# **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 recommend using Chrome. We apologize for the inconvenience.
Please advance to the next screen to start this survey.
Page Break ————————————————————————————————————

## 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 fo
LGBTQ+ communities, we use these questions so that we can make comparisons to the overal
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 th	ne survey you wish to c	ontinue.
Dago Prock			
Page Break			

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_L What is your o	- 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 What was the sex assigned to you at birth, for example on your original birth certificate?

O Female (2)

○ Male (1)

χ→

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)
X→	
INTERSEX D	o you identify as intersex?
O Yes (	1)
○ No (0	))

Display This Question:	
If INTERSEX = Yes	
INTERSEX_DEF What does being intersex mean to you?	
Page Break	



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 (For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.) (4)
Middle Eastern or North African (For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.) (5)
Native Hawaiian or other Pacific Islander (For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan, etc.) (6)
White (For example: English, European, French, German, Irish, Italian, Polish, etc.) (7)
None of these fully describe me. (please specify) (8)
Display This Question:  If RACE_ETHN = American Indian or Alaska Native <em>(For example: Aztec, Blackfeet Tribe,</em>

Mayan, Navajo Nation, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)</em>

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 <em>(For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)</em>					

RACE_ASIAN	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 rou) (10)						
Display This Q	Display This Question:						
If RACE F	THN = Black African American or African <em>/For evample: African American</em>						

Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)</em>

RACE_BLACI	K 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 ou) (12)
Display This Qu	uestion:

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

Lebanese, Moroccan, Syrian, etc.)</em>

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 ou) (11)	
Display This Qu	uestion:	

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

RACE_PI Which additional categories describe you? (Check all that apply?)		
Display This Question:		
If RACE_ETHN = White <em>(For example: English, European, French, German, Irish, Italian, Polish, etc.)</em>		

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

pei	DOX.)	
	O Ethnic and/or cultural group 1 (1)	
	O Ethnic and/or cultural group 2 (2)	
	O Ethnic and/or cultural group 3 (3)	
	O Ethnic and/or cultural group 4 (4)	
	O 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}

group: \${CULTURE/ChoiceTextEntryValue/1}
○ 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 1 Is Not Empty
CULTURE_ID1 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/1}
○ 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)
○ 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}
_ · · · · · · · · · · · · · · · · · · ·
group: \${CULTURE/ChoiceTextEntryValue/2}
group: \${CULTURE/ChoiceTextEntryValue/2}  O Strongly disagree (1)
group: \${CULTURE/ChoiceTextEntryValue/2}  Output  Strongly disagree (1)  Disagree (2)
group: \${CULTURE/ChoiceTextEntryValue/2}  Output Strongly disagree (1) Disagree (2) Neutral (3)
group: \${CULTURE/ChoiceTextEntryValue/2}  Strongly disagree (1)  Disagree (2)  Neutral (3)  Agree (4)
group: \${CULTURE/ChoiceTextEntryValue/2}  Strongly disagree (1)  Disagree (2)  Neutral (3)  Agree (4)

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)
○ 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)
○ Strongly agree (5)
Display This Overtion:
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_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)
○ 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

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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)
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_ID5 I have a strong sense of IDENTIFICATION with my ethnic/cultural group: \${CULTURE/ChoiceTextEntryValue/5}
O Strongly disagree (1)
O Disagree (2)
O Neutral (3)
O Agree (4)
O Strongly agree (5)
Page Break ————————————————————————————————————

SELFBIN_INTRO We are interested in how people may identify on other surveys that may have fewer identity options.
$X \rightarrow$
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)
Oqueer (4)
O Straight/Heterosexual (5)
O Another sexual orientation (6)

Page Break		



	I_ROM_L We would like to know more about your <b>romantic</b> feelings toward other e select all of the people you have <b>EVER</b> 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)

*X*→

	N_SEX_L We would like to know more about your <b>sexual</b> attractions to other se select all of the people you have <b>EVER</b> been attracted to: (Check all that apply.)
	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)
(3)	Cisgender women (identifies as women and were assigned female sex at birth)
(4)	Transgender women (identify as women and were assigned male sex at birth)
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 am sexually attracted to people of another gender(s) (please specify) (7)
	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

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! MENTALDX1 L Has a mental health professional or health care provider **EVER** told you that you have any of the following? (Check all that apply.) Depression (1) Bipolar Disorder (2) Any anxiety disorder (3) Generalized Anxiety Disorder (4) Post-Traumatic Stress Disorder (PTSD) (5) None of the above (6)

take about 5-10 minutes to complete.

_L Has a mental health professional or health care provider <b>EVER</b> told you that of the following? (Check all that apply.)
Agoraphobia or Panic Disorder (1)
Social Phobia or Social Anxiety Disorder (2)
Schizophrenia or a psychotic disorder or that you had a "psychotic episode" or 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 <b>EVER</b> told you that 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 by Disorder) (5)
None of the above (6)

-	L Has a mental health professional or health care provider <b>EVER</b> 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	

PROBS_INTRO Problems You May Have Had
X+
PROB_DEPRESSION_L Have you <b>EVER</b> thought that you had depression?
○ I have never had this problem (0)
○ I have had this problem (1)
X
PROB_ANXIETY_L Have you <b>EVER</b> thought that you had a problem with anxiety?
I have never had this problem (0)
○ I have had this problem (1)
X→
PROB_EATING_L Have you <b>EVER</b> 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)
X÷
PROB_ALCOHOL_L Have you <b>EVER</b> thought that you had a problem with alcohol use?
○ I have never had this problem (0)
○ I have had this problem (1)

$\chi_{\Rightarrow}$
PROB_SUBST_L Have you <b>EVER</b> thought that you had a problem with drug or substance use (other than alcohol)?
O I have never had this problem (0)
O I have had this problem (1)
$X \rightarrow$
MED_MENTAL_L Which of the following best describes your use of medications for <u>stress or mental health problems</u> ?
O 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 psychotherapy/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> <u>use problems</u> ?
I have never taken medication for this reason (0)

O I have taken medication for this reason (1)



COUNSEL_SUBST_L Which of the following best describes your use of sychotherapy/counseling for substance use problems?														
O 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 <b>EVER</b> tried cigarette smoking, even one or two puffs?
○ Yes (1)
○ No (0)
Display This Question:
If SMOKE_EVER_L = Yes
X
SMOKER_L Have you smoked at least 100 cigarettes in your <b>ENTIRE LIFE</b> ?
○ Yes (1)
○ No (0)

Page Break —

NONCIG_L Have you <b>EVI</b> apply.)	<b>ER</b> used any tobacco or nicotine products <u>other than</u> 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 product other than cigarettes (14)
	⊗I have never used any tobacco- or nicotine-containing products (0)

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Pa	ge	Br	rea	ak				_	_																															_	



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

	L1_L In the <b>PAST MONTH</b> , how much have you been bothered by the following problem: epeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?
	O Not at all (1)
	O A little bit (2)
	O Moderately (3)
	Ouite a bit (4)
	O Extremely (5)
χ÷	 
	L2_L In the <b>PAST MONTH</b> , how much have you been bothered by the following problem: eling <i>very upset when something reminded</i> you of a stressful experience from the past?
	O Not at all (1)
	O A little bit (2)
	O Moderately (3)
	O Quite a bit (4)
	O Extremely (5)
-	 I
V.	

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)	
O Quite a bit (4)	
C Extremely (5)	
X÷	
PCL4_L In the <b>PAST MONTH</b> , 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)	
A little bit (2)	
O Moderately (3)	
Ouite a bit (4)	
C Extremely (5)	

	L5_L In the <b>PAST MONTH</b> , how much have you been bothered by the following problem: eling <i>irritable</i> or having <i>angry outbursts</i> ?
	O Not at all (1)
	O A little bit (2)
	O Moderately (3)
	Quite a bit (4)
	Extremely (5)
X→	
	L6_L In the <b>PAST MONTH</b> , how much have you been bothered by the following problem: ving difficulty concentrating?
	O Not at all (1)
	○ A little bit (2)
	O Moderately (3)
	Quite a bit (4)
	Extremely (5)

Have you EVER experienced this kind of event?	
○ Yes (1)	
○ No (0)	

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.

Page Break —



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

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?
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→

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 <b>EVER</b> purposefully physically harmed or injured yourself (for example,
cutting or burning yourself)?
○ Yes (1)
O No (0)

#### 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 <b>EVER</b> 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)	
O I have attempted to kill myself, but did not want to die. (4)	
O 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.

in one sitting, you can pause the survey to complete at a later time by selecting "Save and Exit" in the upper-right corner. If you select this option, please do come back later. Completing the whole questionnaire means we have more power to advance LGBTQ+ health. Thank you for making a difference!
DIS_SELFID_L Have you <b>EVER</b> 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.
$X \rightarrow$
DIS_OMB1_L Are you deaf or do you have serious difficulty hearing?
○ Yes (1)
O No (0)
X+
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)
○ No (0)
$X \rightarrow$
DIS_OMB5_L Do you have difficulty dressing or bathing?
○ Yes (1)
O No (0)
$X \rightarrow$
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 —

$\chi_{\rightarrow}$
INCAR_EVER Have you <b>EVER</b> been held in jail, prison, or juvenile detention?
○ Yes (1)
O No (0)
X÷
HMLS_EV Have you <b>EVER</b> spent <b>any nights</b> sleeping in a shelter or public space including buildings, cars, stairwells, streets, parks, or other outside areas? Please do not include recreational camping.
○ Yes (1)
O No (0)
$\chi_{\to}$
UNSTB_EV Have you <b>EVER</b> spent <b>any nights</b> living temporarily doubled up with others, where you were in a transitional or transitory setting, or you had no fixed address?
○ Yes (1)
O No (0)
Page Break

PARENT_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 Question:

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

CHILD NAMES L We are going to ask you a question about the different people that you parent/have parented. To help you remember which person we are asking a question about, please type in the person's first name, initials, or nickname. We will use these names in the following questions. Display This Choice: If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 1 O Person 1 (1)\_\_\_\_\_ Display This Choice: If If To how many people are you/have you been a parent? This includes people who are now adults, are d... Text Response Is Greater Than or Equal to 2 O Person 2 (2)\_\_\_\_\_ Display This Choice: If If To how many people are you/have you been a parent? This includes people who are now adults. are d... Text Response Is Greater Than or Equal to 3 O Person 3 (3)\_\_\_\_\_ Display This Choice: If If To how many people are you/have you been a parent? This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 4 O Person 4 (4)\_\_\_\_\_ Display This Choice: If If To how many people are you/have you been a parent? This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 5 O Person 5 (5) \_\_\_\_\_ Display This Choice: If If To how many people are you/have you been a parent? This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 6 O Person 6 (6)\_\_\_\_\_ Display This Choice:

....

If If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 7

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

Display This Choice:

If If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 8

O Person 8 (8)
Display This Choice:
If If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 9
O Person 9 (9)
Display This Choice:
If If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 10
O Person 10 (10)
Display This Choice:
If If To how many people are you/have you been a parent? This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 11
O Person 11 (11)
Display This Choice:
If If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 12
O Person 12 (12)
Display This Choice:
If If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 13
O Person 13 (13)
Display This Choice:
If If To how many people are you/have you been a parent?This includes people who are now adults, are deceased, or are not biologically related to you. Text Response Is Greater Than or Equal to 14
O Person 14 (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 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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

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

# 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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

PARENT HOW2 L Please indicate how you became a parent

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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

Page Break		

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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

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

# 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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

PARENT HOW5 L Please indicate how you became a parent

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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

Page Break		

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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

Page Break		

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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

\_\_\_\_\_\_

### Display This Question:

If If We are going to ask you a question about the 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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

\_\_\_\_\_

### Display This Question:

If If We are going to ask you a question about the 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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

Page Break		

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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

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 (4) I provided the sperm for this child (5) I adopted this child (6) I used donor (anonymous) sperm for this child (7) I used donor (known) sperm for this child (8) I underwent a second parent adoption of my partner's biological child (9) I worked with a surrogate to carry this child (10) I worked with an egg donor to provide the egg source for this child (11) I am a step parent to this child (12) I foster parented this child (13) I became a parent through another method (please specify) (14)

Page Break		



ASD_L Has a mental health professional or health care provider <b>EVER</b> told you that you have Autism Spectrum Disorder or Asperger's Syndrome?
O 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, h

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 <b>sexual orientation</b> (the gender of people you are attracted to and engage with romantically and/or sexually), <b>gender identity</b> (the gender you identify as), <b>gender expression</b> (how you outwardly express your gender), <b>race/ethnicity</b> , <b>age</b> , <b>ability/disability status</b> , or <b>body size</b> , <b>weight</b> , <b>or shape</b> . This may be hard to know for sure. Please make your best judgment.
X÷
EVHARASS Have you <b>EVER</b> experienced harassment or name calling from strangers in public?
○ Yes (1)
O No (0)

Display This Question:

If EVHARASS = Yes



	Do you think you were targeted for this harassment or name calling from ublic 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 H	lave you <b>EVER</b> been physically attacked or deliberately injured?
O Yes (	1)
○ No (0	
Display This Q	uestion:
If EVATTA	
X→	

	Do you think you were targeted for these physical attacks or injuries due to k 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→	
EVDV Have y	ou EVER experienced physical violence from a romantic or sexual partner?
O Yes (	1)
O No (0	)
Display This Q	uestion:
If EVDV =	Yes
$X \rightarrow$	

	_	u think you were targeted for this physical violence from a romantic or sexual 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÷		
EVJ0 job?	OBDISC F	lave you <b>EVER</b> been treated unfairly at work or when applying/interviewing for a
(	O Yes (1	)
	O No (0)	
	ay This Qu	
V→	f EVJOBDI	SC = Yes

	Do you think you were targeted for this unfair treatment in employment due to 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→	
	C Have you <b>EVER</b> been treated unfairly while trying to rent an apartment or buy a unfairly evicted from your residence?
O Yes (1	)
O No (0)	
Display This Qu	
If EVHOUS	CDISC = Yes

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



	C Have you <b>EVER</b> received poorer service than other people in restaurants, businesses or agencies?
O Yes (	1)
O No (0)	
Display This Qu If EVSERV	uestion: 'DISC = Yes
X→	
EVSERVDISO	CY Do you think you were targeted for the poorer service due to your t 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)

	Have you <b>EVER</b> been treated unfairly while you were a student at school or in ational setting?
O Yes (	1)
O No (0	
Display This Qu	
II EVSCHL	DISC = Yes
	Y Do 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)

X→	
EVMED Have	you <b>EVER</b> been denied or given lower quality medical care?
O Yes (	1)
O No (0	
Display This Qu	
If EVMED	= Yes
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)

X→	
EVMENTAL H	lave you <b>EVER</b> been denied or given lower quality mental health care?
O Yes (	1)
O No (0)	
Display This Qu	
If EVMENT	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)



	ave you <b>EVER</b> experienced unfair treatment or harassment from the police or nforcement officer?
O Yes (	1)
○ No (0	)
Display This Q  If EVPOLI	
X→ X→	OL - 168
	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)

X→	
EVSA Have y	ou EVER experienced unwanted sexual contact?
O Yes (	1)
O No (0	)
Display This Quality If EVSA =	
<i>X</i> →	700
EVSAY Do yo	ou think you were targeted for this unwanted sexual contact due to your t 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 Question:	
If EVSA = Yes	
$X \rightarrow$	
AGESA How old were you when this u	nwanted sexual contact occurred? (Check all that apply.)
Child (0-12 years) (1)	
Adolescent (12-17 year	s) (2)
Adult (18+ years) (3)	
Display This Question:	
If EVSA = Yes	
LGBTQ+ people's experiences with se with sexual violence can be difficult. If	vering these questions to better our understanding of exual violence. We realize that recalling past experiences you'd like to talk with someone about these experiences, ational Sexual Assault Hotline (800-656-4673), operated twork (RAINN; rainn.org).
Page Break ————	

COMMS_INTRO 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
$X \rightarrow$
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)
O 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> ?
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
$X \rightarrow$
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)
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
$\chi_{\rightarrow}$

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)
X÷
GICONVTX_L Have you <b>EVER</b> 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 <b>FIRST</b> 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 <b>LAST</b> 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 <b>EVER</b> 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

	XPROV_L Who provided the therapy, program, or group intended to change your ntation to heterosexual/straight? (Check all that apply.)
	A licensed mental health provider (1)
	A religious group or leader (2)
	Someone or something else (please specify) (3)
Display This If SOCC	Question: DNVTX L = Yes
*	
	XAGE1 How old were you when you <b>FIRST</b> were in therapy or part of a program or ded to change your sexual orientation to heterosexual/straight?
Display This	
*	DNVTX_L = Yes
	XAGE2 How old were you when you <b>LAST</b> were in therapy or part of a program or ded to change your sexual orientation to heterosexual/straight?
Page Break	<



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.

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

#### Skip To: RELIG INTRO 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)
- O<sub>1</sub> (1)
- 0 2 (2)
- O 3+ (3)



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 (1)
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)

SES1\_PRE14 How many times did this happen to you **BEFORE AGE 14**?

# 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 (0)
O 1 (1)
O 2 (2)
O 3+ (3)
$X \rightarrow$
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 (0)
O 1 (1)
O 2 (2)
O 3+ (3)
$X \rightarrow$

# SES3\_PRE14 How many times did this happen to you **BEFORE AGE 14**?

Someone put their penis, fingers, or objects into my butt and/or vagina/frontal genital opening without my consent.
O 0 (0)
O 1 (1)
O 2 (2)
O 3+ (3)
SES4_POST14 How many times has this happened <b>SINCE AGE 14</b> ?
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)
O 1 (1)
O 2 (2)
O 3+ (3)
X÷

# 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)		
O 1 (1)		
O 2 (2)		
O 3+ (3)		
X		
RAPE_L Have you <b>EVER</b> 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; <a href="mailto:rainn.org">rainn.org</a> ).		
Page Break		

RELIG_INTRO 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)
○ 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 gender minority 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)
○ 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)

If RAISED\_REL = Yes



RELIGION_RAISED In which religion or spiritual tradition(s) were you <u>raised</u> ? (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 (25)
	Wiccan (22)
	Spiritual, but no religious affiliation (23)
	No affiliation (0)
	A religious affiliation or spiritual identity not listed above (please specify) (24)
splay This Q	uestion:
If RELIGIC	DN_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)
play This Qu If RELIGIC	uestion: DN_RAISED = Jewish

JEWISH_RAISED 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)
		uestion: DN_RAISED = Muslim
MUSL	IM_RAI	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)
		A Muslim affiliation not listed above (please specify) (4)
Page I	Break	

$\chi_{ ightarrow}$
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
$X \rightarrow$
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)
Noutral (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 sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, etc.) is your current spiritual or religious community?

Very accepting (4)

Somewhat accepting (3)

Neutral (2)

Somewhat rejecting (1)

Very rejecting (0)

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

Display This Question:

If RELIGIOUS = Yes



RELIGION W	/hat 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)
splay This Q	
If RELIGIO	DN = 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)
play This Q	
If RELIGIC	DN = Jewish

JEV	JEWISH Please 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)		
Disp	olay This Qu If RELIGIC	uestion: DN = Muslim		
MU	SLIM Plea	se 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)		
Pag	ge Break			

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

GIFEEL At about what age did you begin to <u>feel</u> that your gender was "different" from your assigned birth sex?
O 1 (1)
O 2 (2)
O 3 (3)
O 4 (4)
O 5 (5)
O 6 (6)
O 7 (7)
O 8 (8)
O 9 (9)
O 10 (10)
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- O 31 (31)
- O 32 (32)
- 33 (33)
- O 34 (34)
- O 35 (35)
- O 36 (36)
- O 37 (37)
- O 38 (38)
- O 39 (39)
- 0 40 (40)
- O 41 (41)

O 42	(42)
O 43	(43)
O 44	(44)
O 45	(45)
O 46	(46)
O 47	(47)
<b>48</b>	(48)
O 49	(49)
O 50	(50)
O 51	(51)
O 52	(52)
O 53	(53)
O 54	(54)
O 55	(55)
O 56	(56)
O 57	(57)
O 58	(58)
O 59	(59)
O 60	(60)

O 61 (61)

O 62 (62)

$\bigcirc$	63	(63)
$\bigcirc$	64	(64)
0	65	(65)
$\bigcirc$	66	(66)
$\bigcirc$	67	(67)
$\bigcirc$	68	(68)
0	69	(69)
$\bigcirc$	70	(70)
$\bigcirc$	71	(71)
$\bigcirc$	72	(72)
$\bigcirc$	73	(73)
0	74	(74)
0	75	(75)
		(76)
$\bigcirc$	76	(70)
0	76 77	(77)

O 79 (79)

080 (80)

0 81 (81)

O 82 (82)

O 83 (83)

O 84 (84)		
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O 87 (87)		
O 88 (88)		
O 89 (89)		
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O 94 (94)		
O 95 (95)		
O 96 (96)		
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.)

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)	
O 9 (9)	
O 10 (10)	
O 11 (11)	
O 12 (12)	
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- O 34 (34)
- O 35 (35)
- O 36 (36)
- O 37 (37)
- O 38 (38)
- O 39 (39)
- 0 40 (40)
- O 41 (41)

O 42	2 (42)
O 43	3 (43)
O 44	4 (44)
O 45	5 (45)
O 46	(46)
O 47	(47)
O 48	3 (48)
O 49	(49)
O 50	(50)
O 51	(51)
O 52	2 (52)
O 53	3 (53)
O 54	(54)
O 55	5 (55)
O 56	6 (56)
O 57	(57)
O 58	3 (58)
O 59	(59)
O 60	(60)

O 61 (61)

O 62 (62)

$\bigcirc$	63	(63)
$\bigcirc$	64	(64)
$\bigcirc$	65	(65)
0	66	(66)
0	67	(67)
$\bigcirc$	68	(68)
$\bigcirc$	69	(69)
$\bigcirc$	70	(70)
$\bigcirc$	71	(71)
$\bigcirc$	72	(72)
$\bigcirc$	73	(73)
$\bigcirc$	74	(74)
$\bigcirc$	75	(75)
$\bigcirc$	76	(76)
$\bigcirc$	77	(77)
$\bigcirc$	78	(78)
$\bigcirc$	79	(79)
$\bigcirc$	80	(80)

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O 82 (82)

O 83 (83)

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O 89 (89)
O 90 (90)
O 91 (91)
92 (92)
O 93 (93)
94 (94)
O 95 (95)
96 (96)
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.)



(for example: genderqueer, non-binary, questioning your gender identity, transgender) even if you did not use those words?	
I have not told others. (0)	
O 1 (1)	
O 2 (2)	
O 3 (3)	
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O 19 (19)	

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.)

that were different than or not only heterosexual/straight?			
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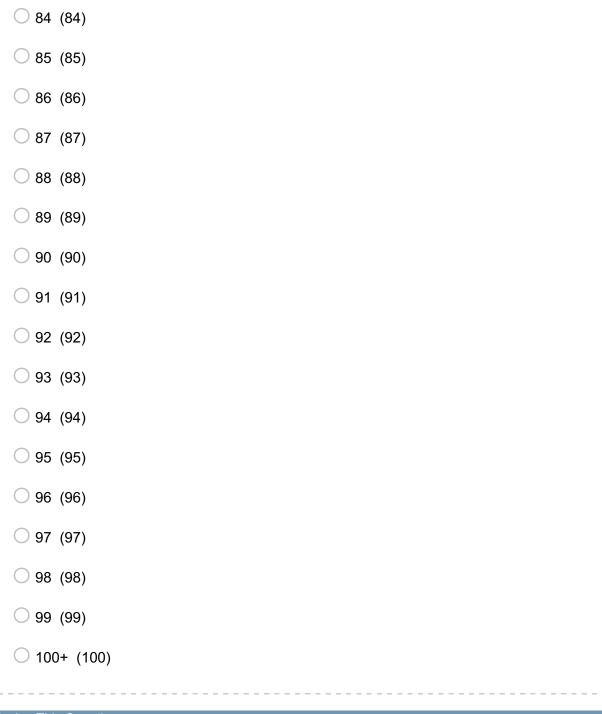
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If CYOA\_L = Sexual minority people (for example: asexual, bisexual, gay, lesbian, queer, questioning one's sexual orientation, etc.)

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



SOTELL At about what age did you start to <u>tell</u> others that you were a sexual minority person (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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O 9	(96)	
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O 9	(98)	
O 9	(99)	
O 1	0+ (100)	
Page Bre	ak ————————————————————————————————————	

people who raised you.	
RELATE_NAMES We are going to ask you questions about up to four different people who raised you (for example: parents, family members, or parental figures). To help you remember which person we are asking a question about, please type in the person's first name, initials, on nickname. We will use these names in the questions that follow.	
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

ELATE_2 H ply.)	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)
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 3 Is Not Empty

RELATE_3 He 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)

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	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

all that apply.) Display This Choice: If 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) Display This Choice: If 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) Display This Choice: If 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) Display This Choice: If 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 people ever identify as LGBTQ+ (or another sexual minority or gender minority identity)? (Check

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
$X \rightarrow$
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)
○ Somewhat accepting (3)
O Neutral (2)
○ 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)

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

O Very rejecting (0)



\${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.
$X \rightarrow$
COMMCHANGE2_GI1 Did your communication with \${RELATE_NAMES/ChoiceTextEntryValue/1} eventually get better?
○ Yes (1)
○ 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_GIT Are you still in touch with \${RELATE_NAMES/Choice rextentry value/ 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)
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
$X \rightarrow$
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_OUTGI2 = Yes
$X \rightarrow$
ACCPAST_GI2 When \${RELATE_NAMES/ChoiceTextEntryValue/2} INITIALLY LEARNED about your gender identity, how accepting were they?
O Very accepting (4)
○ Somewhat accepting (3)
O Neutral (2)
○ 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)
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 OUTGI2 = Yes



COMMCHANGE_GI2 Did your communication with \${RELATE_NAMES/ChoiceTextEntryValue/2} change after they learned about your gender identity?
◯ It got a lot better. (5)
O It got somewhat better. (4)
O It did not change. (3)
○ 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_GI2 = It got somewhat worse.
Or COMMCHANGE_GI2 = It got a lot worse.
Or COMMCHANGE GI2 = 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

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
$X \rightarrow$
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
$\chi_{\Rightarrow}$
ACCPAST_GI3 When \${RELATE_NAMES/ChoiceTextEntryValue/3} INITIALLY LEARNED about your gender identity, how accepting were they?
O Very accepting (4)
○ Somewhat accepting (3)
O Neutral (2)
○ 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)
○ 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)
○ No (0)
Display This Question:
If If We are going to ask you questions about up to four different people who raised you (for

COMMCHANGE\_GI3 Did your communication with

ESTRANGE_GIS Are you still in touch with \${RELATE_NAMES/Choice rextentry value/s}?
○ 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 gender 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
X
ACCPAST_GI4 When \${RELATE_NAMES/ChoiceTextEntryValue/4} INITIALLY LEARNED about your gender identity, how accepting were they?
O Very accepting (4)
○ 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



## 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?

○ 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 OUTGI4 = Yes

O Very rejecting (0)



\${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)
○ 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

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
$X \rightarrow$
COMMCHANGE2 SO1 Did your communication
with \${RELATE_NAMES/ChoiceTextEntryValue/1} eventually get better?
○ Yes (1)
○ 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)
○ 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

ACCNOW_SO2 In your most RECENT INTERACTIONS 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)
Overy rejecting (0)
Display This Question:  If RELATE OUTSO2 = Yes
X+
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
$\chi_{\Rightarrow}$
COMMCHANGE2 SO2 Did your communication
with \${RELATE_NAMES/ChoiceTextEntryValue/2} eventually get better?
○ Yes (1)
○ 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
$X \rightarrow$
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)
Pago Prock
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

ACCNOW_SO3 In your most RECENT INTERACTIONS with \${RELATE_NAMES/ChoiceTextEntryValue/3} (even if no longer alive), how accepting were they of your sexual orientation?
O Very accepting (4)
O Somewhat accepting (3)
O Neutral (2)
○ Somewhat rejecting (1)
Overy rejecting (0)
Display This Question:  If RELATE OUTSO3 = Yes
X+
COMMCHANGE_SO3 Did your communication with \${RELATE_NAMES/ChoiceTextEntryValue/3} 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_SO3 = It got somewhat worse.
Or COMMCHANGE_SO3 = It got a lot worse.
Or COMMCHANGE_SO3 = We stopped communicating after I came out
$X \rightarrow$
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
$X \rightarrow$
ESTRANGE_SO3 Are you still in touch with \${RELATE_NAMES/ChoiceTextEntryValue/3}?
○ Yes (1)
○ 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)
○ Somewhat accepting (3)
O Neutral (2)
○ Somewhat rejecting (1)
Overy rejecting (0)
Display This Question:
If RELATE_OUTSO4 = Yes
$\chi_{\rightarrow}$
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)

Display This Question:
If COMMCHANGE_SO4 = It got somewhat worse.
Or COMMCHANGE_SO4 = It got a lot worse.
Or COMMCHANGE_SO4 = We stopped communicating after I came out
$X \rightarrow$
COMMCHANGE2 SO4 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
X→
ESTRANGE_SO4 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 ————————————————————————————————————



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.)

I had no gender minority role models (0)
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)

 $\chi \rightarrow$ 

following groups, who were <u>sexual minority</u> (for example: asexual, bisexual, gay, lesbian, queer, 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)
Page Break	

CHILDEXPSM Think back to when you were growing up. Did you have role models, in the

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)	
O 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)	
O Strongly disagree (4)	
AUTISMQUO3 I find it easy to 'read between the lines' when someone is talking to me.	
O Strongly agree (1)	
○ Slightly agree (2)	
○ Slightly disagree (3)	
O Strongly disagree (4)	

AUTISMQUO4 I usually concentrate more on the whole picture, rather than the small details.
○ Strongly agree (1)
○ Slightly agree (2)
○ Slightly disagree (3)
○ Strongly disagree (4)
AUTISMQUO5 I know how to tell if someone listening to me is getting bored.
○ Strongly agree (1)
○ Slightly agree (2)
○ Slightly disagree (3)
○ Strongly disagree (4)
AUTISMQUO6 I find it easy to do more than one thing at once.
O 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.	
○ Strongly agree (1)	
○ Slightly agree (2)	
○ Slightly disagree (3)	
○ Strongly disagree (4)	
AUTISMQUO9 I like to collect information about categories of things (e.g., types of cars, types of birds, types of trains, types of plants, etc.)	
O Strongly agree (1)	
○ Slightly agree (2)	
○ Slightly disagree (3)	
○ Strongly disagree (4)	

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



conditions? (0	Check all that apply.)
_	list of conditions may seem to repeat what you may have filled out as part of "My rant 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)

MEDHX1\_L Has a doctor or health care provider **EVER** told you that you have the following

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 DDEACT VD in what year were you diamers doubt broads are an
CA_BREAST_YR In what year were you diagnosed with breast cancer?
Display This Question:
If CA_TYPE_L = Colon
*
CA_COLON_YR In what year were you diagnosed with colon cancer?
<del></del>
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_L = Leukemia/Lymphoma
- I O T T E_E Ecanomia Eymphoma
*

CA_LEUKEMIA_YR In what year were you diagnosed with leukemia/lymphoma?
Display This Question:  If CA_TYPE_L = Lung
*
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_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)
*
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)

Disp	lay This Question:
	If MEDHX2_L = HIV
*	
HIV	DXYR In what year were you diagnosed with HIV?
-	_
-	
X→	

MEDHX3_L Here's the last set! Has a doctor or other health care provider <b>EVER</b> 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)	
ADDMEDPROBS_L Please list up to five additional medical conditions that a doctor or other health care provider told you that you have (One condition per line). If no additional conditions, please click next.		
O Conditi	ion 1 (1)	
O Conditi	ion 2 (2)	
O Conditi	ion 3 (3)	
O Conditi	ion 4 (4)	
O Conditi	ion 5 (5)	
Page Break		

INTRO_SURG We will ask you about general surgeries and procedures here.	
$X \rightarrow$	

SURGHX_L Have you <b>EVER</b> had the following surgeries or procedures? (Check all that apply.) (Gender-affirming or transition-related surgeries and procedures are asked about later.)		
<del>-</del>	list of procedures may seem to repeat what you may have entered in "My Health," ost 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)
	None of these (16)
	is Question:
If SUF	RGHX_L = Organ transplant
SOT_L W	/hich organ(s) have you received through a transplant? (Check all that apply.)
	Heart (1)
	Lung (2)
	Liver (3)
	Pancreas (4)
	Kidney (5)
	Small intestine (6)
	Other (please specify) (7)

OTHERSURG_L Have you <b>EVER</b> had any of the following procedures for any reason (including gender affirmation)? (Check all that apply.)		
	Electrolysis (long-term hair removal) (1)	
	Fat grafting (e.g., face, hips, buttocks, breasts/chest) (2)	
	None of these (3)	
ADDSURGPROCS_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, please click next.		
O Surge	ry/procedure 1 (1)	
O Surge	O Surgery/procedure 2 (2)	
O Surge	O Surgery/procedure 3 (3)	
O Surge	O Surgery/procedure 4 (4)	
O Surge	ry/procedure 5 (5)	
Page Break		



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 <b>EVER</b> 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 -		

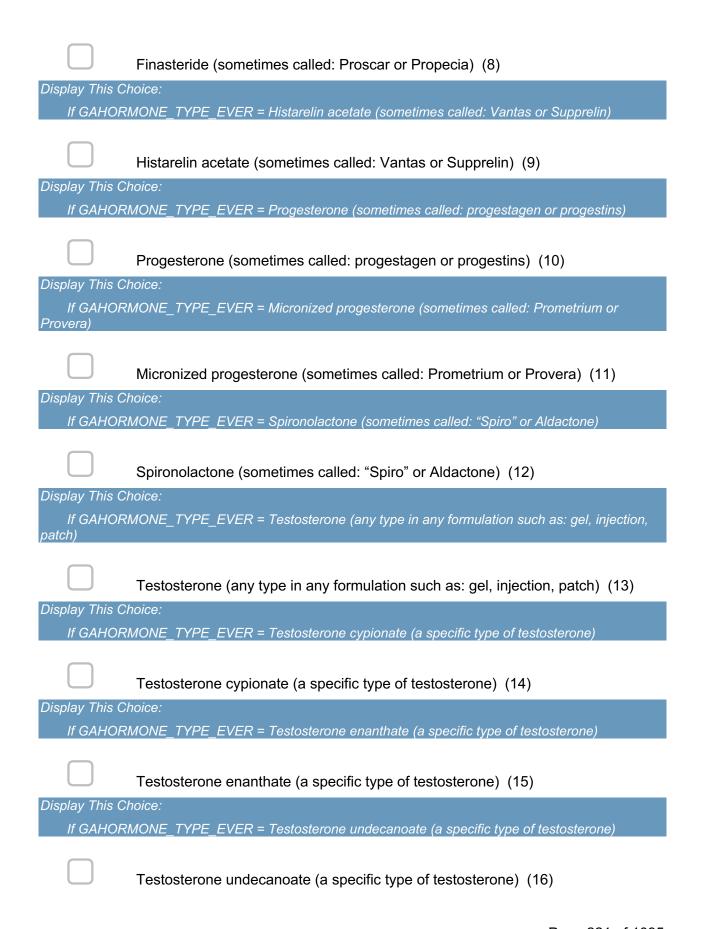
Display This Question:

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.)

Display This Choice:
If GAHORMONE_TYPE_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)
Cyproterone acetate (sometimes called: CPA or Cyprostat) (1)
Display This Choice:
If GAHORMONE_TYPE_EVER = Dutasteride (sometimes called: Avodart)
Dutasteride (sometimes called: Avodart) (2)
Display This Choice:
If GAHORMONE_TYPE_EVER = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)
Depo leuprolide or leuprolide acetate (sometimes called: Lupron) (3)
Display This Choice:
If GAHORMONE_TYPE_EVER = Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)
medioxyprogesterone acetate)
Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate) (4)
Display This Choice:
If GAHORMONE_TYPE_EVER = Estrogen (any type in any formulation such as: gel, injection, patch, pill)
Estrogen (any type in any formulation such as: gel, injection, patch, pill) (5)
Display This Choice:
If GAHORMONE_TYPE_EVER = Estradiol valerate (a specific type of estrogen)
Estradiol valerate (a specific type of estrogen) (6)
Display This Choice:
If GAHORMONE_TYPE_EVER = Estradiol cypionate (a specific type of estrogen)
Estradiol cypionate (a specific type of estrogen) (7)
Display This Choice:
If GAHORMONE TYPE EVER = Finasteride (sometimes called: Proscar or Propecia)



Display This Choice:  If GAHORMONE_TYPE_EVER = Another hormone/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) January ~ 2020 (2) January ~ 2019 (3) January ~ 2018 (4) January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) January ~ 2010 (12) O January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) January ~ 2005 (17) O January ~ 2004 (18) 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) January ~ 2020 (2) January ~ 2019 (3) January ~ 2018 (4) January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) January ~ 2010 (12) O January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) January ~ 2005 (17) O January ~ 2004 (18) January ~ 2003 (19)

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Display This Q	uestion: MONE_TYPE_EVER = Cyproterone acetate (sometimes called: CPA or Cyprostat)
	ORMONE_TYPE_NOW != Cyproterone acetate (sometimes called: CPA or Cyprostat)
_	D_STOP_Y_L Because you indicated that you are no longer taking <b>cyproterone tetimes called CPA or Cyprostat)</b> , please tell us why you are no longer taking 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) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) January ~ 2010 (12) O January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) 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) January ~ 2018 (4) O January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) January ~ 2010 (12) O January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) O January ~ 2005 (17) O January ~ 2004 (18) January ~ 2003 (19)

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Display This Qu	uestion:
	MONE_TYPE_EVER = Dutasteride (sometimes called: Avodart)
And GAHC	DRMONE_TYPE_NOW != Dutasteride (sometimes called: Avodart)
_	_STOP_Y_L Because you indicated that you are no longer taking <b>dutasteride</b> called: <b>Avodart)</b> , 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)

<b>ει</b> /ΟΙ Μα	OR_LUPRO_START_L Please tell us when you STARTED taking <b>depo leuprolide or</b> Iprolide acetate (sometimes called: Lupron) for gender affirmation or gender transition. (If u do not know the precise month and year, please estimate.)  Inth (1)  ar (2)
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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 <b>depo leuprolide or</b> 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)		
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	Question:  RMONE_TYPE_EVER = Depo leuprolide or leuprolide acetate (sometimes called: Lupron)  HORMONE_TYPE_NOW != Depo leuprolide or leuprolide acetate (sometimes called:
leuprolide o	O_STOP_Y_L Because you indicated that you are no longer taking <b>depo</b> or leuprolide acetate (sometimes called: Lupron), please tell us why you are no g 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 = Depo (Injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate)

HOR DEPO START L Please tell us when you STARTED taking depo (injection) provera (sometimes called: "Depo" or medroxyprogesterone acetate) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.) Month (1) Year (2) O January (1) January ~ 2020 (2) January ~ 2019 (3) January ~ 2018 (4) January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) January ~ 2010 (12) January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) January ~ 2005 (17) O January ~ 2004 (18) January ~ 2003 (19)

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

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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)

provera (sometimes called: "Depo" or medroxyprogesterone acetate), please tell us why you are no longer taking it. (Check all that apply.)				
	I no longer needed the hormones/medications. (1)			
	I had achieved the desired effect I wanted from the hormones/medications. (2)			
	I didn't like the effects of the hormones/medications. (3)			
(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)			
Daga Prock				
Page Break				

HOR\_DEPO\_STOP\_Y\_L Because you indicated that you are no longer taking **depo (Injection)** 

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

onger 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					

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

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 <b>estradiol valerate</b> (a <b>specific type of estrogen)</b> 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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I don't know/remember ~ I don't know/remember (403)

## 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 <b>estradiol valerate (a specific type of estrogen)</b> 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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O I don't	know/remember ~ I don't know/remember (403)
Display This Q	vaction:
	MONE TYPE EVER = Estradiol valerate (a specific type of estrogen)
	DRMONE_TYPE_NOW != Estradiol valerate (a specific type of estrogen)
	_STOP_Y_L Because you indicated that you are no longer taking <b>estradiol becific type of estrogen)</b> , 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)

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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 <b>estradiol cypionate (a specific type of estrogen)</b> 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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O I don't know/remember ~ I don't know/remember (403)

## 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 <b>estradiol cypionate</b> (a <b>specific type of estrogen)</b> 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 Qu	uestion:			
	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 <b>estradiol specific type of estrogen)</b> , 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)			
	<del>-</del>			

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Display This Question:

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

HOR_FINAS_START_L Please tell us when you STARTED taking <b>finasteride</b> (sometimes called: <b>Proscar or Propecia</b> ) 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 = 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 <b>finasteride</b> (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)		
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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 <b>finasteride</b> called: <b>Proscar or Propecia)</b> , 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)

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Display This Question:

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

HOR HISTA START L Please tell us when you STARTED taking histarelin acetate (sometimes called: Vantas or Supprelin) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.) Month (1) Year (2) O January (1) January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) January ~ 2010 (12) O January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) January ~ 2005 (17) O January ~ 2004 (18) January ~ 2003 (19)

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## Display This Question:

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

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

HOR HISTA STOP L Please tell us when you STOPPED taking histarelin acetate (sometimes called: Vantas or Supprelin) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.) Month (1) Year (2) O January (1) January ~ 2020 (2) O January ~ 2019 (3) January ~ 2018 (4) January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) January ~ 2010 (12) O January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) January ~ 2005 (17) O January ~ 2004 (18) January ~ 2003 (19)

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O I don't	know/remember ~ I don't know/remember (403)
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 <b>histarelin etimes called: Vantas or Supprelin)</b> , 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)

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

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Display This Q	uestion: MONE_TYPE_EVER = Progesterone (sometimes called: progestagen or progestins)
	ORMONE_TYPE_NOW != Progesterone (sometimes called: progestagen or progestins)
_	E_STOP_Y_L Because you indicated that you are no longer taking <b>progesterone</b> called: progestagen or progestins), please tell us why you are no longer taking 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 = Micronized progesterone (sometimes called: Prometrium or Provera)

HOR MICRO START L Please tell us when you STARTED taking micronized progesterone (sometimes called: Prometrium or Provera) for gender affirmation or gender transition. (If you do not know the precise month and year, please estimate.) Month (1) Year (2) O January (1) January ~ 2020 (2) January ~ 2019 (3) January ~ 2018 (4) January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) January ~ 2010 (12) January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) January ~ 2005 (17) O January ~ 2004 (18) January ~ 2003 (19)

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

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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)

<b>progesterone (sometimes called: Prometrium or Provera)</b> , please tell us why you are no longer taking it. (Check all that apply.)					
	I no longer needed the hormones/medications. (1)				
	I had achieved the desired effect I wanted from the hormones/medications. (2)				
	I didn't like the effects of the hormones/medications. (3)				
(4)	I had health or medical complications as a result of the hormones/medications.				
	I was unable to access them (e.g., unable to get a prescription). (5)				
	I was unable to afford them. (6)				
	Another reason(s) (please specify) (7)				
Page Break					

HOR\_MICRO\_STOP\_Y\_L Because you indicated that you are no longer taking **micronized** 

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) January ~ 2019 (3) January ~ 2018 (4) January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) January ~ 2010 (12) O January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) January ~ 2005 (17) O January ~ 2004 (18) 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 <b>spironolactone (sometime called: "Spiro" or Aldactone)</b> 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 Qu	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 <b>spironolactone</b> 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)

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Display This Question:

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

an yo Mo	OR_TEST_START_L Please tell us when you STARTED taking <b>testosterone (any type in y formulation such as: gel, injection, patch)</b> for gender affirmation or gender transition. (If u do not know the precise month and year, please estimate.) onth (1) ear (2)
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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 <b>testosterone (any type in any formulation such as: gel, injection, patch)</b> for gender affirmation or gender transition. (lyou 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 = 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_Y_L Because you indicated that you are no longer taking <b>testosterone</b> (any type in any formulation such as: gel, injection, patch), please tell us why you are no longer taking it. (Check all that apply.)					
	I no longer needed the hormones/medications. (1)				
	I had achieved the desired effect I wanted from the hormones/medications. (2)				
	I didn't like the effects of the hormones/medications. (3)				
(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)				
Paga Prock					
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) January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) O January ~ 2010 (12) January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) January ~ 2005 (17) O January ~ 2004 (18) 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) January ~ 2017 (5) January ~ 2016 (6) January ~ 2015 (7) January ~ 2014 (8) O January ~ 2013 (9) O January ~ 2012 (10) O January ~ 2011 (11) January ~ 2010 (12) O January ~ 2009 (13) January ~ 2008 (14) January ~ 2007 (15) O January ~ 2006 (16) January ~ 2005 (17) O January ~ 2004 (18) January ~ 2003 (19)

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Display This Q	uestion.
	MONE_TYPE_EVER = Testosterone cypionate (a specific type of testosterone)
	DRMONE 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)

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Display This Question:

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

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

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

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Display This Qu	restion:
	MONE_TYPE_EVER = Testosterone enanthate (a specific type of testosterone)
	DRMONE_TYPE_NOW != Testosterone enanthate (a specific type of testosterone)
testosterone	_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)

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

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Display This Q	uestion: MONE_TYPE_EVER = Testosterone undecanoate (a specific type of testosterone)
	DRMONE_TYPE_NOW != Testosterone undecanoate (a specific type of testosterone)
7 lila G7 li 10	STANIONE_THENOW. Testestorene unuceanoute (a spesime type of testestorene)
testosterone	E_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)

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Display This Question:

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

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

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

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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)						
Diaplay This O	uestien					
Display This Q If GAHOR	MONE_TYPE_EVER = Another hormone/medication not listed here (please specify)					
	DRMONE_TYPE_NOW != \${q://QID2025/ChoiceTextEntryValue/17}					
\${GAHORMO	R_STOP_Y_L Because you indicated that you are no longer taking  ONE_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)					

	$\sim$	-	101	~ ·	1/

GAS_L Have you had any gender-affirming or transition-related surgeries or procedures?
Although this question and the ones that follow about procedures may seem to repeat what you may have entered in "My Health," getting the most up-to-date information will make sure that we can customize the survey for you.
○ Yes (1)
O No (2)
Display This Question:

If GAS\_L = Yes

	NECK_L Have you <b>EVER</b> 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 =	

<del></del>	_L Have you <b>EVER</b> 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	
	= Yes
X→	

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

Display This Question:		
Diopiay Tino Queenem		
If GAS L = Yes		
11 OAO_L - 163		

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)	
○ Gender-affirming surgery/procedure 3 (3)	
Gender-affirming surgery/procedure 4 (4)	
○ Gender-affirming surgery/procedure 5 (5)	
Page Break ————————————————————————————————————	

questions to g differently, an terms. We kn	RO The next set of questions mentions body organs. We are asking these get a comprehensive look at your health. We know that people refer to their organs at we have tried to use the medical terms as well as commonly used non-medical ow that this will not accurately reflect the diversity of our communities, but we hope ser to some critical health understanding.
X→	
know what or physical anat	ORN_L To understand your health and customize this survey for you, we need to gans you were born with. People have a wide range of language or terms for their omy (not all of which are listed here). Which of the following organs were you heck all that apply.)
	Cervix (you likely have/had this if you were assigned female sex at birth) (1)
	Ovaries (2)
	Penis/Phallus (not including a prosthetic) (3)
	Prostate (you likely have/had this if you were assigned male sex at birth) (4)
	Testicles (5)
	Uterus/Womb (6)
	Vagina/Frontal genital opening (7)
X→	

ORGANS_BREASTS_L have you <b>EVER</b> had breasts or breast tissue?
○ Yes (1)
O No (0)
O I don't know (88)
Page Break ————————————————————————————————————

ORGANS_NO Which of the f	OW_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 O	
Display This Quality of the Display This Quality of the Display of	uestion: S_NOW_L = Vagina/Frontal genital opening
X→	
opening. In or	ANCH_L You have indicated that you currently have a vagina/frontal genital der to customize the rest of this questionnaire, please select the term you would to describe your vagina/frontal genital opening.
O Please use the term "vagina." (1)	
O Please	e use the term "frontal genital opening." (2)
Page Break	

CANCER_INTRO 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 <b>EVER</b> 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
$X$ $\rightarrow$
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)

the PSA test?
○ Yes (1)
○ No (0)
○ 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?
○ 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 ORGANS_BREASTS_L = Yes

MAMMO_EVER_L Have you <b>EVER</b> had a mammogram? A mammogram is when breast/chest tissue is squeezed between two firm surfaces to obtain X-rays/pictures of the breast/chest tissue.
○ Yes (1)
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
$X \rightarrow$
MAMMO_ABNL_L Have you <b>EVER</b> had a mammogram where the results were NOT normal?
○ 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 vaging examines.
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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)

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Yes (1)No (0)I don't know (88)
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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."
```

X→

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

opening, examines the cervix, and takes a few cells from the cervix with a small stick or brush to look for abnormal or cancer cells.)
○ Yes (1)
○ No (0)
O I don't know (88)
Display This Question:
If PAP_EVER_V = Yes  X→
PAP_LAST How long has it been since your last Pap smear or Pap 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)
O I don't know (88)
Display This Question:
If PAP_EVER_V = No
$X\rightarrow$

NEVERPAP WHY What is the most important reason you have NEVER had a Pap test? 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 have not had any problems (3) O 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) O I do not have a cervix or I have had a hysterectomy (7) I do not have a provider (8) O I had an HPV vaccine (9) 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)

NOPAP5YR_WHY What is the <b>most important reason</b> you have NOT had a Pap test in the LAST 5 YEARS?
I do not have a reason or I never thought about it (0)
I did not know I needed this type of test (1)
My health care provider told me I did not need it (2)
I was told I could stop screening or I am over the age of 65 (12)
I have not had any problems (3)
I put it off or I did not get around to it (4)
It was too expensive or I have no insurance (5)
It was too painful, unpleasant, or embarrassing (6)
I do not have a cervix or I have had a hysterectomy (7)
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
$\chi_{\Rightarrow}$
PAP_ABNL Have you <b>EVER</b> had a Pap test where the results were NOT normal?
○ Yes (1)
O No (0)
O I don't know (88)

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 <b>EVER</b> 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 <b>EVER</b> 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 EVER had any of these tests for colon or rectal cancer? (Check all that apply.)

None of these (0)

Blood stool test (FIT test) (1)

Sigmoidoscopy (2)

Colonoscopy (3)

Display This Question:

If COLON\_TEST\_L = Blood stool test (FIT test)

*X*→

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:
Display This Question:  If COLON_TEST_L = Blood stool test (FIT test)  X-
If COLON_TEST_L = Blood stool test (FIT test)
If COLON_TEST_L = Blood stool test (FIT test)  X-  FIT_ABNL_L Have you <b>EVER</b> had a blood stool test (FIT) where the results were NOT normal?
FIT_ABNL_L Have you <b>EVER</b> had a blood stool test (FIT) where the results were NOT normal?  O Yes (1)
FIT_ABNL_L Have you <b>EVER</b> had a blood stool test (FIT) where the results were NOT normal?  O Yes (1)  No (2)
FIT_ABNL_L Have you <b>EVER</b> had a blood stool test (FIT) where the results were NOT normal?  O Yes (1)  No (2)

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:
Display This Question:  If COLON_TEST_L = Sigmoidoscopy  X+
If COLON_TEST_L = Sigmoidoscopy
If COLON_TEST_L = Sigmoidoscopy  SIG_ABNL_L Have you <b>EVER</b> had a sigmoidoscopy where the results were NOT normal?
If COLON_TEST_L = Sigmoidoscopy  SIG_ABNL_L Have you <b>EVER</b> had a sigmoidoscopy where the results were NOT normal?  O Yes (1)
SIG_ABNL_L Have you <b>EVER</b> had a sigmoidoscopy where the results were NOT normal?  O Yes (1)  No (2)
SIG_ABNL_L Have you <b>EVER</b> had a sigmoidoscopy where the results were NOT normal?  O Yes (1)  No (2)

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
$\chi_{\Rightarrow}$
COL_ABNL_L Have you <b>EVER</b> had a colonoscopy where the results were NOT normal?
○ Yes (1)
O No (2)
O I don't know (88)

-	_SCREEN_L Have you <b>EVER</b> had any of the following tests as an evaluation for ancer? (Check all that apply.)
	Digital anal rectal exam (an examination where a doctor or health care provider r finger into your anus (butt) (1)
HPV) (2)	Anal HPV test (a routine test with a swab that tests for human papillomavirus,
	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)
Display This Qu	estion:
If ANOREC	TCA_SCREEN_L = Digital anal rectal exam (an examination where a doctor or health serts their finger into your anus (butt)
X→	
ANOREC_SCF Have you <b>EVE</b>	REEN_DRE_L  R had a digital anal/rectal examination test where the results were NOT normal?
O Yes (1	)
O No (0)	
O I don't k	know (88)

If ANORECTCA_SCREEN_L = Anal HPV test (a routine test with a swab that tests for human papillomavirus, HPV)
$X \rightarrow$
ANOREC_SCREEN_HPV_L Have you EVER had an anal HPV test where the results were NOT normal?
○ Yes (1)
○ No (0)
◯ 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)
○ 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)
$X \rightarrow$

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)
X÷
GENETEST Have you <b>EVER</b> had genetic testing to see if you have, or are more likely to 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

ORALHEALTH_INTRO <b>Oral Health</b>
Now we will ask you about your oral health.
$X \rightarrow$
DENT_VISIT_L About how long has it been since you <b>last</b> 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)
○ More than 5 years ago (5)
O Never have been to dentist (6)

Page Break ----

VACCINE_INTRO Vaccinations
$\chi_{\to}$
HPVSHOT Have you <b>EVER</b> 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 Question:
If HPVSHOT = Yes  X→
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 <b>EVER</b> received the hepatitis A vaccine?
○ Yes (1)
○ No (0)
O I don't know (88)
$X \rightarrow$
HBV Have you <b>EVER</b> 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)
$X \rightarrow$
PNEUMO Have you <b>EVER</b> 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)
$X \rightarrow$

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)
$X \rightarrow$
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 <b>EVER</b> 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

## The next questions will ask you about your sexual health and activities. MASTURBATE EVER Have you EVER masturbated? Masturbation is touching yourself for sexual pleasure. Yes (1) O No (2) SEX EVER Have you **EVER** engaged in **any** kind of sexual activity **with** another person? Yes (1) O No (0) Display This Question: If SEX EVER = Yes And VAGINA BRANCH L != Please use the term "frontal genital opening." FINGER\_EVER\_V Have you **EVER performed** digital penetration (also called "fingering")? This means putting your fingers into someone's vagina or someone's anus or butt. (Check all that apply.) Yes, I have had contact between my finger(s) and someone's vagina (1) Yes, I have had contact between my finger(s) and someone's anus or butt (2) **No** (0)

INTRO SH Sexual Health and Activities

Display This Question:
If SEX_EVER = Yes
And VAGINA_BRANCH_L = Please use the term "frontal genital opening."
$X \rightarrow$
FINGER_EVER_FGO Have you <b>EVER performed</b> 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
$X \rightarrow X$
RIM_EVER Have you <b>EVER performed</b> 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
X→

<del></del>	ER Have you <b>EVER</b> used sex toys (such as dildos, butt plugs) with a sexual eck all that apply.)
	Yes, I inserted the sex toy into someone's body (1)
	Yes, I received the sex toy into my body (2)
	<b>⊗</b> No (0)
Display This Quality If SEX_EV	
X→	
	EVER Have you <b>EVER performed</b> oral sex? This means putting your mouth on on'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)
	<b>⊗</b> No (0)
Display This Quality If SEX_EV	
X→	
ORAL_GET_I on your genita	EVER Have you <b>EVER received</b> 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?
    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 <b>EVER</b> 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+
VAGSEX_PEN_FGO_L Have you <b>EVER</b> 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)
O No (0)
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
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."  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."  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)
```

Have you <b>EVER</b> 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 <b>any</b> 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."
And VAGINA_BRANCH_L = Please use the term "frontal genital opening."  *
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.)
*  DEBUT_FGO_L How old were you the first time you had <b>any</b> kind of sex with another person
*  DEBUT_FGO_L How old were you the first time you had <b>any</b> kind of sex with another person
*  DEBUT_FGO_L How old were you the first time you had <b>any</b> kind of sex with another person
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:
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:



	R_GENDER_LI In your <b>LIFETIME</b> , 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 x at birth (5)
male sex a	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
$X \rightarrow$
HIVTEST_EVER Except for tests that you may have had as part of blood donations, have you <b>EVER</b> been tested for HIV?
○ Yes (1)
O No (0)
O I don't know (88)
$X \rightarrow$
PEP_EVER Regardless of your current HIV status, have you <b>EVER</b> 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 <b>EVER</b> been on PrEP to prevent HIV infection?
Yes (1)

O No (0)

## STDS EVER

Has a doctor or other health care professional **EVER** told you that you had any of the following? (Check all that apply.)

Chlamydia (1)

Genital herpes (2)

Genital warts (3)

Gonorrhea, sometimes called 'GC' or the 'clap' (4)

HPV or human papillomavirus (5)

Syphilis (6)

None of these (0)

## 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

 $\chi_{\rightarrow}$ 

PELVIC_L Have you EVER been treated for an infection in your fallopian tubes, uterus or ovaries, also called a pelvic infection, pelvic inflammatory disease, or PID?
○ Yes (1)
O No (0)
O I don't know (88)
Page Break ————————————————————————————————————

## 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? 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

**REPRO INTRO Reproductive History** 

MENSES_EVER Have you <b>EVER</b> 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→
MENSES_YEAR_L Have you had <b>at least one menstrual period</b> in the <b>PAST 12 MONTHS</b> ? 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
$X \rightarrow X \rightarrow$

	<del></del>	YEAR_L What is the reason(s) that you have not had a period in the <b>PAST 12</b> heck 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)							
	lay This Qu If MENSES	uestion: S_NOYEAR_L = Menopause/change of life							
*									
	NSES_LAS od? (Pleas	ST_L About how old were you when you had your <b>last</b> menstrual se enter "88" if you don't know.)							
Pag	e 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
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PREG\_INTRO The next questions are about pregnancy planning and your pregnancy history, if applicable.

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Display This Question:
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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.

O 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
```

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.)

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
*
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.)
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.)

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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)
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)
○ January ~ 2005 (17)
○ January ~ 2004 (18)
○ January ~ 2003 (19)
O January ~ 2002 (20)

O January ~ 2001 (21)
O January ~ 2000 (22)
O January ~ 1999 (23)
O January ~ 1998 (24)
O January ~ 1997 (25)
O January ~ 1996 (26)
O January ~ 1995 (27)
O January ~ 1994 (28)
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)
O February ~ 2019 (34)
O February ~ 2018 (35)
O February ~ 2017 (36)
O February ~ 2016 (37)
O February ~ 2015 (38)
O February ~ 2014 (39)
O February ~ 2013 (40)
O February ~ 2012 (41)

O February ~ 2011 (42)
O February ~ 2010 (43)
O February ~ 2009 (44)
O February ~ 2008 (45)
O February ~ 2007 (46)
O February ~ 2006 (47)
O February ~ 2005 (48)
O February ~ 2004 (49)
O February ~ 2003 (50)
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○ February ~ 2000 (53)
O February ~ 1999 (54)
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O February ~ 1997 (56)
O February ~ 1996 (57)
O February ~ 1995 (58)
O February ~ 1994 (59)
O February ~ 1993 (60)
O February ~ 1992 or earlier (61)
○ February ~ I don't know/remember (62)

○ March (63)
○ March ~ 2020 (64)
○ March ~ 2019 (65)
○ March ~ 2018 (66)
○ March ~ 2017 (67)
○ March ~ 2016 (68)
○ March ~ 2015 (69)
○ March ~ 2014 (70)
○ March ~ 2013 (71)
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○ March ~ 2011 (73)
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○ March ~ 2005 (79)
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○ March ~ 2000 (84)
○ March ~ 1999 (85)
O March ~ 1998 (86)
○ March ~ 1997 (87)
O March ~ 1996 (88)
○ March ~ 1995 (89)
O March ~ 1994 (90)
O March ~ 1993 (91)
○ March ~ 1992 or earlier (92)
O March ~ I don't know/remember (93)
O April (94)
○ April ~ 2020 (95)
○ April ~ 2019 (96)
○ April ~ 2018 (97)
○ April ~ 2017 (98)
O April ~ 2016 (99)
○ April ~ 2015 (100)
O April ~ 2014 (101)
O April ~ 2013 (102)
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O April ~ 2010 (105)
O April ~ 2009 (106)
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O April ~ 1997 (118)
O April ~ 1996 (119)
O April ~ 1995 (120)
O April ~ 1994 (121)
O April ~ 1993 (122)
○ April ~ 1992 or earlier (123)
O April ~ I don't know/remember (124)
O May (125)

O May ~ 2020 (126)
O May ~ 2019 (127)
O May ~ 2018 (128)
O May ~ 2017 (129)
O May ~ 2016 (130)
O May ~ 2015 (131)
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O May ~ 2001 (145)

O May ~ 2000 (146)

○ May ~ 1999 (147)
O May ~ 1998 (148)
O May ~ 1997 (149)
○ May ~ 1996 (150)
O May ~ 1995 (151)
○ May ~ 1994 (152)
○ May ~ 1993 (153)
O May ~ 1992 or earlier (154)
O May ~ I don't know/remember (155)
O June (156)
O June ~ 2020 (157)
O June ~ 2019 (158)
O June ~ 2018 (159)
O June ~ 2017 (160)
O June ~ 2016 (161)
O June ~ 2015 (162)
O June ~ 2014 (163)
O June ~ 2013 (164)
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O June ~ 2011 (166)
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O June ~ 1998 (179)
O June ~ 1997 (180)
O June ~ 1996 (181)
O June ~ 1995 (182)
O June ~ 1994 (183)
O June ~ 1993 (184)
O June ~ 1992 or earlier (185)
○ June ~ I don't know/remember (186)
O July (187)
O July ~ 2020 (188)

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O July ~ 2017	7 (191)
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○ I don't know/remember ~ 1994 (400)
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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 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)
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○ January ~ 2017 (5)
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O January ~ 1992 or earlier (30)
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O I don't know/remember ~ 2016 (378)
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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
$X \rightarrow$
PREG_ATTEMPT_L Have you EVER attempted to become pregnant over a period of at least a year without becoming pregnant?
○ Yes (1)
○ 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

X+

PREG_RX_L Have you EVER been to a doctor or other health care provider because you have been unable to become pregnant?

Yes (1)

No (0)

I don't know (88)
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```
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)
```

χ⇒

PREG_PLAN_L 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

	ROL_HOW_EVR Please select the method(s) of birth control you have <b>EVER</b> ention of pregnancy. (Check all that apply.)
pregnancy	Abstinence (no sex with a person who produces sperm that could result in (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)
	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



_	ancy 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, n from cramping, heavy bleeding (sometimes referred to as pre-menstrual e 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 Q	Question:
If BIRTHO	CTRL_EV_NONCON = Yes
37.	

BIRCTRL HOW NONCON L Please select the birth control method(s) you have EVER used for any 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	

Director This Counties.
Display This Question:
If ORGANS_BREASTS_L = Yes
Or ORGANS_NOW_L = Breasts or breast tissue
$\chi_{\rightarrow}$
BREASTFED_L Have you <b>EVER</b> breast/chest fed a child?
○ Yes (1)
O No (0)
Display This Question:
If BREASTFED_L = Yes
$X \rightarrow$
BREASTFED_WHO_L Were the children that you breast/chest fed born as a result of?
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 ————————————————————————————————————

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

SEXWORK_ (Check all tha	I YPE_L What type of sex work or work in the sex industry have you <b>EVER</b> done? it apply.)
	Street-based sex work (1)
	Sex work advertised online (2)
	Sex work advertised in magazines or newspapers (3)
network, o	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)
X→	
SEXWORK_S	SLEEP_L Have you <b>EVER</b> engaged in sex or sexual activity in exchange <b>for a p</b> ?
O Yes (	1)
○ No (0	)

$X \rightarrow$
SEXWORK_DRUGS_L Have you <b>EVER</b> engaged in sex or sexual activity in exchange <b>for drugs</b> ?
○ Yes (1)
O No (0)
SEXWORK_FOOD_L Have you <b>EVER</b> engaged in sex or sexual activity in exchange <b>for food</b> ?
O Yes (1)
O No (0)
Page Break —



	you <b>EVER</b> used the following drugs/supplements for the purpose of enhancing or performance? (Check all that apply.)
	Anabolic Steroids (1)
	Protein supplements (such as whey protein, protein shakes, protein bars) (2)
others (	Creatine supplements (including creatine monohydrate, creatine ethyl ester, and 3)
clenbute	Synthetic muscle enhancers (such as testosterone replacement therapy, rol, human growth hormone) (4)
spironola	Diuretics/water pills (such as furosemide (Lasix, hydrochlorothiazide, actone, and others) (5)
	Note that the second is a supplement in the second is a supplement in the second in the sec
Display This (	Question:
	= Anabolic Steroids
SUPP_WHY	_STEROIDS I use <b>anabolic steroids</b> primarily for
OPerfo	rmance (including athletic performance) (1)
O Appe	arance (2)
OBoth	performance and appearance (3)
O Neith	er performance or appearance (4)

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lion	$\alpha u$	nic	/ NI I	oction.
	av		w	estion:
		1110	-	000.0

If SUPP = Anabolic Steroids



$X \rightarrow$		
SUPP_FREQ_STEROIDS In the <b>PAST 28 DAYS</b> , I have used <b>anabolic</b> steroids for approximately:		
O No days (0)		
○ 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:		

If SUPP = Protein supplements (such as whey protein, protein shakes, protein bars)



SUPP_FREQ_PROTEIN In the <b>PAST 28 DAYS</b> , I have used <b>protein supplements (such as whey protein, protein shakes, protein bars)</b> for approximately:
O No days (0)
○ 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:
District This Substitut.
If SUPP = Creatine supplements (including creatine monohydrate, creatine ethyl ester, and others
If SUPP = Creatine supplements (including creatine monohydrate, creatine ethyl ester, and others  SUPP_WHY_CREAT I use creatine supplements (including creatine monohydrate,
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
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)
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  Performance (including athletic performance) (1)  Appearance (2)
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  Performance (including athletic performance) (1)  Appearance (2)  Both performance and appearance (3)  Neither performance or appearance (4)
SUPP_WHY_CREAT I use creatine supplements (including creatine monohydrate, creatine monohydrate, creatine ethyl ester, and others) primarily for  Performance (including athletic performance) (1)  Appearance (2)  Both performance and appearance (3)

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)
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)
O Both performance and appearance (3)
O Neither performance or appearance (4)
Display This Overtion
Display This Question:  If SUPP = Synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone)
V-3

SUPP\_FREQ\_CREA In the PAST 28 DAYS, I have used creatine supplements (including

SUPP_FREQ_SYTHN In the <b>PAST 28 DAYS</b> , I have used <b>synthetic muscle enhancers (such as testosterone replacement therapy, clenbuterol, human growth hormone)</b> for approximately:
O No days (0)
O 1-5 days (1)
O 6-12 days (2)
○ 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 Overtion
Display This Question:  If SUPP = Diuretics/water pills (such as furosemide (Lasix, hydrochlorothiazide, spironolactone, and others)
$\chi_{\rightarrow}$

furosemide (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
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

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)
	O Refugee status (6)
	O Undocumented resident (7)
	Ourrently under a withholding of removal status (8)
	Other documented status not mentioned above (9)
	O I'd prefer not to disclose this (10)
Pa	ge 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).

Now on active duty (1)	
Only on active duty for training in the Reserves or National Guard	d (2)
On active duty in the past but not now (3)	

## Display This Question:

If MIL\_EVER = Now on active duty

O Never served in the military (0)

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?
	Air Force (1)
	Air Force Reserve (2)
	Air National Guard (3)
	Army (4)
	Army Reserve (5)
	Army National Guard (6)
	Coast Guard (7)
	Coast Guard Reserve (8)
	Marine Corps (9)
	Marine Corps Reserve (10)
	O Navy (11)
	Navy Reserve (12)
	ay This Question:
	f MIL_EVER = Now on active duty
C	Or MIL_EVER = Only on active duty for training in the Reserves or National Guard

MIL_START_L When did you begin your military service? (If you can't recall precisely, 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)	
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O January ~ 1992 or earlier (30)
O January ~ I don't know/remember (31)
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February ~ 1992 or earlier (61)

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○ I don't know/remember ~ 1993 (401)
O I don't know/remember ~ 1992 or earlier (402)
○ I don't know/remember ~ I don't know/remember (403)

Display This Question:

If  $MIL_NOW_L = No$ 

MIL_END_L When did you separate from military service? (If you can't recall precisely, please estimate.)  Month (1)  Year (2)
○ January (1)
○ January ~ 2020 (2)
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○ January ~ 2016 (6)
○ January ~ 2015 (7)
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February ~ 1992 or earlier (61)

○ February ~ I don't know/remember (62)
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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
$X \rightarrow$
MIL_DISCHARGE_L What was your character of discharge?
O Entry level separation (1)
O Honorable (2)
○ General (3)
O Medical (4)
Other-than-honorable (5)
O Bad conduct (6)
O Dishonorable (7)
O None of these (please specify) (8)

χ→

ACARE_EVER  Did you <b>EVER</b> get any type of health care through the Department of Veterans Affairs (VA)?	
nd you <b>EVER</b> get any type of health care through the Department of Veterans Analis (VA)?	
○ Yes (1)	
O No (0)	
Page Break	

FUTRESEARCH_INTRO Future Research in The PRIDE Study
FUTRES_INTRO 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)
○ 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)
○ No (0)
O I don't know (88)
$X \rightarrow$

small drop of blood obtained by a fingerstick)?
○ Yes (1)
O No (0)
O I don't know (88)
X÷
SALIVA Would you be willing to participate in research studies that request that you submit a saliva (spit) sample?
○ Yes (1)
O No (0)
O I don't know (88)
$X \rightarrow$
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)
<i>X</i> →

hair sample?
○ Yes (1)
○ No (0)
○ I don't know (88)
<i>X</i> →
BLOOD Would you be willing to participate in research studies that request that you submit a blood sample?
○ Yes (1)
○ No (0)
O I don't know (88)
<i>X</i> →
BUCCAL Would you be willing to participate in research studies that request that you submit a cheek scraping (where you gently scrape the inside of your cheek to get cells from inside your mouth)? This is also known as a buccal swab.
○ Yes (1)
○ No (0)
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.

$X \rightarrow$	
DNA Have yo that apply.)	u <b>EVER</b> 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 Have you EVER done DNA genetic testing with the following companies? (Check all that apply.) q://QID1353/SelectedChoicesCount Is Grea Than or Equal to 1	
$X \rightarrow$	
DNA_SHARE Would you be willing to share your DNA genetic testing results with The PR Study?	(IDE
○ Yes (1)	
O No (0)	
O I don't know (88)	

Page Break ————

l-being?			

## SURVEY\_OUTRO 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
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