = Yes
And VAGINA_BRANCH_L = Please use the term "frontal genital opening."
*
DEBUT_FGO_L How old were you the first time you had any kind of sex with another person including frontal genital opening, oral, and anal? (Do not include masturbation.)
Display This Question: If SEX_EVER = Yes
*
SEXPART_LIFE In your LIFETIME , with how many different people have you had any kind of sex? (Please enter whole numbers only. If you are unsure, please estimate as best you can.)

Display	This	Questi	on:
If S	EX_I	EVER :	= Yes



	R_GENDER_LI In your LIFETIME , what are the gender identities of the people any sexual activity with? (Check all that apply.)
	Cisgender man (identifies as a man and was assigned male sex at birth) (1)
(2)	Cisgender woman (identifies as a woman and was assigned female sex at birth)
	Transgender man (identifies as a man and was assigned female sex at birth) (3)
(4)	Transgender woman (identifies as a woman and was assigned male sex at birth)
female se	Genderqueer/non-binary/gender non-conforming individual(s) who were assigned at birth (5)
male sex	Genderqueer/non-binary/gender non-conforming individual(s) who were assigned at birth (6)
	People of gender(s) not mentioned here (please specify) (7)
	I don't know (88)
	Opecline to state (0)
Page Break	

Display This Question:
If MEDHX2_L != HIV
χ_{\Rightarrow}
HIVTEST_EVER Except for tests that you may have had as part of blood donations, have you EVER been tested for HIV?
○ Yes (1)
O No (0)
O I don't know (88)
X→
PEP_EVER Regardless of your current HIV status, have you EVER taken anti-HIV medications (post-exposure prophylaxis or "PEP") after potentially being exposed to HIV?
○ Yes (1)
O No (0)
$X \rightarrow$
PREP_EVER PrEP (pre-exposure prophylaxis) is when HIV-negative people take anti-HIV medications (like Truvada) on a regular basis to prevent HIV infection.
Regardless of your current HIV status, have you EVER been on PrEP to prevent HIV infection?
○ Yes (1)
O No (0)

STDS_EVER Has a doctor (Check all tha	or other health care professional EVER told you that you had any of the following?	
	Chlamydia (1)	
	Genital herpes (2)	
	Genital warts (3)	
	Gonorrhea, sometimes called 'GC' or the 'clap' (4)	
	HPV or human papillomavirus (5)	
	Syphilis (6)	
	None of these (0)	
Dianley This O	ugation:	
Display This Q	uestion. S_BORN_L = Cervix (you likely have/had this if you were assigned female sex at birth)	
Or ORGANS_BORN_L = Ovaries		
Or ORGANS_BORN_L = Uterus/Womb		
Or ORGANS_BORN_L = Vagina/Frontal genital opening		
Or ORGANS_NOW_L = Cervix (you likely have this if you have a uterus or womb)		
Or ORGANS_NOW_L = Ovaries		
Or ORGAI	NS_NOW_L = Uterus/Womb	
X→		
	ave you EVER been treated for an infection in your fallopian tubes, uterus or called a pelvic infection, pelvic inflammatory disease, or PID?	
O Yes (1)	
O No (0)		

O I don't know (88)

Page Break ———

Q725 Reproductive History

```
Display This Question:
   If SAAB_L = Male
    Or ORGANS_NOW_L = Penis/Phallus (not including a prosthetic)
    Or ORGANS_NOW_L = Prostate (you likely have this if you were assigned male sex at birth)
   Or ORGANS NOW L = Testicles
PREG_SPERM_L
Has your sperm (also known as semen, cum, nut, ejaculate) EVER resulted in a pregnancy?
   O Yes (1)
   O No (0)
   O I don't know (88)
Display This Question:
    If PREG SPERM L = Yes
*
PREG_SPERM_QUANT_L How many pregnancies? (If you are unsure, please estimate.)
Display This Question:
   If ORGANS_BORN_L = Uterus/Womb
   Or ORGANS_BORN_L = Ovaries
    Or ORGANS_BORN_L = Cervix (you likely have/had this if you were assigned female sex at birth)
   Or ORGANS_BORN_L = Vagina/Frontal genital opening
```

MENSES_EVER Have you EVER had a menstrual period?
○ Yes (1)
O No (0)
O I don't know (88)
Display This Question:
If MENSES_EVER = Yes
*
MENSES_START How old were you when your menstrual period <u>started</u> ? (Please enter "88" if you don't know.)
Display This Question: If MENSES_EVER = Yes
$X \rightarrow$
MENSES_YEAR_L 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)
O No (0)
O I don't know (88)
Display This Question:
If MENSES YEAR $L = No$

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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 MENSE	ES_NOYEAR_L = Menopause/change of life	
*		
MENSES_LAST_L About how old were you when you had your last menstrual period? (Please enter "88" if you don't know.)		
Page Break		

```
Display This Question:

If ORGANS_BORN_L = Cervix (you likely have/had this if you were assigned female sex at birth)

Or ORGANS_BORN_L = Ovaries

Or ORGANS_BORN_L = Uterus/Womb

Or ORGANS_BORN_L = Vagina/Frontal genital opening

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

Or ORGANS_NOW_L = Ovaries

Or ORGANS_NOW_L = Uterus/Womb
```

PREG_INTRO The next questions are about pregnancy planning and your pregnancy history, if applicable.

Display This Question:

If ORGANS_BORN_L = Cervix (you likely have/had this if you were assigned female sex at birth)

Or ORGANS_BORN_L = Ovaries

Or ORGANS_BORN_L = Uterus/Womb

Or ORGANS_BORN_L = Vagina/Frontal genital opening

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

Or ORGANS_NOW_L = Ovaries

Or ORGANS NOW L = Uterus/Womb



PREG_EVER Have you **EVER** been pregnant? Please include any current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies, and abortions.

Yes (1)

O No (0)

O I don't know (88)

```
Display This Question:
    If PREG EVER = Yes
And If
    ORGANS_NOW_L = Cervix (you likely have this if you have a uterus or womb)
    Or ORGANS_NOW_L = Ovaries
    Or ORGANS_NOW_L = Uterus/Womb
And If
   MEDHX3_L != Menopause
   And MENSES_NOYEAR_L != Menopause/change of life
   And MENSES_NOYEAR_L != Hysterectomy (removal of the uterus)
    And SURGHX_L != Uterus removal with cervix retained (supracervical hysterectomy)
   And SURGHX L != Uterus removal with cervix removed (total hysterectomy)
PREG_NOW_L Are you pregnant now?
    Yes (1)
    O No (0)
   O I don't know (88)
Display This Question:
    If PREG EVER = Yes
PREG_TIMES_L How many times have you been pregnant? (Please count all your
pregnancies including current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies,
and abortions.) (Please enter "88" if you don't know.)
Display This Question:
   If PREG EVER = Yes
```

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PREG_DEL_L Did any of your pregnancies result in a delivery?
○ Yes (1)
O No (0)
Display This Question:
If PREG_DEL_L = Yes
LIVE_BIRTH_L How many of your deliveries resulted in a live birth? (Please count the number of deliveries [for example, twins count as 1 delivery].) (Please enter "88" if you don't know.)
Display This Question:
If PREG_DEL_L = Yes
And VAGINA_BRANCH_L != Please use the term "frontal genital opening."
*
VAG_DEL_V_L How many vaginal deliveries have you had? (Please count the number of deliveries [for example, twins count as 1 delivery] and please include stillbirths and live births.) (Please enter "88" if you don't know.)
Display This Question:
If PREG_DEL_L = Yes
And VAGINA_BRANCH_L = Please use the term "frontal genital opening."
*
VAG_DEL_FGO_L How many frontal genital opening deliveries have you had? (Please count the number of deliveries [for example, twins count as 1 delivery] and please include stillbirths and live births.) (Please enter "88" if you don't know.)

Display This Question:
If PREG_DEL_L = Yes
*
CES_DEL_L How many cesarean deliveries, also known as C-sections, have you had? (Please
count the number of deliveries [for example, twins count as 1 delivery] and please include
stillbirths and live births.) (Please enter "88" if you don't know.)
Display This Question:
If PREG_EVER = Yes
*
PREG_TUBAL_L How many tubal pregnancies have you had? (A tubal pregnancy also known
as an 'ectopic pregnancy' is a pregnancy that occurs in the fallopian tube.) (Please enter "88" if
you don't know.)
Display This Question:
If PREG_EVER = Yes
TITINEO_EVEN = 163
*
PREG_MISC_L How many miscarriages have you had? (A miscarriage is a pregnancy that
ends naturally during the first 20 weeks of pregnancy.) (Please enter "88" if you don't know.)
indication of the state of the
Display This Question:
If PREG_EVER = Yes
*
PREG_ABORT_L How many abortions have you had? (An abortion is a pregnancy that is
ended during the first 6 months using medications, D&C, vacuum extraction, suction, and saline
injections.) (Please enter "88" if you don't know.)

Display This Question:

If PREG_EVER = Yes



PREG_DEBUT_L How old were you when you became pregnant with your first pregnancy? (Please enter "88" if you don't know.)

Display This Question:

If If How many of your deliveries resulted in a live birth? (Please count the number of deliveries [for... Text Response Is Greater Than or Equal to 1

PREG_LB_FIRST_L Please tell us the month and year of your FIRST live birth. Month (1) Year (2)
O January (1)
O January ~ 2020 (2)
O January ~ 2019 (3)
O January ~ 2018 (4)
O January ~ 2017 (5)
O January ~ 2016 (6)
O January ~ 2015 (7)
○ January ~ 2014 (8)
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O January ~ 1993 (29)
O January ~ 1992 or earlier (30)
O January ~ I don't know/remember (31)
O February (32)
O February ~ 2020 (33)
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O February ~ 1993 (60)
February ~ 1992 or earlier (61)
○ February ~ I don't know/remember (62)

○ March (63)		
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O I don't know/remember ~ 1992 or earlier (402)
O I don't know/remember ~ I don't know/remember (403)

Display This Question:

If If How many of your deliveries resulted in a live birth? (Please count the number of deliveries [for... Text Response Is Greater Than or Equal to 2

PREG_LB_LAST_L Please tell us the month and year of your MOST RECENT live birth. Month (1) Year (2)		
	O January (1)	
	O January ~ 2020 (2)	
	O January ~ 2019 (3)	
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O January ~ I don't know/remember (31)
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○ I don't know/remember ~ 1992 or earlier (402)
○ I don't know/remember ~ I don't know/remember (403)
Display This Question:
If ORGANS_BORN_L = Cervix (you likely have/had this if you were assigned female sex at birth)
Or ORGANS_BORN_L = Ovaries
Or ORGANS_BORN_L = Uterus/Womb
Or ORGANS_BORN_L = Vagina/Frontal genital opening
Or ORGANS_NOW_L = Cervix (you likely have this if you have a uterus or womb)
Or ORGANS_NOW_L = Ovaries
Or ORGANS_NOW_L = Uterus/Womb
χ_{\Rightarrow}
PREG_ATTEMPT_L Have you EVER attempted to become pregnant over a period of at least a year without becoming pregnant?
○ Yes (1)
O No (0)
O I don't know (88)

```
Display This Question:
   If ORGANS_BORN_L = Cervix (you likely have/had this if you were assigned female sex at birth)
   Or ORGANS_BORN_L = Ovaries
   Or ORGANS_BORN_L = Uterus/Womb
   Or ORGANS_BORN_L = Vagina/Frontal genital opening
   Or ORGANS_NOW_L = Cervix (you likely have this if you have a uterus or womb)
   Or ORGANS_NOW_L = Ovaries
   Or ORGANS NOW L = Uterus/Womb
PREG_RX_L Have you EVER been to a doctor or other health care provider because you have
been unable to become pregnant?
```

```
Display This Question:
    If ORGANS_NOW_L = Cervix (you likely have this if you have a uterus or womb)
    Or ORGANS_NOW_L = Ovaries
    Or ORGANS_NOW_L = Uterus/Womb
And If
    MEDHX3_L != Menopause
   And MENSES_NOYEAR_L != Menopause/change of life
   And MENSES_NOYEAR_L != Hysterectomy (removal of the uterus)
    And SURGHX_L != Uterus removal with cervix retained (supracervical hysterectomy)
   And SURGHX_L != Uterus removal with cervix removed (total hysterectomy)
```

O Yes (1)

O No (0)

O I don't know (88)

FIXEG_FEAN_E Are you personally planning to be pregnant in the next year:
○ Yes (1)
O No (0)
O I don't know (88)
Page Break ————————————————————————————————————

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_L = Cervix (you likely have/had this if you were assigned female sex at birth)

Or ORGANS_BORN_L = Ovaries

Or ORGANS_BORN_L = Uterus/Womb

Or ORGANS_BORN_L = Vagina/Frontal genital opening

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

Or ORGANS_NOW_L = Ovaries

Or ORGANS_NOW_L = Uterus/Womb

X=

BIRTHCONTROL_EVER Have you EVER used any type of method for birth control (prevention of pregnancy)?

Yes (1)

No (0)

I don't know (88)

Display This Question:

If BIRTHCONTROL_EVER = Yes

used for prevention of pregnancy. (Check all that apply.) Abstinence (no sex with a person who produces sperm that could result in pregnancy) (1) Condoms (2) Diaphragm (3) Arm implant (4) Injection (5) Intrauterine Device (IUD) -- Copper -- has no hormones (6) Intrauterine Device (IUD) -- "Mirena," "Skyla," or "Liletta" -- has hormones (7) Intrauterine Device (IUD) -- I'm not sure what type (8) Menopause (9) Pill (10) Rhythm method (11) Spermicide (12) Sponge (13) Surgical (permanent) sterilization (e.g., tubal ligation, "tubes tied") (14) Surgical (permanent) sterilization of your partner (e.g., vasectomy) (15) Patch/transdermal (16) Vaginal ring (17)

BIRTHCONTROL_HOW_EVR Please select the method(s) of birth control you have EVER

	Withdrawal (18)
	Another method not listed here (please specify) (19)
	None of these (20)
Page Break	



BIRTHCTRL_EV_NONCON Have you **EVER** used any birth control method(s) for ANY reason OTHER THAN prevention of pregnancy?

O Yes (1)

O No (0)

O I don't know (88)

Display This Question:

If BIRTHCTRL_EV_NONCON = Yes



	REASONS What are the reasons that you have EVER used birth control (OTHER ncy prevention)? (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, a from cramping, heavy bleeding (sometimes referred to as pre-menstrual 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 Qu	
If BIRTHC	TRL_EV_NONCON = Yes

BIRCTRL_HOW_NONCON_L Please select the birth control method(s) you have EVER used for <u>any</u> reason OTHER THAN prevention of pregnancy? (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 ring (17)

	Withdrawal (18)
	Another method not listed here (please specify) (19)
	None of these (0)
Page Break	

Display This Question:
If ORGANS_BREASTS_L = Yes
Or ORGANS_NOW_L = Breasts or breast tissue
χ_{\Rightarrow}
BREASTFED_L Have you EVER breast/chest fed a child?
○ Yes (1)
O No (0)
Display This Question:
If BREASTFED_L = Yes
X÷
BREASTFED_WHO_L Were the children that you breast/chest fed born as a result of?
O My own pregnancy and delivery (1)
O Another person's pregnancy and delivery (2)
O 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 ————————————————————————————————————

Q754 Sex Work
χ_{\Rightarrow}
SEXWORK_L Have you EVER engaged in sex or sexual activity in exchange for money (sex work) or worked in the sex industry (such as erotic dancing, webcam work, or porn films)?
○ Yes (1)
O No (0)
Display This Question:
If SEXWORK_L = Yes
$X \rightarrow X \rightarrow$

SEXWORK_TYPE_L What type of sex work or work in the sex industry have you EVER done? (Check all that apply.)					
	Street-based sex work (1)				
	Sex work advertised online (2)				
	Sex work advertised in magazines or newspapers (3)				
network, c	Informal sex work through word of mouth, occasional hookups with dates in my 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)				
χ÷					
SEXWORK_SLEEP_L Have you EVER engaged in sex or sexual activity in exchange for a place to sleep ?					
O Yes (1)				
O No (0)					

SEXWORK_DRUGS_L Have you EVER engaged in sex or sexual activity in exchange for drugs ?
○ Yes (1)
O No (0)
χ_{\rightarrow}
SEXWORK_FOOD_L Have you EVER engaged in sex or sexual activity in exchange for food ?
○ Yes (1)
O No (0)

Page Break ————



appearance or performance? (Check all that apply.)			
	Anabolic Steroids (1)		
	Protein supplements (such as whey protein, protein shakes, protein bars) (2)		
others (3)	Creatine supplements (including creatine monohydrate, creatine ethyl ester, and		
clenbutero	Synthetic muscle enhancers (such as testosterone replacement therapy, I, human growth hormone) (4)		
spironolact	Diuretics/water pills (such as furosemide (Lasix, hydrochlorothiazide, tone, and others) (5)		
	Note that the second of the second		
Diamber This Or			
Display This Qu If SUPP = A	Anabolic Steroids		
SUPP_WHY_S	STEROIDS I use anabolic steroids primarily for		
OPerform	nance (including athletic performance) (1)		
O Appear	rance (2)		
O Both pe	erformance and appearance (3)		
O Neither	performance or appearance (4)		
Display This Qu	estion:		
	Anabolic Steroids		

SUPP_FREQ_STEROIDS In the PAST 28 DAYS , I have used anabolic steroids for approximately:		
O No days (0)		
O 1-5 days (1)		
O 6-12 days (2)		
O 13-15 days (3)		
O 16-22 days (4)		
O 23-27 days (5)		
O Every day (6)		
Display This Question:		
If SUPP = Protein supplements (such as whey protein, protein shakes, protein bars)		
SUPP_WHY_PROTEIN I use the protein supplements (such as whey protein, protein shakes, protein bars) primarily for		
O Performance (including athletic performance) (1)		
O Appearance (2)		
O Both performance and appearance (3)		
O Neither performance or appearance (4)		
Display This Question:		
Display This Question: If SUPP = Protein supplements (such as whey protein, protein shakes, protein bars)		

whey protein, protein shakes, protein bars) for approximately:		
O No days (0)		
O 1-5 days (1)		
O 6-12 days (2)		
O 13-15 days (3)		
O 16-22 days (4)		
O 23-27 days (5)		
O Every day (6)		
Display This Question: If SUPP = Creatine supplements (including creatine monohydrate, creatine ethyl ester, and others		
SUPP_WHY_CREAT I use creatine supplements (including creatine monohydrate, creatine ethyl ester, and others) primarily for		
O Performance (including athletic performance) (1)		
O Appearance (2)		
O Both performance and appearance (3)		
O Neither performance or appearance (4)		
Display This Question: If SUPP = Creatine supplements (including creatine monohydrate, creatine ethyl ester, and others		
χ_{\rightarrow}		

SUPP_FREQ_PROTEIN In the **PAST 28 DAYS**, I have used **protein supplements (such as**

SUPP_FREQ_CREA In the PAST 28 DAYS , I have used creatine supplements (including creatine monohydrate, creatine ethyl ester, and others) for approximately:
O No days (0)
O 1-5 days (1)
O 6-12 days (2)
O 13-15 days (3)
O 16-22 days (4)
O 23-27 days (5)
O Every day (6)
Display This Question:
If SUPP = Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone)
If SUPP = Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol,
If SUPP = Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) SUPP_WHY_SYTHN I use synthetic muscle enhancers (such as testosterone replacement
If SUPP = Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) SUPP_WHY_SYTHN I use synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) primarily for:
If SUPP = Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) SUPP_WHY_SYTHN I use synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) primarily for: O Performance (including athletic performance) (1)
If SUPP = Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) SUPP_WHY_SYTHN I use synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) primarily for: O Performance (including athletic performance) (1) O Appearance (2)
If SUPP = Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) SUPP_WHY_SYTHN I use synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) primarily for: Performance (including athletic performance) (1) Appearance (2) Both performance and appearance (3)
If SUPP = Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) SUPP_WHY_SYTHN I use synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) primarily for: Performance (including athletic performance) (1) Appearance (2) Both performance and appearance (3) Neither performance or appearance (4)

SUPP_FREQ_SYTHN In the PAST 28 DAYS , I have used synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone) for approximately:			
O No days (0)			
O 1-5 days (1)			
O 6-12 days (2)			
O 13-15 days (3)			
O 16-22 days (4)			
O 23-27 days (5)			
O Every day (6)			
Display This Question: If SUPP = Diuretics/water pills (such as furosemide (Lasix, hydrochlorothiazide, spironolactone, and others)			
SUPP_WHY_DIUR I use diuretics/water pills (such as furosemide (Lasix), hydrochlorothiazide, spironolactone, and others) primarily for			
O Performance (including athletic performance) (1)			
O Appearance (2)			
O Both performance and appearance (3)			
O Neither performance or appearance (4)			
Display This Question:			
If SUPP = Diuretics/water pills (such as furosemide (Lasix, hydrochlorothiazide, spironolactone, and others)			
Y-a			

urosemide (Lasix), hydrochlorothiazide, spironolactone, and others) for approximately:		
O No days (0)		
O 1-5 days (1)		
O 6-12 days (2)		
O 13-15 days (3)		
O 16-22 days (4)		
O 23-27 days (5)		
O Every day (6)		
PH_OUTRO You have completed the Physical Health section! This is one of 4 sections! WOOHOO - another one done! Each section you fill out 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, your military service, and future research in The PRIDE Study. 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 may pause the survey to complete later by selecting "Save and Exit" in the upper-right corner.		
ABOUTME_INTRO More About Me		
±		

SUPP_FREQ_DIUR In the **PAST 28 DAYS**, I have used **diuretics/water pills (such as**

ZIP_RAISED In what ZIP code did you spend most of your childhood (until age 18)? (If you do not remember or if it was not within the United States, please leave blank.)
Display This Question:
If If In what ZIP code did you spend most of your childhood (until age 18)? (If you do not remember or Text Response Is Empty
CITY_RAISED Please provide the city and state (and country if outside the United States) where you spent most of your childhood (until age 18).
O City (1)
O State (2)
Ocuntry (3)

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

As a reminder, your answers are confidential and cannot be used against you. You can choose to skip this question if you desire, but filling out this question will help us understand more about your health and the health of our communities. To protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. We can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings (for example, if there is a court subpoena).

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

MIL_INTRO Military Service



MIL_EVER Have you **EVER** served on <u>active duty</u> in the U.S. Armed Forces, Reserves, or National Guard?

As a reminder, your answers are confidential and cannot be used against you. You can choose to skip this question if you desire, but filling out this question will help us understand more about your health and the health of our communities. 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).

O 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)	
O Never served in the military (0)	

Display This Question:

If MIL_EVER = Now on active duty

Or MIL_EVER = Only on active duty for training in the Reserves or National Guard
Or MIL_EVER = On active duty in the past but not now



MIL_NOW_L Are you still serving in the military including Reserves and National Guard?

As a reminder, your answers are confidential and cannot be used against you. You can choose to skip this question if you desire, but filling out this question will help us understand more about your health and the health of our communities. 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).

O Yes (1)

O No (0)

Display This Question:

If MIL_EVER = Now on active duty

Or MIL_EVER = Only on active duty for training in the Reserves or National Guard

Or MIL_EVER = On active duty in the past but not now



MIL_BRANCH_L What is your current or most recent branch of service?		
O Air Force (1)		
O Air Force Reserve (2)		
O Air National Guard (3)		
O Army (4)		
O Army Reserve (5)		
O Army National Guard (6)		
Coast Guard (7)		
Coast Guard Reserve (8)		
O Marine Corps (9)		
O Marine Corps Reserve (10)		
O Navy (11)		
O Navy Reserve (12)		
Display This Question:		
If MIL_EVER = Now on active duty		
Or MIL_EVER = Only on active duty for training in the Reserves or National Guard		
Or MIL_EVER = On active duty in the past but not now		

esti Mo	START_L When did you begin your military service? (If you can't recall precisely, please imate.) nth (1) ar (2)
	O January (1)
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Di	splay This Question:

If $MIL_NOW_L = No$

MIL_END_L When did you separate from military service? (If you can't restimate.) Month (1) Year (2)	ecall precisely, please
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O I don't know/remember ~ 1993 (401)
O I don't know/remember ~ 1992 or earlier (402)
O I don't know/remember ~ I don't know/remember (403)
Display This Question:
If $MIL_NOW_L = No$
χ_{\Rightarrow}
MIL_DISCHARGE_L What was your character of discharge?
O Entry level separation (1)
O Honorable (2)
O General (3)
O Medical (4)
Other-than-honorable (5)
O Bad conduct (6)
O Dishonorable (7)
O None of these (please specify) (8)

VACARE_EVER Did you EVER get any type of health care through the Department of Veterans Affairs (VA)?	
O Yes (1)	
O No (0)	
Page Break ————————————————————————————————————	

FUTRESEARCH_INTRO Future Research in The PRIDE Study
Q678 In the future, The PRIDE Study may conduct optional research studies that involve taking certain measurements at home such as your heart rate or blood pressure. Additionally, The PRIDE Study may conduct optional research studies that include collection of biological specimens such as saliva, urine, hair samples, or blood. In order to determine if these are research studies that we should conduct, we are asking the next questions to find out which devices our participants own and what specimens they would be willing to give us for research purposes.
X \Rightarrow
SCALE Do you own a scale that can measure your weight? It does not need to be a digital scale or a "smart" scale that is connected to the Internet.
○ Yes (1)
O No (0)
O I don't know (88)
$X \rightarrow$
BPCUFF Do you own an automatic (digital) blood pressure cuff that goes around your upper arm (not your wrist)?
○ Yes (1)
O No (0)
O I don't know (88)

GLUCMETER Do you own a glucometer (a device that checks your blood sugar level using a small drop of blood obtained by a fingerstick)?
○ Yes (1)
O No (0)
O I don't know (88)
χ_{\rightarrow}
SALIVA Would you be willing to participate in research studies that request that you submit a <u>saliva</u> (spit) sample?
○ Yes (1)
O No (0)
O I don't know (88)
X÷
URINE Would you be willing to participate in research studies that request that you submit a <u>urine</u> (pee) sample?
○ Yes (1)
O No (0)
O I don't know (88)
X

HAIR Would you be willing to participate in research studies that request that you submit a hair sample?
○ Yes (1)
O No (0)
O I don't know (88)
X
BLOOD Would you be willing to participate in research studies that request that you submit a <u>blood</u> sample?
○ Yes (1)
O No (0)
O I don't know (88)
X÷
BUCCAL Would you be willing to participate in research studies that request that you submit a cheek scraping (where you gently scrape the inside of your cheek to get cells from inside your mouth)? This is also known as a buccal swab.
○ Yes (1)
O No (0)
O I don't know (88)
SPEC_COMM_FREE If you have any specific ideas or concerns that you would like to share with us about giving biological samples to The PRIDE Study, please describe them here.

X→	
DNA Have yo that apply.)	u EVER done DNA genetic testing with any of the following companies? (Check all
	23andMe (1)
	AncestryDNA (2)
	CRI Genetics (3)
	FamilyTree DNA (4)
	HomeDNA (5)
	Living DNA (6)
	MyHeritage DNA (7)
	National Geographic Genographic Project (8)
	Another company (please specify) (9)
	None of these (0)

Display This Question:	
If DNA != None of these	
And And the following companies? (Che Than or Equal to 1	Have you EVER done DNA genetic testing with any of eck all that apply.) q://QID1353/SelectedChoicesCount Is Greater
X→	
DNA_SHARE Would you be willin Study?	g to share your DNA genetic testing results with The PRIDE
O Yes (1)	
O No (0)	
O I don't know (88)	

Page Break —

 	 		

Q716 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 Lifetime Health & Experiences Questionnaire and for advancing scientific knowledge about the health of LGBTQ+ people!

In addition to our commitment to communicating findings from the study back to our community in the future, we also want to connect our participants with some resources that may be helpful to them now. Please find below a list of websites, organizations, and hotlines that may be helpful in promoting LGBTQ+ people's health, safety, and wellbeing.

- Find an LGBTQ+ center near you with Centerlink, The Community of LGBT Centers: lgbtcenters.org
- 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 LGBTQ Equality (the LGBTQ Healthcare

Association): https://glmaimpak.networkats.com/members_online_new/members/dir_provider.as

- Talk with someone 24/7 if you are in crisis or thinking of suicide: National Suicide Prevention Lifeline: 1-800-273-8255
- Talk with someone 24/7 if you need support related to being a survivor of sexual assault: National Sexual Assault Hotline: 1-800-656-4673

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

End of Block: Miscellaneous Block