

ICPSR 38417

**National Couples' Health and Time
Study (NCHAT), United States,
2020-2021**

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English Questionnaire for NCHAT Survey Data

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National Couples' Health and Time Study Wave 1 Questionnaire (English)

S1 **[REQUIRED]** Are you currently living with a spouse/husband/wife or partner/girlfriend/boyfriend most of the time?

- 1 Yes
2 No **[TERMINATE]**

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First, we'd like to start by asking you some questions about your personal experiences.

Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

Q4 On which step of the ladder would you say you personally feel you stand at this time? **[programmer – insert ladder image like pictured]**



- | | |
|----|------------------|
| 10 | 10 Best possible |
| 9 | 9 |
| 8 | 8 |
| 7 | 7 |
| 6 | 6 |
| 5 | 5 |
| 4 | 4 |
| 3 | 3 |
| 2 | 2 |
| 1 | 1 |
| 0 | 0 Worst possible |

Q5 On which step do you think you will stand about five years from now? **[programmer – insert ladder image like pictured]**



10	10 Best possible
9	9
8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	1
0	0 Worst possible

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W3 In the past day, did you experience the following feelings during A LOT OF THE DAY?

1 Yes
2 No

A. Enjoyment
B. Worry
C. Sadness
D. Stress
E. Anger
F. Happiness
G. Boredom
H. Loneliness

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Q6 What is your current religion, if any?

1	Protestant
2	Roman Catholic
3	Mormon
4	Orthodox Christian
5	Other Christian
6	Jewish
7	Muslim
8	Buddhist
9	Hindu
10	Atheist
11	Agnostic
12	Something else [SPECIFY]
13	Nothing in particular

Q7 Aside from weddings and funerals, how often do you attend religious services (online or in-person)?

1	Never
2	Seldom
3	A few times a year
4	Once or twice a month

- 5 Once a week
- 6 More than once a week

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Q8 Is the city or area where you live a good place or not a good place to live for...

- A People who are racial and ethnic minorities
- B People who are gay, lesbian, or bisexual
- C People who are transgender or nonbinary (agender, gender-neutral, gender fluid)
- D People who are immigrants from other countries
- E Women
- F Children

- 1 Not a good place
- 2
- 3
- 4
- 5 Good place

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Q9 How much do you rely on each of the following people for emotional support...

- A I rely on my spouse/partner for emotional support.
- B I rely on my family for emotional support.
- C I rely on my friends for emotional support.

- 1 Not at all
- 2
- 3
- 4
- 5 A great deal

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Next, we'd like to ask some questions about your employment.

EMPA Which of the following best describes your employment status on February 1, 2020?

- 1 Employed full-time (35 or more hours per week) and working
- 2 Employed part-time (less than 35 hours per week) and working
- 3 Employed but not working (furloughed, parental leave, sick leave, etc.)
- 4 Not employed

EMP Which of the following best describes your current employment status?

- 1 Currently employed full-time (35 or more hours per week) and working
- 2 Currently employed part-time (less than 35 hours per week) and working
- 3 Currently employed but not working (furloughed, parental leave, sick leave, etc.)
- 4 Not employed

[IF EMP = 3]

EMP1 Why are you not working at this time? (select all that apply)

- 1 Mandatory furlough
- 2 Opt-in furlough
- 3 Sick or disability leave

- 4 Parental leave
- 5 Family medical leave
- 6 Military leave
- 7 Other

[IF EMP = 3]

EMP1_B Are you currently receiving pay as part of this leave?

- 1 Yes, at my normal pay/rate
- 2 Yes, at a reduced pay/rate
- 3 No, I am not receiving any pay

[IF EMP = 3]

EMP1_C How many weeks have you been on this leave?

DROP DOWN NUMBER IN WEEKS– PROGRAMMER RESTRICT TO NUMERIC, WHOLE NUMBERS; [first category less than 1 week; highest category: more than 26 weeks]

[IF EMP = 4]

EMP2 Why are you not working at this time? (select all that apply)

- 1 Retired
- 2 Homemaker
- 3 Student
- 4 Disabled
- 5 Unemployed and looking for work
- 6 Unemployed and not looking for work

[IF EMP2 = 5, ASK]

EMP3 How many weeks have you been unemployed?

DROP DOWN NUMBER IN WEEKS– PROGRAMMER RESTRICT TO NUMERIC, WHOLE NUMBERS; [first category less than 1 week; highest category: more than 26 weeks]

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[IF EMP = 1,2, OR 3]

Q10 How many jobs do you currently have?

[DROP DOWN NUMBER – PROGRAMMER RESTRICT TO NUMERIC, WHOLE NUMBERS; 0 (0)...More than 10 (10)]

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[IF EMP = 1, 2, OR 3]

Q11 Which of the following best describes your current role at your primary job?

- 1 ARCHITECTURE OR ENGINEERING
 - 11 Architect
 - 12 Draftsman
 - 13 Engineer
 - 14 Surveyor
 - 15 Other architecture or engineering
- 2 ARTS, DESIGN, ENTERTAINMENT AND MEDIA
 - 21 Actor
 - 22 Artist
 - 23 Broadcaster, broadcast technician
 - 24 Designer
 - 25 Director, producer
 - 26 Musician, singer
 - 27 Photographer
 - 28 Writer
 - 29 Other arts, design, entertainment, and media
- 3 CLERICAL OR OFFICE WORKER
 - 31 Administrative assistant/secretary
 - 32 Bank clerk
 - 33 Computer operator, data entry
 - 34 Postal clerk
 - 35 Telephone operator
 - 36 Other clerical or office worker
- 4 COMMUNITY AND SOCIAL SERVICES
 - 41 Clergy
 - 42 Mental health/substance abuse counselor
 - 43 Probation officer
 - 44 Social worker
 - 45 Therapist
 - 46 Other community and social services
- 5 COMPUTER AND MATHEMATICAL
 - 51 Actuary, mathematician, statistician
 - 52 Computer programmer
 - 53 Software engineer, database or network administrator
 - 54 Other computer or mathematical
- 6 CONSTRUCTION OR MINING WORKER
 - 61 Carpenter
 - 62 Electrician
 - 63 Miner
 - 64 Plumber
 - 65 Other construction or mining worker
- 7 EDUCATION, TRAINING, AND LIBRARY
 - 71 Librarian
 - 72 Professor
 - 73 Teacher (any level)
 - 74 Teacher's assistant
 - 75 Other education, training, and library
- 8 FARMING, FISHING, OR FORESTRY WORKER
 - 81 Farmer, farm worker
 - 82 Fisherman, deck hand on fishing boat

- 83 Lumberjack, forest management
- 84 Other farming, fishing, or forestry worker
- 9 FINANCIAL, INSURANCE, REAL ESTATE, OR CONSULTING
 - 91 Accountant/CPA
 - 92 Auditor
 - 93 Consultant/analyst
 - 94 Financial advisor
 - 95 Insurance
 - 96 Real estate/appraiser
 - 97 Other financial, insurance, real estate, or consulting
- 10 HEALTHCARE
 - 101 Medical assistant or aide
 - 102 Medical technician
 - 103 Nurse
 - 104 Pharmacist
 - 105 Physical therapist
 - 106 Physician
 - 107 Physician's assistant
 - 108 Veterinarian
 - 109 Other healthcare
- 11 INSTALLATION, MAINTENANCE, OR REPAIR WORKER
 - 111 Garage mechanic
 - 112 Linesman
 - 113 Other installation, maintenance, or repair worker
- 114 LEGAL
 - 115 Court reporter
 - 116 Judge
 - 117 Law clerk
 - 118 Lawyer
 - 119 Title examiner
 - 1110 Other legal
- 12 LIFE, PHYSICAL, AND SOCIAL SCIENCES
 - 121 Biochemist, chemist
 - 122 Geographer
 - 123 Physicist
 - 124 Political scientist
 - 125 Scientist
 - 126 Sociologist
 - 127 Other life, physical, social sciences
- 13 MANAGER, EXECUTIVE, OR OFFICIAL
 - 131 Manager, executive, or official for a business
 - 132 Manager, executive, or official for a government agency
 - 133 Other manager, executive, or official
- 14 MANUFACTURING OR PRODUCTION WORKER
 - 141 Garment or furniture manufacturing
 - 142 Non-restaurant food preparation (baker)
 - 143 Printer, print shop worker
 - 144 Worker in a factory
 - 145 Other manufacturing or production
- 15 MILITARY
 - 151 Military personnel
- 16 SALES WORKER

- 161 Clerk in a store
- 162 Door-to-door salesperson
- 163 Manufacturer's representative
- 164 Sales associate
- 165 Other sales worker
- 17 SERVICE WORKER
 - 171 Attendant
 - 172 Barber or beautician
 - 173 Fast-food worker
 - 174 Firefighter, police officer
 - 175 Janitorial
 - 176 Landscaping
 - 177 Maid or housekeeper
 - 178 Personal care worker
 - 179 Waiter or waitress
 - 1710 Other service worker
- 18 SMALL BUSINESS OWNER
 - 181 Small business owner
- 19 TRANSPORTATION WORKER
 - 191 Driver (bus, truck, taxi)
 - 192 Flight attendant
 - 193 Pilot
 - 194 Postal carrier
 - 195 Other transportation worker
- 20 OTHER JOB CATEGORY
 - 201 Other occupation (**Please specify**)

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[IF EMP = 1, 2, OR 3]

ESS Is your job something your local or state government considers an essential job that is exempt from stay-at-home orders?

- 1 Yes
- 2 No
- 3 Don't know/do not have stay at home order

[IF EMP = 1 OR 2]

Q12 In the past 7 days, how many hours did you work? If you have more than one job, think about the total number of hours you worked at all your jobs.

[PROGRAMMER RESTRICT TO NUMERIC, WHOLE NUMBERS]

[IF EMP = 1 OR 2]

Q13 Which of the following best describes the hours you worked in the past 7 days at your main job?

- 1 A daytime shift (any time between 6 A.M. and 6 P.M.)
- 2 A evening shift (any time between 2 P.M. and midnight)
- 3 A night shift (any time between 9 P.M. and 8 A.M.)
- 4 A rotating shift (changed periodically from days to evenings or nights)
- 5 Some other schedule

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[IF EMP = 1, 2, OR 3]

Q15 Overall, how satisfied would you say you are with your main job?

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied or dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

-----PAGE BREAK-----

[IF EMP = 1,2, OR 3]

COV3 Given my work situation it is difficult for me to avoid exposure to coronavirus

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 99 Does not apply

[IF EMP = 1, 2, OR 3]

COV4 How worried are you that you will be exposed to coronavirus at work?

- 1 Not worried at all
- 2 Not too worried
- 3 Somewhat worried
- 4 Very worried

[IF EMP = 1,2, OR 3]

COVEMP1 How has the coronavirus pandemic affected you in the past week? **(select all that apply)**

- 1 Worked remotely or from home more than I usually do
- 2 Worked more hours than usual
- 3 Worked reduced hours
- 4 Was not able to work
- 5 Income or pay has been reduced
- 6 Not paid at all
- 7 Had serious financial problems

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[IF EMP = 1, 2, OR 3]

C17A1 In the past week, how often have your work responsibilities negatively impacted your family life?

- 1 Very rarely
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

[IF EMP = 1, 2, OR 3]

C17A2 How stressed are you about the impact of your work responsibilities on your family?

- 1 Not stressed at all
- 2
- 3
- 4

5 Very stressed

-----PAGE BREAK-----

[IF EMP = 1, 2, OR 3]

C17B1 In the past week, how often have your family responsibilities negatively impacted your work?

- 1 Very rarely
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

[IF EMP = 1, 2, OR 3]

C17B2 How stressed are you about the impact of your family responsibilities on your work?

- 1 Not stressed at all
- 2
- 3
- 4
- 5 Very stressed

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Next, we have a few questions that will only be used for demographic purposes.

OPENRACE How would you describe your race and/or ethnicity?

[ENTER UP TO 80 CHARACTERS]

HISP Are you Hispanic, Latino/a/x, or Spanish or Spanish origin?

- 1 No, not of Hispanic, Latino/a/x, or Spanish origin
- 2 Yes, Mexican, Mexican Am., Chicano/a/x
- 3 Yes, Puerto Rican
- 4 Yes, Cuban
- 5 Yes, another Hispanic, Latino/a/x, or Spanish origin (Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on)

RACE What is your race? (*you may select more than one*)

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian Indian
- 5 Chinese
- 6 Filipino/a/x
- 7 Japanese
- 8 Korean
- 9 Vietnamese
- 10 Native Hawaiian
- 11 Guamanian or Chamorro
- 12 Samoan
- 13 Other Asian
- 14 Other Pacific Islander
- 15 Some other race

[If RACE = 1 or RACE = 15, ask]

SWANA Are you South West Asian/Middle Eastern or North African? (**Please select all that apply.**)

- 1 South West Asian/Middle Eastern
- 2 North African

3 Neither **[EXCLUSIVE]**

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RACE2 If you were walking down the street, what race and/or ethnicity do you think people who do not know you personally would assume you are based on what you look like? **(you may select more than one)**

- 1 White
- 2 American Indian, Native American, Alaska Native, or Indigenous
- 3 Hispanic or Latino/a/x
- 4 Black or African American
- 5 Asian
- 6 Middle Eastern or North African
- 7 Native Hawaiian or other Pacific Islander
- 8 Some other race, ethnicity, or origin (**Specify**)

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INTRO: Next, we will ask you about all members of your household who live there most of the time. We will use initials (first letter of their first name and first letter of their last name) to identify members of your household. If members of your household have the same initials, please use something different for each family member. You can use a nickname, numbers, initials – anything you would like to identify each family member. (AB, YZ, Person1, Person2, Kid)

Please complete the following questions for your current spouse/partner(s) who live(s) in your household most of the time. If you have more than one spouse/partner living in your household most of the time, you will be asked if you have another spouse/partner after you complete the series of questions for your first partner.

HHR1 What are your partner/spouse's initials?
FILL IN TEXT [UP TO 3 CHARACTERS]

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HHR2 Please choose the appropriate relationship of [**initials IN HHR1**] to you:

- 1 My spouse/wife/husband
- 2 My partner/boyfriend/girlfriend
- 3 Other: ____ (**specify**)

HHR3 How old is [**initials IN HHR1**]?

[Age drop down start with 17 OR UNDER, , 18, 19....if under 18 selected, term survey]

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HHR4 What sex appears on [**initials in HHR1**]'s original birth certificate?

- 1 Male
- 2 Female
- 3 Don't know/not sure

HHR5 How would [**initials in HHR1**] describe their gender? (**select one**)

- 1 Man
- 2 Woman
- 3 Trans man
- 4 Trans woman
- 5 Do not identify as any of the above (there is an option to specify at next question)

[IF HHR5 = 5 OR IS BLANK]

HHR36 Do any of the following terms describe their gender? (**select all that apply**)

- 1 Nonbinary
- 2 Two-spirit
- 3 Agender
- 4 Gender fluid
- 5 Gender neutral
- 6 Genderqueer
- 7 Other (**Please specify**)
- 99 Don't know

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HHR6 What is [**initials in HHR1**]'s highest level of completed education?

- 1 Less than high school
- 2 High school degree or GED
- 3 Vocational or Technical Program or Training
- 4 Some college
- 5 Associate degree
- 6 Bachelor's degree
- 7 Master's degree
- 8 Doctorate or Professional degree (e.g., Ph.D., M.D., J.D., etc.)

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EMP7A Which of the following best describes [**initials in HHR1**]'s employment status on February 1, 2020?

- 1 Employed full-time (35 or more hours per week) and working
- 2 Employed part-time (less than 35 hours per week) and working
- 3 Employed but not working (furloughed, parental leave, sick leave, etc.)
- 4 Not employed

EMP7 Which of the following best describes [**initials in HHR1**]'s current employment status?

- 1 Currently employed full-time (35 or more hours per week) and working
- 2 Currently employed part-time (less than 35 hours per week) and working
- 3 Currently employed but not working (furloughed, parental leave, sick leave, etc.)
- 4 Not employed

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[IF EMP7 = 3]

EMP7C Why is [**initials in HHR1**] not working at this time? (**select all that apply**)

- 1 Mandatory furlough
- 2 Opt-in furlough
- 3 Sick or disability leave
- 4 Parental leave
- 5 Family medical leave
- 6 Military leave
- 7 Other

[IF EMP7 = 3]

EMP7D Is [**initials in HHR1**] currently receiving pay as part of this leave?

- 1 Yes, at their normal pay/rate
- 2 Yes, at a reduced pay/rate
- 3 No, they are not receiving any pay

[IF EMP7 = 3]

EMP7E How many weeks has [initials in HHR1] been on this leave?

DROP DOWN NUMBER IN WEEKS– PROGRAMMER RESTRICT TO NUMERIC, WHOLE NUMBERS; first category less than 1 week; highest category: more than 26 weeks]

[IF EMP7 = 4]

EMP7B Why is [initials in HHR1] not working at this time? (select all that apply)

- 1 Retired
- 2 Homemaker
- 3 Student
- 4 Disabled
- 5 Unemployed and looking for work
- 6 Unemployed and not looking for work

[IF EMP7B = 5, ASK]

EMP8 How many weeks has [initials in HHR1] been unemployed?

[DROP DOWN NUMBER IN WEEKS– PROGRAMMER RESTRICT TO NUMERIC, WHOLE NUMBERS first category less than 1 week; highest category: more than 26 weeks]

[IF EMP7 = 1, 2, OR 3]

ESS2 Is [initials in HHR1]'s job something your local or state government considers an essential job that is exempt from stay-at-home orders?

- 1 Yes
- 2 No
- 3 Don't know/do not have stay at home order

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HHR8 Is [initials in HHR1] Hispanic, Latino/a/x, or Spanish or Spanish origin?

- 1 No, not of Hispanic, Latino/a/x, or Spanish origin
- 2 Yes, Mexican, Mexican Am., Chicano/a/x
- 3 Yes, Puerto Rican
- 4 Yes, Cuban
- 5 Yes, another Hispanic, Latino/a/x, or Spanish origin (**SPECIFY: Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on**)

HHR9 What is [initials in HHR1]'s race? (**Select all that apply**)

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native (**SPECIFY: enter name of enrolled or principal tribe**)
- 4 Asian Indian
- 5 Chinese
- 6 Filipino/a/x
- 7 Japanese
- 8 Korean
- 9 Vietnamese

- 10 Native Hawaiian
- 11 Guamanian or Chamorro
- 12 Samoan
- 13 Other Asian (**specify**)
- 14 Other Pacific Islander (**specify**)
- 15 Some other race (**specify**)

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HHR10 Do you have another spouse/partner living with you?

- 1 Yes
- 2 No

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[IF 1 IN HHR10]

HHR11 What are the initials of other spouses/partners living in your household?

- 1 **[Initials]**
- 2 **[Initials]**
- 3 **[Initials]**

[LOOP THROUGH HHR2 – HHR9 FOR ALL OTHER PARTNERS]

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HHR12 Please select your spouse or partner that you spend the most time with:

- 1 **[Initials]**
- 2 **[Initials]**
- 3 **[Initials]**
- 4 **[Initials]**
- 5 I spend an equal amount of time with both/all

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For this next set of questions, please think about your relationship with **[IF HHR12 <4, DISPLAY “your spouse/partner, [INSERT SELECTION]”, IF HHR = 5 DISPLAY “spouses or partners overall”]**.

Q17_1 Please indicate the level of happiness, all things considered, in your relationship.

- 1 Extremely unhappy
- 2 Fairly unhappy
- 3 A little unhappy
- 4 Happy
- 5 Very happy
- 6 Extremely happy
- 7 Perfect

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For this next set of questions, please think about your relationship with **[IF HHR12 <4, DISPLAY “your spouse/partner, [INSERT SELECTION]”, IF HHR = 5 DISPLAY “spouses or partners overall”]**.

Q19 I have a warm and comfortable relationship with my spouse/partner:

- 1 Not at all true
- 2 A little true
- 3 Somewhat true
- 4 Mostly true

- 5 Almost completely true
- 6 Completely true

Q20 How rewarding is your relationship with your spouse/partner?

- 1 Not at all rewarding
- 2 A little rewarding
- 3 Somewhat rewarding
- 4 Mostly rewarding
- 5 Almost completely rewarding
- 6 Completely rewarding

Q22 In general, how committed are you to your current spouse/partner?

- 1 Not at all committed
- 2 A little committed
- 3 Somewhat committed
- 4 Mostly committed
- 5 Almost completely committed
- 6 Completely committed

Q21 In general, how satisfied are you with your relationship?

- 1 Not at all satisfied
- 2 A little satisfied
- 3 Somewhat satisfied
- 4 Mostly satisfied
- 5 Almost completely satisfied
- 6 Completely satisfied

Q21_B In the past week, have you been less satisfied, more satisfied, or had the same level of satisfaction with your relationship as before the coronavirus pandemic?

- 1 Less satisfied
- 2 About the same level of satisfaction
- 3 More satisfied
- 4 Not applicable, we were not together before the coronavirus pandemic

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For this next set of questions, please think about your relationship with **[IF HHR12 <4, DISPLAY “your spouse/partner, [INSERT SELECTION]”, IF HHR = 5 DISPLAY “spouses or partners overall”]**.

Q23 Please share your level of agreement with the following: I feel trapped or stuck in this relationship.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

Q24 What do you think the chances are that you and your spouse/partner will eventually breakup or separate?

- 1 Very unlikely
- 2 Unlikely
- 3 Somewhat unlikely
- 4 Somewhat likely
- 5 Likely
- 6 Very likely

Q24_1 In the past week, how often have you thought your relationship might be in trouble?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

Q24_1B In the past week, have you thought your relationship might be in trouble less often, more often, or about the same as before the coronavirus pandemic?

- 1 Less often
- 2 About the same
- 3 More often
- 4 Not applicable, we were not together before the coronavirus pandemic

COVREL Please indicate your level of agreement with the following:

- A Our relationship will be stronger than ever after the coronavirus pandemic is over
- B The coronavirus pandemic is making me question my relationship
- C After the coronavirus pandemic is over, we will probably break up, separate, or divorce

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

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For this next set of questions, please think about your relationship with **[IF HHR12 <4, DISPLAY “your spouse/partner, [INSERT SELECTION]”, IF HHR = 5 DISPLAY “spouses or partners overall”]**.

Q25 How often do you experience each of the following situations with your spouse/partner?

- A. My spouse/partner shows empathy and understanding.
- B. My spouse/partner expresses that they are on my side.
- C. My spouse/partner helps me in stressful situations.
- D. My spouse/partner helps me analyze situations so that I can better face problems.

- 1 Very rarely
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

-----PAGE BREAK-----

For this next set of questions, please think about your relationship with **[IF HHR12 <4, DISPLAY “your spouse/partner, [INSERT SELECTION]”, IF HHR = 5 DISPLAY “spouses or partners overall”]**.

Q26 In the past week, how often did you argue with your spouse/partner?

- 1 Very rarely
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

Q26_B In the past week, have you argued with your spouse/partner less often, more often, or about the same as before the coronavirus pandemic?

- 1 Less often
- 2 About the same
- 3 More often
- 4 Not applicable, we were not together before the coronavirus pandemic

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For this next set of questions, please think about your relationship with [IF HHR12 <4, DISPLAY “your spouse/partner, [INSERT SELECTION]”, IF HHR = 5 DISPLAY “spouses or partners overall”].

Q27 Please indicate how much you agree or disagree with each of the following:

- A Your family members are accepting of your current spouse/partner as part of the family.
- B Your current spouse/partner’s family members are accepting of you as part of the family.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

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For this next set of questions, please think about your relationship with [IF HHR12 <4, DISPLAY “your spouse/partner, [INSERT SELECTION]”, IF HHR = 5 DISPLAY “spouses or partners overall”].

Q28 In the past week, how often did you and your spouse/partner experience each of the following situations?

- A. Little arguments escalated into ugly fights with accusations, criticisms, name calling, or bringing up past hurts.
- B. My spouse/partner criticized or belittled my opinions, feelings, or desires.
- C. My spouse/partner seemed to view my words or actions more negatively than I meant them to be.
- D. When we argued, one of us withdrew...that is, did not talk about it anymore, or left the scene.

- 1 Very rarely
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

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MARITAL Have you and your **current** spouse/partner ever experienced any of the following with each other? **(Select all that apply)**

- 1 Legal marriage
- 2 Commitment ceremony
- 3 Registered domestic partnership
- 4 Civil union
- 5 None of the above [programmer – do not allow respondent to select 5 AND an option 1 – 4]

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Please approximate when the following relationship events **first occurred/began** with your current spouse/partner...

Q31 When did you begin your sexual relationship?

[DROP DOWN MM/YYYY]

Q32 When did you move in together?

[DROP DOWN MM/YYYY]

[ASK IF MARITAL = 1]

Q33 When were you legally married?

[DROP DOWN MM/YYYY]

[ASK IF MARITAL = 2]

Q34 When was your commitment ceremony?

[DROP DOWN MM/YYYY]

[ASK IF MARITAL = 3]

Q35 When did you form a domestic partnership?

[DROP DOWN MM/YYYY]

[ASK IF MARITAL = 4]

Q36 When was your civil union?

[DROP DOWN MM/YYYY]

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[ASK IF MARITAL = 2-5]

Q37 Do you ever want to get married?

- 1 Yes
- 2 No
- 99 Don't know

[ASK IF MARITAL = 2-5]

Q38 Are you engaged to be married to your current partner?

- 1 Yes
- 2 No

[ASK IF MARITAL = 2-5]

Q39 How likely are you to marry your partner in the next year?

- 1 Very unlikely
- 2 Unlikely
- 3 Somewhat unlikely
- 4 Somewhat likely
- 5 Likely
- 6 Very likely
- 7 Don't know

-----PAGE BREAK-----

Q40 Couples handle their money differently. Which of the following do you do?

- 1 We keep all of our money separate
- 2 Put some money together
- 3 Put all of our money together

-----PAGE BREAK-----

Q41 Did any of the following happen to you in the past month?

- A We received an eviction or foreclosure notice for our house or apartment
- B We did not have enough money to buy food
- C My spouse/partner or I needed to see a doctor, go to the hospital, or get a prescription medication but didn't because we didn't have enough money
- D We were unable to pay our gas, electric, other utility bill, or rent/mortgage
- E We were unable to make the minimum payment on credit cards
- F We did not have a regular place to sleep or stay

- 1 Yes, this did happen
- 2 No, this did not happen

-----PAGE BREAK-----

Q42 The home or apartment where you currently live is:

- 1 Owned by you
- 2 Owned by your spouse/partner
- 3 Owned by you and your spouse/partner
- 4 Owned by someone else in your household besides you and your spouse/partner
- 5 Rented by you
- 6 Rented by your spouse/partner
- 7 Rented by you and your spouse/partner
- 8 Rented by someone else in your household besides you and your spouse/partner

CROWD Not counting bathrooms, hallways, or an unfinished basement, how many rooms do you have in your household?

[NUMERIC DROP DOWN—WHOLE NUMBERS]

-----PAGE BREAK-----

Next, we'll ask you about other members of your household who live there most of the time, not including yourself or your spouse(s)/partner(s).

HHR14_1 Not including yourself or your spouse(s)/partner(s), how many other people live in your household most of the time?

[insert numeric drop down 0 – 10+]

HHR14 What are the initials of your other household members? Do not include yourself or your spouse(s)/partner(s). *As a reminder, we will use initials (first letter of their first name and first letter of their last name) to identify members of your household. If members of your household have the same initials, please use something different for each family member. You can use a nickname, numbers, initials – anything you would like to identify each family member. (AB, YZ, Person1, Person2, Kid)*

INSERT TEXT BOXES TO MATCH NUMBER IN HHR14_1]:

- 1 FILL IN TEXT [UP TO 3 CHARACTERS]
- 2 FILL IN TEXT [UP TO 3 CHARACTERS]
- 3 FILL IN TEXT [UP TO 3 CHARACTERS]
- 4 FILL IN TEXT [UP TO 3 CHARACTERS]
- 5 FILL IN TEXT [UP TO 3 CHARACTERS]
- 6 FILL IN TEXT [UP TO 3 CHARACTERS]
- 7 FILL IN TEXT [UP TO 3 CHARACTERS]
- 8 FILL IN TEXT [UP TO 3 CHARACTERS]

9 FILL IN TEXT [UP TO 3 CHARACTERS]

10 FILL IN TEXT [UP TO 3 CHARACTERS]

-----PAGE BREAK-----

[PROGRAMMER: FOR EACH INITIAL IN HHR14 (1-10), ASK HHR16 – HHR24]

HHR16 How old is [initials IN HHR14]?

[NUMERIC DROP DOWN—WHOLE NUMBERS; less than 1 year to more than 100]

HHR17 How is [insert initials] related to you (*select all that apply*)

- 1 My biological child
- 2 My adopted child
- 3 My spouse/partner's child
- 4 My non-biological child
- 5 My foster child
- 6 My grandchild
- 7 My parent
- 8 My spouse/partner's parent
- 9 My sibling
- 10 My spouse/partner's sibling
- 11 My other family member or relative
- 12 My spouse/partner's other family member or relative
- 13 Friend (no family relation)
- 14 Roommate (no relation)
- 15 Other—(*specify*)

-----PAGE BREAK-----

IF [HHR17 = 1-6] = CHILD IN HOUSEHOLD

[If HHR17 = 1-6]

HHR18 How is [insert child's initials] related to your current spouse/partner: *Please select all that apply.*

- 1 Their biological child
- 2 Their adopted child
- 3 Their non-biological child
- 4 Their foster child
- 5 Their grandchild
- 6 They are not related to this child
- 7 Other—(*specify*)

HHR19 How would [initials] describe their gender? (*select one*)

- 1 Man/Boy
- 2 Woman/Girl
- 3 Trans man/Trans boy
- 4 Trans woman/Trans girl
- 5 Do not identify as any of the above (there is an option to specify at next question)

[If HHR19 = 5 OR IS BLANK]

HHR19.2 Do any of the following terms describe their gender? (*select all that apply*)

- 1 Nonbinary
- 2 Two-spirit
- 3 Agender
- 4 Gender fluid
- 5 Gender neutral

- 6 Genderqueer
- 7 Other **(Please specify)**
- 99 Don't know

-----PAGE BREAK-----

HHR20 Is **[insert initials]** Hispanic, Latino/a/x, or Spanish or Spanish origin?

- 1 No, not of Hispanic, Latino/a/x, or Spanish origin
- 2 Yes, Mexican, Mexican Am., Chicano/a/x
- 3 Yes, Puerto Rican
- 4 Yes, Cuban
- 5 Yes, another Hispanic, Latino/a/x, or Spanish origin (**specify**)

HHR21 What is **[insert initials]**'s race? **[Select all that apply]**

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian Indian
- 5 Chinese
- 6 Filipino/a/x
- 7 Japanese
- 8 Korean
- 9 Vietnamese
- 10 Native Hawaiian
- 11 Guamanian or Chamorro
- 12 Samoan
- 13 Other Asian (**specify**)
- 14 Other Pacific Islander (**specify**)
- 15 Some other race (**specify**)

-----PAGE BREAK-----

[IF HHR17 = 1-6 ASK]

HHR22 How close is your relationship with **[insert initials]**?

- 1 Not close at all
- 2
- 3
- 4
- 5 Very close

[IF HHR17 = 1-6 ASK]

HHR23 How stressful is your relationship with **[insert child initials]**?

- 1 Not stressful at all
- 2
- 3
- 4
- 5 Very stressful

IF [HHR17 = 1-6]

HHR203 Are your children currently attending school (K-12) in-person, online, or are they homeschooled?
Please select all that apply.

- 1 In-person
- 2 Online

- 3 Homeschooled
- 4 Not applicable **[EXCLUSIVE]**

-----PAGE BREAK-----

GALCOV4 Do you currently help care for an elderly or disabled family member?

- 1 Yes, in my home
- 2 Yes, outside my home
- 3 No

COV6 Do you personally have someone in your household who is likely to suffer serious complications if infected with the coronavirus?

- 1 Yes
- 2 No

COVSYMP Have you ever been ill, or suspected you may be ill, with coronavirus (COVID-19)?

- 1 Yes, I have had coronavirus or suspected I had coronavirus in the past
- 2 Yes, I currently have coronavirus or suspect I have coronavirus
- 3 No, I have not had coronavirus or suspected I had coronavirus

COVTEST Have you ever received a coronavirus (COVID-19) test?

- 1 Yes
- 2 No

[If yes, tested - COVTEST = 1]

COVSTATUS Did you test positive for coronavirus (COVID-19)?

- 1 Yes
- 2 No
- 3 I am currently waiting for the results

COVSYMP2 Has your spouse/partner ever been ill, or suspected they may be ill, with coronavirus (COVID-19)?

- 1 Yes, they have had coronavirus or suspected they had coronavirus in the past
- 2 Yes, they currently have coronavirus or suspect they have coronavirus
- 3 No, they have not had coronavirus or suspected they had coronavirus

COVTEST2 Has your spouse/partner ever received a coronavirus (COVID-19) test?

- 1 Yes
- 2 No

[If yes, tested - COVTEST2 = 1]

COVSTATUS2 Did they test positive for coronavirus (COVID-19)?

- 1 Yes
- 2 No
- 3 They are currently waiting for the results

-----PAGE BREAK-----

[ASK IF HHR14_1 >0]

COVSYMP3 Has anyone else in your household besides you and your spouse/partner ever been ill, or suspected they may be ill, with coronavirus (COVID-19)?

- 1 Yes, another household member has had coronavirus or suspected they had coronavirus in the

- past
- 2 Yes, another household member currently has coronavirus or suspects they have coronavirus
 - 3 No, other household members have not had coronavirus or suspected they had coronavirus

[ASK IF HHR14_1 >0]

COVTEST3 Has anyone else in your household besides you and your spouse/partner ever received a coronavirus (COVID-19) test?

- 1 Yes
- 2 No

If yes, tested (COVTEST3 =1)

COVSTATUS3 Did anyone else in your household besides you and your spouse/partner test positive for coronavirus (COVID-19)?

- 1 Yes
- 2 No
- 3 They are currently waiting for the results

-----PAGE BREAK-----

HH25 Do you have any (other) children that do not live with you?

- 1 Yes
- 2 No

[IF YES TO HH25]

HH26 How many children do you have that do not live with you?

[NUMERIC DROP DOWN]

HH27 Please identify these children using their initials [INSERT TEXT BOXES TO MATCH NUMBER IN HH26]:

- 1 FILL IN TEXT [UP TO 3 CHARACTERS]
- 2 FILL IN TEXT [UP TO 3 CHARACTERS]
- 3 FILL IN TEXT [UP TO 3 CHARACTERS]
- 4 FILL IN TEXT [UP TO 3 CHARACTERS]
- 5 FILL IN TEXT [UP TO 3 CHARACTERS]
- 6 FILL IN TEXT [UP TO 3 CHARACTERS]
- 7 FILL IN TEXT [UP TO 3 CHARACTERS]
- 8 FILL IN TEXT [UP TO 3 CHARACTERS]
- 9 FILL IN TEXT [UP TO 3 CHARACTERS]
- 10 FILL IN TEXT [UP TO 3 CHARACTERS]

-----PAGE BREAK-----

[PROGRAMMER: FOR EACH INITIAL IN H27, ASK H28 – H34]

HH28 How old is [initials IN HH27]?

[NUMERIC DROP DOWN—WHOLE NUMBERS; less than 1 year to more than 100]

HH29 Please choose the appropriate relationship(s) of [Initials] to you: *(select all that apply)*

- 1 My biological child
- 2 My adopted child
- 3 My non-biological child
- 4 My spouse/partner's child
- 5 My foster child
- 6 My grandchild

7 Other (**specify**)

HH30 Please choose the appropriate relationship(s) of [insert child's initials] to your current partner/spouse? (**select all that apply**)

- 1 Their biological child
- 2 Their adopted child
- 3 Their non-biological child
- 4 Their foster child
- 5 Their grandchild
- 6 They are not related to this child
- 7 Other—(**specify**)

-----PAGE BREAK-----

HH31 How would [initials] describe their gender? (**select one**)

- 1 Man/Boy
- 2 Woman/Girl
- 3 Trans man/Trans boy
- 4 Trans woman/Trans girl
- 5 Do not identify as any of the above (there is an option to specify at next question)

[If HH31 =5 OR IS BLANK]

HHR35 Do any of the following terms describe their gender? (**select all that apply**)

- 1 Nonbinary
- 2 Two-spirit
- 3 Agender
- 4 Gender fluid
- 5 Gender neutral
- 6 Genderqueer
- 7 Other (**Please specify**)
- 99 Don't know

-----PAGE BREAK-----

HH32 How often do you communicate with [INITIALS], whether in person or through other means (e.g., texting, video chatting, facetimeing, talking in person or on the phone)

- 1 Never
- 2 Once a year
- 3 A few times a year
- 4 Monthly
- 5 Weekly
- 6 Daily

HH33 How close is your relationship with [insert child initials]?

- 1 Not close at all
- 2
- 3
- 4
- 5 Very close

HH34 How stressful is your relationship with [insert child initials]?

- 1 Not stressful at all
- 2
- 3

- 4
- 5 Very stressful

-----PAGE BREAK-----

Now turning to a slightly different topic...

Q45 Do you intend to have a child in the next year?

- 1 Yes
- 2 No
- 3 Not sure

Q45A Do you think your spouse/partner intends to have a child in the next year?

- 1 Yes
- 2 No
- 3 Not sure

PREG Are you and your spouse/partner currently pregnant or expecting a child?

- 1 Yes, we are pregnant
- 2 Yes, we are expecting a child through surrogacy
- 3 Yes, we are expecting a child through adoption
- 4 No, we are not pregnant or expecting a child
- 5 Maybe/not sure

[IF PREG = 1-3, ASK]

PREG2 Would you say you are having this child too soon, at about the right time, or later than you wanted?

- 1 Sooner than I wanted
- 2 At about the right time
- 3 Later than I wanted
- 4 Didn't care about the timing
- 9 Don't know

[IF PREG = 4 OR 5, ASK]

PREG3 Since the coronavirus pandemic began, have your plans to have children changed?

- 1 Yes, we have decided to have a child sooner
- 2 Yes, we have decided to wait longer to have a child
- 3 Yes, we have decided not to have a child
- 4 No
- 5 Not applicable, we were not together before the coronavirus pandemic

-----PAGE BREAK-----

[IF PREG = 1-3, ASK]

PREG4 After the child you are currently expecting, would you, yourself, want to have another child?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 5 Not sure

-----PAGE BREAK-----

[IF PREG = 4-5, ASK]

PREG5 Would you, yourself, want to have a/another child?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no

5 Not sure

-----PAGE BREAK-----

[IF PREG = 1-3, ASK]

PREG6 After the child you are currently expecting, would your **current partner/spouse** want to have another child?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 5 Not sure

-----PAGE BREAK-----

[IF PREG = 4-5, ASK]

PREG7 Would your **current partner/spouse** want to have a/another child?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 5 Not sure

-----PAGE BREAK-----

[IF Q45 = 2 OR 3]

COVPREG1 Why would it be important for **you** to avoid having a/another child right now?

- A Concerns about health issues
- B Economic worries
- C Unsure about my relationship
- D The coronavirus pandemic makes my future feel unpredictable
- E Concerns that my child will be treated unfairly
- F Too young to have children
- G Already have all the children I want

- 1 Not at all important
- 2 Not too important
- 3 Somewhat important
- 4 Pretty important
- 5 Very important
- 99 Does not apply (shown for F and G only)

-----PAGE BREAK-----

[IF COVPREG1_E = 2-5] Please select all that apply.

DISCPREG1 Why do you think your child would be treated unfairly?

- 1. Because of my child's race/ethnicity
- 2. Because of my own sexual and/or gender identity
- 3. Other **(please list) (programmer: insert text box – 200 characters)**

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[IF Q45A=2 or 3]

COVPREG2 Why would it be important for **your partner/spouse** to avoid having a/another child right now?

- A Concerns about health issues
- B Economic worries
- C Unsure about our relationship

- D The coronavirus pandemic makes their future feel unpredictable
- E Concerns that our child will be treated unfairly
- F Too young to have children
- G Already have all the children they want

- 1 Not at all important
- 2 Not too important
- 3 Somewhat important
- 4 Pretty important
- 5 Very important
- 99 Does not apply (shown for F and G only)

-----PAGE BREAK-----

C18A In the past week, how satisfied were you with the way you and your spouse/partner divided housework (e.g., loading the dishwasher, doing the laundry)?

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied or dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

[If HHR17 = 1-6 – child in household]

C18B In the past week, how satisfied were you with the way you and your spouse/partner divided childcare (e.g., putting the child to bed/waking the child up, helping child with homework)

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied or dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

C18C In the past week, how satisfied were you with the way you and your spouse/partner divided household planning and management (e.g., meal planning, birthday and holiday planning, scheduling appointments, paying bills, etc.)

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied or dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

C18D Overall, how stressed are you about the following?

- A. Dividing housework
- B. Dividing childcare **[If HHR17 = 1-6 – child in household]**
- C. Dividing household planning and management

- 1 Not stressed at all
- 2
- 3
- 4
- 5 Very stressed

-----PAGE BREAK-----

Next, we have some questions about your health and wellbeing.

Q46A In general, would you say your health is:

- 1 Poor

- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent

Q46B In general, would you say your spouse/partner's health is:

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent

-----PAGE BREAK-----

Q48 In the past week, about how many hours of sleep did you get each night?

[Drop down # of hours – limit numbers to between 0 and 24, with increments of 0.5]

Q48B In the past week, have you had less sleep, more sleep, or about the same amount of sleep as before the coronavirus pandemic?

- 1 Less sleep
- 2 About the same amount of sleep
- 3 More sleep

Q49 In the past week, my sleep quality was:

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent

-----PAGE BREAK-----

Q50 What is your height?

[Feet and inches DROP DOWN]

Q51What is your weight (in pounds)?

[NUMERIC ENTRY – RESTRICT TO NUMBER BETWEEN 60 AND 1000]

-----PAGE BREAK-----

Q52 Have you ever been told by a doctor or health professional that you currently, or previously have had, any of the following?

A	Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
B	Asthma
C	Blood clots in legs or lungs
D	Cancer or a malignancy of any kind
E	Chronic obstructive pulmonary disease (COPD)
F	Crohn's disease or ulcerative colitis
G	Diabetes
H	Emphysema
I	A heart attack
J	Heart condition, heart disease, or angina

K	High cholesterol
L	High blood sugar
M	Hypertension (high blood pressure)
N	Kidney disease
O	Liver disease
P	Menopause
Q	Osteoporosis or loss of bone density
R	Perimenopause
S	Prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar
T	Sleep disorder (e.g., insomnia or sleep apnea)
U	A stroke
V	Thyroid problems
W	An ulcer

- 1 Currently have
- 2 Previously had
- 3 Never had

-----PAGE BREAK-----

Q54 The next questions are about how you feel about different aspects of your life. For each one, report how often you feel that way.

In the past 7 days, how often have you been bothered by the following problems?

- A How often did you feel that you lacked companionship?
- B How often did you feel left out?
- C How often did you feel isolated from others?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

-----PAGE BREAK-----

Q55 Below is a list of the ways you might have felt or behaved. How often have you felt this way in the past 7 days?

- A I was bothered by things that don't usually bother me
- B I had trouble keeping my mind on what I was doing
- C I felt lonely
- D My sleep was restless
- E I felt depressed
- F I felt like everything I did was an effort
- G I felt hopeful about the future
- H I felt fearful
- I I was happy
- J I could not get "going"

- 1 Rarely or none of the time (Less than 1 day)
- 2 Some or a little of the time (1-2 days)
- 3 Occasionally or a moderate amount of time (3-4 days)

4 Most or all of the time (5-7 days)

-----PAGE BREAK-----

Q56 In the past 7 days, how often have you been bothered by the following problems?

- A Feeling nervous, anxious or on edge
- B Not being able to stop or control your worrying
- C Worrying too much about different things
- D Trouble relaxing
- E Being so restless that it is hard to sit still
- F Becoming easily annoyed or irritable
- G Feeling afraid as if something awful might happen

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

-----PAGE BREAK-----

Q57 In the past 7 days, how often have you felt:

- A Overwhelmed by your responsibilities
- B That there wasn't enough time to get to everything
- C Like nothing was going right
- D Like you were rushed
- E Like there was no escape
- F Like things kept piling up
- G Like just giving up

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

-----PAGE BREAK-----

Q58 Please indicate how often the following statements apply to you.

- A I am confused about how I feel.
- B When I am upset, I acknowledge my emotions.
- C When I am upset, I have difficulty getting work done.
- D When I am upset, it takes me a long time to feel better.
- E When I am upset, I become embarrassed for feeling that way.
- F When I am upset, I believe that there is nothing I can do to make myself feel better.
- G When I am upset, I start to feel very bad about myself.
- H When I am upset, I have difficulty focusing on other things.
- I When I am upset, I feel out of control.
- J When I am upset, my emotions feel overwhelming.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often

5 Very often

-----PAGE BREAK-----

HARM Since the coronavirus pandemic began, have you had thoughts of killing yourself?

- 1 Yes
- 2 No

-----PAGE BREAK-----

[IF HARM =1]

Q59 Since the coronavirus pandemic began, have you had intentions to act on thoughts of wishing you were dead or trying to kill yourself?

- 1 Yes
- 2 No

[IF HARM =1]

Q60 Since the coronavirus pandemic began, have you thought about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself?

- 1 Yes
- 2 No

-----PAGE BREAK-----

[IF HARM =1, DISPLAY]

If you are having current thoughts of suicide, please call 9-1-1 for assistance or the National Suicide Hotline at (800) 273-TALK (8255).

-----PAGE BREAK-----

SOCDIS Are you currently practicing social distancing as best you can (in other words: are you maintaining at least 6 feet of physical space between you and others to avoid spreading or catching the coronavirus)?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much

GALCOV2 To what extent has your life been affected or disrupted by the coronavirus situation?

- 1 Not at all
- 2 Not much
- 3 A fair amount
- 4 A great deal

GFLOYD How has the recent movement for racial equity sparked by the killing of George Floyd influenced your...

- A Stress
- B Parenting
- C Relationship with your partner/spouse

D Attitudes about race in America

- 1 Not at all
- 2 Not much
- 3 A fair amount
- 4 A great deal

-----PAGE BREAK-----

STRESS1 In the past week, how stressed have you been?

- 1 Not at all stressed
- 2
- 3
- 4
- 5 Very stressed

STRESS2 In the past week, have you been less stressed, more stressed, or had about the same amount of stress as before the coronavirus pandemic?

- 1 Less stressed
- 2 About the same amount of stress
- 3 More stressed

STRESS3 How stressed are you about the following?

- A Getting coronavirus
- B My spouse or partner getting coronavirus
- C My children getting coronavirus **[DISPLAY IF CHILD IN HOUSEHOLD]**
- D My parents, siblings, or other family members getting coronavirus
- E Giving someone the coronavirus
- F Money and finances
- G My job
- H Getting food and supplies
- I My child's education **[DISPLAY IF CHILD IN HOUSEHOLD]**
- J Healthcare/insurance
- K Following public health recommendations (social distancing, wearing a mask)
- L My overall health
- M My spouse/partner's overall health
- N My family's overall health

- 1 Not at all stressed
- 2
- 3
- 4
- 5 Very Stressed
- 99 Does not apply **[ONLY APPEAR FOR STRESS3-G]**

STRESS4 How stressed are you about the way the following people might be treated by police and the criminal justice system?

- A My family and friends
- B My children
- C Myself
- D People who are Black
- E People who are Hispanic or Latino/a/x
- F People who are Immigrants

G People who are LGBTQ+

- 1 Not at all stressed
- 2
- 3
- 4
- 5 Very Stressed
- 99 Does not apply

-----PAGE BREAK-----

COPE What are you doing to cope with the coronavirus pandemic?

- A. Taking a break from the news or social media
- B. Exercising or walking
- C. Praying or meditating
- D. Getting plenty of sleep
- E. Connecting with friends or family
- F. Connecting with your religious community
- G. Connecting with a mental or physical healthcare provider
- H. Watching or streaming TV or gaming
- I. Smoking cigarettes or vaping
- J. Drinking alcohol
- K. Using drugs (like valium, cannabis, marijuana, or opioids)
- L. Eating more food than usual
- M. Eating less food than usual
- N. Cutting or self-injury

- 1 Yes
- 2 No

-----PAGE BREAK-----

Q61 Now, thinking back over the last 30 days, about how regularly did you drink alcoholic beverages such as wine, beer, or liquor? Would you say that it was...

- 1 More than once a day
- 2 Once a day
- 3 5 or 6 days a week
- 4 3 or 4 days a week
- 5 1 or 2 days a week
- 6 2 to 3 times in the last month
- 7 Once in the last month
- 8 Did not drink any alcoholic beverages

[ASK IF Q61 = 1-7]

Q62 Over the last 30 days, about how many drinks would you have on a typical day when you drank?

[number drop down with range from 1 to 20+]

Q63 Has a family member or a friend, a doctor or a nurse, or anyone else, been worried about your drinking or said to you that you should stop drinking or cut down?

- 1 Yes, in the past 12 months
- 2 Yes, but not in the past 12 months
- 3 No

-----PAGE BREAK-----

SMOKE Do you currently smoke cigarettes, e-cigarettes (including vaping), or cigars (or cigarillos) that contain nicotine? **Please select all that apply.**

- 1 Yes, I smoke cigarettes
- 2 Yes, I smoke e-cigarettes (including vaping)
- 3 Yes, I smoke cigars (or cigarillos)
- 4 No, I don't smoke cigarettes, e-cigarettes, or cigars

[IF SMOKE = 1, ask]

Q64 In a typical day, how many cigarettes do you smoke?

- 1 10 or less
- 2 11-20
- 3 21-30
- 4 31 or more

[IF SMOKE = 2, ask]

QV1 In the past 30 days, on how often did you use an e-cigarette or other electronic vaping product?

- 1 0 days
- 2 1 or 2 days
- 3 3 to 5 days
- 4 6 to 9 days
- 5 10 to 19 days
- 6 20 to 29 days
- 7 All 30 days

[IF SMOKE = 2, ask]

QV2 What strength e-cigarette or other electronic vaping product do you use most often?

- 1 No nicotine
- 2 Ultra-light (6 milligrams of nicotine or less; 0.6% or less)
- 3 Light (7 to 12 milligrams of nicotine; 0.7% to 1.2%)
- 4 Medium (13 to 17 milligrams of nicotine; 1.3% to 1.7%)
- 5 Strong (18 to 23 milligrams of nicotine; 1.8% to 2.3%)
- 6 Extra strong (24 milligrams of nicotine or more; 2.4% or more)
- 99 Don't know

[IF SMOKE = 2, ask]

QV3 On the days you vaped, how many times did you usually pick up your e-cigarette device to take a puff?

- 1 1 time
- 2 2 times
- 3 3-5 times
- 4 6-9 times
- 5 10-14 times
- 6 15-20 times
- 7 >20 times

-----PAGE BREAK-----

This next set of questions will ask about some of the prescription medications you may or may not be taking. Doctors often prescribe drugs or medication for health reasons. Many people may also take prescription drugs or medication with a prescription or doctor's advice. Please indicate whether or not you have used any of the following medications, either with or without a doctor's prescription.

Q65 In the past 30 days have you used antidepressant medication, such as citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), fluvoxamine (Luvox), paroxetine (Paxil), sertraline (Zoloft), bupropion (Wellbutrin), vilazodone (Viibryd), vortioxetine (Brintellix), or amitriptyline (Elavil)?

- 1 Yes
- 2 No

Q66 In the past 30 days have you used tranquilizers or anti-anxiety medication, such as diazepam (Valium), chlordiazepoxide (Librium), lorazepam (Ativan), alprazolam (Xanax), clonazepam (Klonopin), or clorazepate (Tranzene)?

- 1 Yes
- 2 No

Q67 In the past 30 days have you used sleeping pills such as zolpidem (Ambien), eszopiclone (Lunesta), temazepam (Restoril), triazolam (Halcion), or barbituates?

- 1 Yes
- 2 No

Q68 In the past 30 days have you used painkillers or other opiates such as codeine, acetaminophen with codeine (Tylenol #3), oxycodone (Percodan, Percocet, Oxycontin), hydromorphone (Dilaudid), hydrocodone (Vicodin, Norco), fentanyl or morphine?

- 1 Yes
- 2 No

Q69 In the past 30 days have you used marijuana, pot, hashish, THC, or synthetic marijuana?

- 1 Yes
- 2 No

-----PAGE BREAK-----

PRESCRIP Do you have a doctor's prescription for any of the following?

- A Antidepressant medication
- B Tranquilizers or anti-anxiety medication
- C Sleeping pills
- D Painkillers
- E Marijuana

- 1 Yes
- 2 No

-----PAGE BREAK-----

Q80 Are you taking [insert drug category from PRESCRIP] as prescribed? [ask for each item endorsed in PRESCRIP]

- 1 I am taking it less than prescribed
- 2 I am taking it mostly as prescribed
- 3 I am taking it as prescribed
- 4 I am taking it more than prescribed

-----PAGE BREAK-----

Q82 Please indicate whether you have used any of the following in the past 12 months (without a prescription).

- A Uppers or stimulants such as amphetamines, speed, crank, ice, crystal meth, predulin, Ritalin, or Adderall?

- B Cocaine or crack?
- C Heroin or illegal methadone, buprenorphine, suboxone, Subutex, fentanyl or naltrexone?
- D Hallucinogens or psychedelic drugs, such as acid or LSD, angel dust, PCP, mescaline, or peyote?
- E Club drugs, such as ecstasy/MDMA, GHB or ketamine?

- 1 Yes
- 2 No

-----PAGE BREAK-----

Q83 Has a family member or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?

- 1 Yes, in the past 12 months
- 2 Yes, but not in the past 12 months
- 3 No

-----PAGE BREAK-----

HIV What is your current HIV status?

- 1 Positive (you have HIV)
- 2 Negative (you do not have HIV)
- 99 Don't know

-----PAGE BREAK-----

[IF HIV = 2 or 99]

Q86 About how often do you get tested for HIV?

- 1 Once every 1 to 3 months
- 2 About once every 4 to 6 months
- 3 About once a year
- 4 About once every 2 years or less often
- 5 I've never been tested for HIV

[IF Q86 = 1, 2, 3, or 4]

Q87 When was the last time you were tested for HIV?

[DROP DOWN MONTH/YEAR – GO BACK TO 1985]

-----PAGE BREAK-----

[IF HIV = 1, ASK]

Q88 Based on your most recent viral load test, which of the following best describes your HIV viral load?

(When copies of HIV cannot be detected by standard viral load tests, an HIV-positive person is said to have an "undetectable viral load." For most tests used clinically today, this means fewer than 50 copies of HIV per milliliter of blood (<50 copies/mL).

- 1 Undetectable
- 2 Detectable
- 99 Don't know

-----PAGE BREAK-----

PARTHIV What is your current spouse/partner's current HIV status?

- 1 Positive (they have HIV)
- 2 Negative (they do not have HIV)
- 99 Don't know

-----PAGE BREAK-----

[IF PARTHIV = 1, ASK]

Q89 Based on their most recent viral load test, which of the following best describes their HIV viral load?
(When copies of HIV cannot be detected by standard viral load tests, an HIV-positive person is said to have an “undetectable viral load.” For most tests used clinically today, this means fewer than 50 copies of HIV per milliliter of blood (<50 copies/mL).

- 1 Undetectable
- 2 Detectable
- 99 Don't know

-----PAGE BREAK-----

Q90 Truvada and DESCovy are medications that HIV-negative individuals can take to prevent HIV infection. This is called PrEP (or Pre-Exposure Prophylaxis). Have you ever or are you currently taking Truvada or DESCovy for PrEP?

Insert Grid

	Currently taking	Previously have taken	Have never taken
Truvada			
DESCOVY			

-----PAGE BREAK-----

IDENTITY Which of the following do you consider yourself to be? **(select all that apply)**

- 1 Heterosexual or “straight”
- 2 Gay or lesbian
- 3 Bisexual
- 4 Same-gender loving
- 5 Queer
- 6 Pansexual
- 7 Omnisexual
- 8 Asexual
- 9 Don't know
- 10 Questioning
- 11 Something else (**specify**)

-----PAGE BREAK-----

Please complete the following question for your current spouse/partner who you spend most of your time with.

[ASK IF IDENTITY = 1-8, 10, 11]

Q95 Does your partner know that you are [insert select]? **[DISPLAY FOR EACH SELECTED IN IDENTITY]**

- A Heterosexual or “straight” **[DISPLAY IF SELECTED 1 IN IDENTITY]**
- B Gay or lesbian **[DISPLAY IF SELECTED 2 IN IDENTITY]**
- C Bisexual **[DISPLAY IF SELECTED 3 IN IDENTITY]**
- D Same-gender loving **[DISPLAY IF SELECTED 4 IN IDENTITY]**
- E Queer **[DISPLAY IF SELECTED 5 IN IDENTITY]**
- F Pansexual **[DISPLAY IF SELECTED 6 IN IDENTITY]**
- G Omnisexual **[DISPLAY IF SELECTED 7 IN IDENTITY]**
- H Asexual **[DISPLAY IF SELECTED 8 IN IDENTITY]**
- I Questioning **[DISPLAY IF SELECTED 10 IN IDENTITY]**
- J [SOMETHING ELSE SPECIFIED] **[DISPLAY TEXT IF SELECTED 11 IN IDENTITY]**

- 1 Yes
- 2 No

99 Don't know

-----PAGE BREAK-----

Q96 Please indicate how romantically or sexually attracted you are to the following people:

- A Women
- B Men
- C Trans women
- D Trans men
- E Nonbinary people (agender, gender-neutral, gender fluid)

- 1 Not at all
- 2 Not very
- 3 Somewhat
- 4 Very
- 99 Don't know

-----PAGE BREAK-----

QWOMEN_1 Have you ever had a sexual experience with a woman?

- 1 Yes
- 2 No

-----PAGE BREAK-----

[IF QWOMEN_1 = 1, ASK]

QWOMEN_2 How many women have you had a consensual sexual experience with?

[NUMERIC ENTRY]

-----PAGE BREAK-----

QMEN_1 Have you ever had a sexual experience with a man?

- 1 Yes
- 2 No

-----PAGE BREAK-----

[IF QMEN_1 = 1, ASK]

QMEN_2 How many men have you had a consensual sexual experience with?

[NUMERIC ENTRY]

-----PAGE BREAK-----

OTHRPAR Apart from your current partner/spouse, have you ever lived with a romantic partner/spouse? By living together we mean that you were in a relationship and neither of you had a separate residence.

- 1 Yes
- 2 No

-----PAGE BREAK-----

[If OTHERPAR = 1]

NUMPAR Not including your current partner/spouse, how many romantic partners/spouses have you lived with?

[NUMERIC, WHOLE NUMBER DROP DOWN 0 – 10+]

[If OTHERPAR = 1]

DIVORCE Not including your current partner/spouse, have you ever been married?

- 1 Yes
- 2 No

-----PAGE BREAK-----

Q100A Please indicate your level of agreement with each of the following questions.

- A My racial or ethnic identity is a central part of my identity
- B My sexual orientation/identity is a central part of my identity
- C My gender/gender identity is a central part of my identity
- D **[ASK IF IDENTITY = 2-11]** I am proud to be LGBTQ+
- E I am proud of my racial-ethnic identity
- F **[ASK IF IDENTITY = 2-11]** If it were possible, I would choose to be straight
- G **[ASK IF IDENTITY = 2-11]** I wish I were heterosexual
- H **[ASK IF IDENTITY = 2 - 7 & 10]** I believe it is unfair that I am attracted to people of the same sex
- I **[ASK IF IDENTITY = 2 - 7 & 10]** I prefer to keep my same-sex romantic relationships rather private
- J **[ASK IF IDENTITY = 2 - 7 & 10]** I keep careful control over who knows about my same-sex romantic relationships
- K **[ASK IF IDENTITY = 2-11]** My sexual orientation is a very personal and private matter.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

-----PAGE BREAK-----

[IF IDENTITY = 3 - 11, ASK]

QBI_ERASURE Have the following things happened to you?

- A People have not taken my sexual identity seriously because I am **[INSERT SELECTIONS/SELECTION FROM IDENTITY]**
 - B People have assumed that I will cheat in a relationship because I am **[INSERT SELECTIONS/SELECTION FROM IDENTITY]**
 - C People have treated me negatively because I am **[INSERT SELECTIONS/SELECTION FROM IDENTITY]**
- 1. Never
 - 2. Rarely
 - 3. Sometimes
 - 4. Often
 - 5. Very often

-----PAGE BREAK-----

Q53 Please indicate how much you agree or disagree with each of the following. When seeking healthcare...

- A I worry about being negatively judged
- B I worry that diagnoses of me/my health may be negatively affected because of who I am
- C I worry that I might confirm negative stereotypes about people like me
- D I can trust healthcare providers to give me high quality care
- E Healthcare providers don't take my concerns seriously

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

-----PAGE BREAK-----

MICRO In your day-to-day life over the past month, how often did any of the following things happen to you?

- A You were treated with less respect than other people
- B You received poorer service than other people at restaurants or stores
- C People acted as if they were afraid of you
- D People acted as if they thought you were dishonest
- E People acted as if they were better than you
- F You were called names or insulted
- G You were threatened or harassed
- H You were hit, beaten, physically attacked, or assaulted
- I You were robbed, or your property was stolen, vandalized, or purposely damaged

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

-----PAGE BREAK-----

[ASK IF (IDENTITY = 2 – 11) AND (ANY RACE 2- 15 IS SELECTED OR HISP = 2, 3, 4 OR 5 or SWANA = 1 OR 2)]

Q113 Please indicate how often each of the following have happened to you in the past 12 months?

- A Not being accepted by other people of your race/ethnicity because you are LGBTQ+
- B Feeling misunderstood by White LGBTQ+ people
- C Being rejected by other LGBTQ+ people of your same race/ethnicity
- D Being seen as a sex object by other LGBTQ+ people because of your race/ethnicity
- E Difficulty finding friends who are LGBTQ+ and from your racial/ethnic background

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

-----PAGE BREAK-----

[IF IDENTITY = 2 - 11, ASK]

Q10B Are you out to: all, most, some or to none of your...

- A Family
- B Friends
- C Co-workers **[ASK IF EMP = 1,2, OR 3]]**
- D Healthcare providers

- 1 All
- 2 Most
- 3 Some

4 None

-----PAGE BREAK-----

Q116 In the past month, how many times did you and your current spouse/partner have sex?
[NUMERIC, WHOLE NUMBER DROP DOWN 0 – 40+]

Q117 How satisfied are you with your sexual relationship with your current spouse/partner?

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied or dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

Q84 The last time you had sex did you use a condom or other protective barrier (such as male or female condom, dental dam, or glove)?

- 1 Yes
- 2 No

-----PAGE BREAK-----

Q121 Are you currently having sex with someone other than your spouse/partner? **(select all that apply)**

- 1 No
- 2 Yes, I am currently having sex with person(s) of a different-gender than me
- 3 Yes, I am currently having sex with person(s) of the same-gender as me

-----PAGE BREAK-----

[IF PREG DOES NOT = 1]

Q85 The last time you had sex, what was/were the primary type(s) of birth control you used? **(select all that apply)**

- 1 None
- 2 Does not apply
- 3 Female sterilization (tubal ligation)
- 4 Male sterilization (vasectomy)
- 5 Birth control pills (oral contraception)
- 6 A condom (male or female)
- 7 Contraceptive implant (Norplant)
- 8 Depo-provera (the three month shot)
- 9 An IUD (intrauterine device), coil, loop
- 10 A diaphragm, sponge, cervical cap or shield
- 11 Emergency contraception or the morning after pill
- 12 Spermicide
- 13 Natural family planning (safe periods by temperature, cervical mucus test, or calendar)
- 14 Withdrawal (pulling out)
- 15 Other method

-----PAGE BREAK-----

[IF IDENTITY = 2 - 11, ASK]

How often does this happen in your current relationship? **My spouse/partner has:**

- Q123 pressured me to change how I label my sexual orientation/identity
- Q125 told me to “act straight” around people
- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often

5 Very often

-----PAGE BREAK-----

[IF IDENTITY = 2 - 11, ASK]

How often does this happen in your current relationship? **I have:**

Q126 pressured my spouse/partner to change how they label their sexual orientation/identity

Q128 told them to “act straight” around people

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often
- 99 Does not apply

-----PAGE BREAK-----

Content Warning: All couples argue, it’s part of being in a relationship. Sometimes these arguments can escalate or get out of hand. In this section we will ask you questions about things that can happen when arguments or conflicts escalate in relationships. Please indicate how often you experienced these in your relationship and how often you have done these things in your relationship.

-----PAGE BREAK-----

[IF IDENTITY = 2 - 11, ASK]

How often does this happen in your current relationship? **My spouse/partner has:**

Q124 threatened to “out” me

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

-----PAGE BREAK-----

Q129 How often does this happen in your current relationship? **My spouse/partner has:**

- a. Told me I was crazy, stupid, or not good enough
 - b. Monitored or harassed me by phone, text, email or social media
 - c. Kept me from seeing or talking to my friends or family
 - d. Kept me from having access to a job, money, or financial resources
 - e. Threatened to hurt me or someone close to me
 - f. Pushed, slapped, hit, kicked, bit, choked, or threw something to hurt me
 - g. Seriously physically hurt me in a fight to the point that I (probably) needed health care
 - h. Made me perform a sex act that I did not want to perform or forced or tried to force me to have sex
- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Very often

-----PAGE BREAK-----

[IF IDENTITY = 2 - 11, ASK]

How often does this happen in your current relationship? **I have:**

Q127 threatened to “out” them

- 1 Never
- 2 Rarely

- 3 Sometimes
- 4 Often
- 5 Very often
- 99 Does not apply

-----PAGE BREAK-----

Q130 How often does this happen in your current relationship? **I have:**

- a. Told them they were crazy, stupid, or not good enough
- b. Monitored or harassed them by phone, text, email or social media
- c. Kept them from seeing or talking to their friends or family
- d. Kept them from having access to a job, money, or financial resources
- e. Threatened to hurt them or someone close to them
- f. Pushed, slapped, hit, kicked, bit, choked, or threw something to hurt them
- g. Seriously physically hurt them in a fight to the point that they (probably) needed health care
- h. Made them perform a sex act that they did not want to perform or forced or tried to force them to have sex

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

-----PAGE BREAK-----

[IF Q129F = 2-5, ASK:]

Q129_A Has your spouse/partner pushed, slapped, hit, kicked, bit, choked, or thrown something to hurt you less often, more often, or about the same since the coronavirus pandemic began?

- 1 Less often
- 2 About the same
- 3 More often
- 4 Not applicable, we were not together before the coronavirus pandemic

[IF Q130F = 2-5, ASK:]

Q129_B Have you pushed, slapped, hit, kicked, bit, choked, or thrown something to hurt your spouse/partner less often, more often, or about the same since the coronavirus pandemic began?

- 1 Less often
- 2 About the same
- 3 More often
- 4 Not applicable, we were not together before the coronavirus pandemic

-----PAGE BREAK-----

Content Warning: The upcoming questions are meant to evaluate your past traumatic history, when applicable. These types of questions may make you feel uncomfortable and think about traumatic events that may cause an emotional response. Remember, as a participant with rights, you do not need to answer any questions that you do not want to. To help protect your privacy, you may also want to clear your browser after completing the survey.

-----PAGE BREAK-----

Q131 Have you ever lived with anyone who was/is mentally ill or suicidal, or severely depressed? **(select all that apply)**

- 1 Yes, before the age of 18
- 2 Yes, after the age of 18 but not currently
- 3 Yes, currently
- 4 No, never

Q132 Have you ever lived with anyone who was/is a problem drinker or alcoholic? (***select all that apply***)

- 1 Yes, before the age of 18
- 2 Yes, after the age of 18 but not currently
- 3 Yes, currently
- 4 No, never

Q133 Have you ever lived with anyone who used/uses illegal street drugs or who abused prescription medications? (***select all that apply***)

- 1 Yes, before the age of 18
- 2 Yes, after the age of 18 but not currently
- 3 Yes, currently
- 4 No, never

Q134 Have you ever lived with anyone who served/is serving time or was sentenced to serve time in a prison, jail, or other correctional facility? (***select all that apply***)

- 1 Yes, before the age of 18
- 2 Yes, after the age of 18 but not currently
- 3 Yes, currently
- 4 No, never

-----PAGE BREAK-----

Q136 Before you turned the age of 18, did your parents or guardians get divorced or separate?

- 1 Yes, my parents/guardians got divorced or separated
- 2 No, my parents/guardians were not married to one another
- 3 No, my parents/guardians did not divorce or separate

Q137 Before the age of 18, did you ever live with a parent or guardian who died?

- 1 Yes
- 2 No

Q139 Before the age of 18, were you ever the victim of violence or witness any violence in your neighborhood?

- 1 Yes
- 2 No

Q140 Before the age of 18, did you often or very often feel that you didn't have enough to eat?

- 1 Yes
- 2 No

-----PAGE BREAK-----

Still thinking back to before you were 18 years of age...

Q141 How often did you ever see or hear any parents, guardians, or any other adults in your home ever slap, hit, kick, punch, or beat each other up?

- 1 Never
- 2 Once
- 3 More than once
- 99 Don't know

Q142 How often did a parent, guardian, or other adult in your home ever hit, beat, kick, or physically hurt you in any way? (Do not include spanking)

- 1 Never
- 2 Once
- 3 More than once
- 99 Don't know

-----PAGE BREAK-----

PAREL1 Between your birth and the time that you left home (or the age of 18), did you always live with both of your parents?

- 1 Yes
- 2 No

PAREL2 Were your parents married or living together at the time you were born?

- 1 Yes
- 2 No
- 99 Don't know

-----PAGE BREAK-----

Q200 How much financial/housing assistance/support are you currently receiving from the family that you grew up in?

- 1 None
- 2
- 3
- 4
- 5 A great deal

Q201 How much financial/housing assistance/support are you currently providing to the family that you grew up in?

- 1 None
- 2
- 3
- 4
- 5 A great deal

Q202 How much emotional support are you currently providing to the family that you grew up in?

- 1 None
- 2
- 3
- 4
- 5 A great deal

-----PAGE BREAK-----

We would like to know about the individual(s) you lived with who you feel raised you. This may be one or both of your biological parents, a step-parent, adoptive parent(s), grandparent(s), etc. If more than one person comes to mind, choose the two that are most important to you to answer the following questions. We'll ask you about the first parental figure to begin and then you'll have a chance to answer about a second parental figure.

PARENT What is/was this person's relationship to you? (*think about one parent. We'll ask you about another parental figure (maximum of 2) next*).

- 1 Biological Parent
- 2 Adoptive Parent
- 3 Foster Parent
- 4 Step-parent

- 5 Grandparent
- 6 Sibling
- 7 Other relative. (**specify**)
- 8 Other non-relative. (**specify**)
- 9 Was not raised by anyone

-----PAGE BREAK-----

[IF PARENT = 1-8, ASK]

PARENT1 What is/was their gender? (**select one**)

- 1 Man
- 2 Woman
- 3 Trans man
- 4 Trans woman
- 5 Do not identify as any of the above (there is an option to specify at next question)

[IF PARENT1 = 5 OR IS BLANK]

PARENT7 Do any of the following terms describe their gender? (**select all that apply**)

- 1 Nonbinary
- 2 Two-spirit
- 3 Agender
- 4 Gender fluid
- 5 Gender neutral
- 6 Genderqueer
- 7 Other (**Please specify**)
- 99 Don't know

[IF PARENT = 1-8, ASK]

PARENT2 Is this person still alive?

- 1 Yes
- 2 No
- 99 Don't know

[PARENT2= 2]

PARENT3 When did they die?

[DROP DOWN MONTH/YEAR]

[IF PARENT2 = 1]

PARENT4 How close do you feel to this parental figure?

- 1 Not at all close
- 2 Not very close
- 3 Somewhat close
- 4 Quite close
- 5 Very close

[IF PARENT2 = 1]

PARENT4_B How stressful is your relationship with this parental figure?

- 1 Not stressful at all
- 2
- 3
- 4
- 5 Very stressful

[IF PARENT = 1-8, ASK]

PARENT5 What is/was this parental figure's highest level of completed education?

- 1 Less than high school
- 2 High school degree or GED
- 3 Vocational or Technical Program or Training
- 4 Some college
- 5 Associate's degree
- 6 Bachelor's degree
- 7 Master's degree
- 8 Doctorate or Professional degree (e.g., Ph.D., M.D., J.D., etc.)

[IF PARENT = 1-8, ASK]

PARENT6 Is there another person, who you lived with, that you feel raised you?

- 1 Yes **[IF YES, ASK PARENT1-6, REPEAT UP TO 1 ADDITIONAL TIME]**
- 2 No

-----PAGE BREAK-----

Finally, we have a few demographic questions, for analytic purposes.

D1 What sex appears on your original birth certificate?

- 1 Male
- 2 Female
- 3 Don't know/does not apply

D2 Which of the following best describes your gender? (**select one**)

- 1 Man
- 2 Woman
- 3 Trans man
- 4 Trans woman
- 5 Do not identify as any of the above (there is an option to specify at next question)

[IF D2 = 5 OR IS BLANK]

D2_1 Do any of the following terms describe your gender? **Please select all that apply.**

- 1 Nonbinary
- 2 Two-spirit
- 3 Agender
- 4 Gender fluid
- 5 Gender neutral
- 6 Genderqueer
- 7 Other (**Please specify**)
- 99 Don't know

D2_2A person's appearance, style, dress, or mannerisms may affect the way people think of them. On average, **how do you think other people would** describe your appearance, style, dress, or mannerisms?

- 1 Very Feminine
- 2 Mostly Feminine
- 3 Somewhat Feminine
- 4 Equally Feminine and Masculine
- 5 Somewhat Masculine
- 6 Mostly Masculine
- 7 Very Masculine

D3 What is your current level of completed education?

- 1 Less than high school
- 2 High school degree or GED
- 3 Vocational or Technical Program or Training
- 4 Some College
- 5 Associate degree
- 6 Bachelor's degree
- 7 Master's degree
- 8 Doctorate or Professional degree (e.g., Ph.D., M.D., J.D., etc.)

D4 Are you currently enrolled in school?

- 1 Yes
- 2 No

AGE What is the year and month you were born?

[programmer insert 2 drop downs – one for month, one for year]

PARTYID In politics, as of today, with which political party do you most closely affiliate?

- 1 Democrat
- 2 Republican
- 3 Independent
- 4 Other party

-----PAGE BREAK-----

D5 Are you currently covered by any of the following types of health insurance or health coverage plans?

Please mark all that apply. (**Select all that apply**)

- 1 I currently do not have health insurance
- 2 Insurance through my current or former employer or union
- 3 Insurance through my spouse/partner
- 4 Insurance through my parent
- 5 Insurance through someone other than my spouse/partner or parent
- 6 Insurance I purchased through Healthcare.Gov or a Health Insurance Marketplace (sometimes called "Obamacare")
- 7 Medicare (for people 65 and older, or people with certain disabilities)
- 8 Medicaid (government-assistance plan for those with low incomes or a disability)
- 9 TRICARE or other military healthcare VA (including if you ever used or enrolled for VA healthcare)
- 10 Indian Health Service
- 11 Another type of health insurance or health coverage plan... **please specify**

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D9 Using your best estimate, what is your **personal** annual income, earned from work you do for an employer or for yourself? This includes all wages, salary, commissions, bonuses or tips from all jobs. *(Please enter the amount to the nearest dollar. Do not enter a dollar sign or commas or periods. Example: 52000)*

[ENTER NUMBER – PROGRAMMER RESTRICT TO NUMERIC]

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[IF D9 = BLANK, ASK]

D10 Can you please share your best estimate for your **personal** annual income?

- 1 Under \$6,000
- 2 \$6,000 to \$11,999
- 3 \$12,000 to \$23,999
- 4 \$24,000 to \$35,999
- 5 \$36,000 to \$47,999
- 6 \$48,000 to \$59,999
- 7 \$60,000 to \$89,999
- 8 \$90,000 to \$119,999
- 9 \$120,000 to \$179,999
- 10 \$180,000 to \$239,999
- 11 \$240,000 and over

-----PAGE BREAK-----

D11 Using your best estimate, what is your total **household** income (including everyone you live with as part of your household)? *(Please enter the amount to the nearest dollar. Do not enter a dollar sign or commas or periods. Example: 52000)*

(Please include money from various jobs; net business, farm or rental income; pensions; dividends or inheritance; interest; social security payments; earned income tax credits; child support; welfare benefits or other money from the government)

[ENTER NUMBER – PROGRAMMER RESTRICT TO NUMERIC]

-----PAGE BREAK-----

[IF D11 = BLANK, ASK]

D12 Can you please share your best estimate for your total **household** income?

- 1 Under \$6,000
- 2 \$6,000 to \$11,999
- 3 \$12,000 to \$23,999
- 4 \$24,000 to \$35,999
- 5 \$36,000 to \$47,999
- 6 \$48,000 to \$59,999
- 7 \$60,000 to \$89,999
- 8 \$90,000 to \$119,999
- 9 \$120,000 to \$179,999
- 10 \$180,000 to \$239,999
- 11 \$240,000 and over

-----PAGE BREAK-----

D12_B How many people living in your household depend on that income? Include everyone who is living or staying here, including yourself.

Number of people: _____ **[DROP DOWN NUMBER – PROGRAMMER RESTRICT TO NUMERIC, WHOLE NUMBERS]**

D12_C Do you expect your household's income this year (2020) to be more than, less than, or about the same as your household's income last year (2019)?

1. Less than last year
2. About the same as last year

3. More than last year

D12_C after Jan 1, 2021 Was your household's income in 2020 more than, less than, or about the same as your household's income in 2019?

1. Less than 2019
2. About the same as 2019
3. More than 2019

-----PAGE BREAK-----

D13 What country were you born in?

[Format as country drop down]

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[IF SELECTED NON-U.S. IN D13 ASK:]

D14 How long have you lived in the U.S.?

[Less than 1 year, 1-## drop down]