



Thank you for agreeing to take the
Social Justice Sexuality Survey!

Section I: Civic Engagement and LGBT Communities

1. (a) How often have you attended a **racial or ethnic LGBT Pride festival**

(e.g., Black Pride, Latina/o Pride, Asian Pride, etc.)? **(Check one box)**

Never

1
☐

2
☐

3
☐

4
☐

5
☐

Frequently

6
☐

- (b) Thinking about distance, how far do you typically travel to socialize or hang out at a LGBT establishment? **(Check one box)**

0 – 5 miles

☐

6 – 10 miles

☐

11 – 20 miles

☐

21 – 30 miles

☐

31 – 40 miles

☐

Over 40 miles

☐

<p>I do not go to LGBT establishments</p> <p><input type="checkbox"/></p>

- (c) Thinking about time, how long do you typically travel to socialize or hang out at a LGBT establishment? **(Check one box)**

0 – 15 min.

☐

16 – 30 min.

☐

31 – 45 min.

☐

46 – 60 min.

☐

61 – 90 min.

☐

Over 90 min.

☐

<p>I do not go to LGBT establishments</p> <p><input type="checkbox"/></p>

2. (a) What are the **three (3)** most important issues facing **you**? **(Specify three)**

1. _____
2. _____
3. _____

- (b) To what degree are LGBT organizations addressing **your** issues that you chose in question #2 (a) above? **(Check one box)**

**Not doing
enough**

1
☐

2
☐

**Doing just the
right amount**

3
☐

4
☐

**Doing too
much**

5
☐

3. (a) In your opinion, what are the **three (3)** most important issues facing **LGBT communities of color** in the U.S.? **(Specify three)**

1. _____
2. _____
3. _____

- (b) To what degree are LGBT organizations addressing the issues that you chose in question #3 (a) above? **(Check one box)**

**Not doing
enough**

1
☐

2
☐

**Doing just the
right amount**

3
☐

4
☐

**Doing too
much**

5
☐

4. (a) Do you think that **gays and lesbians in the military** should be legalized? **(Check one box)**

☐ Yes

☐ No

(b) How much of an **impact** would the legalization of gays and lesbians in the military have on your life?

(Check one box)

No impact at all

1
☐

2
☐

3
☐

4
☐

5
☐

A large impact

6
☐

(c) Do you think that **same-sex marriage** should be legalized? (Check one box) ☐ Yes ☐ No

(d) How much of an **impact** would the legalization of same-sex marriage have on your life?

(Check one box)

No impact at all

1
☐

2
☐

3
☐

4
☐

5
☐

A large impact

6
☐

5. Please indicate your level of agreement (or disagreement) with the following statements:

(Check one box per question)

	Strongly disagree	1	2	3	4	5	Strongly agree
		1	2	3	4	5	6
(a) Homophobia is a problem within <u>my</u> racial or ethnic community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Homophobia is a problem in <u>my</u> neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) In general, homophobia is a problem within <u>all</u> communities of color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate your level of agreement (or disagreement) with the following statements:

(Check one box per question)

	Strongly disagree	1	2	3	4	5	Strongly agree
		1	2	3	4	5	6
(a) I feel connected to my local LGBT community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I feel that the problems faced by the LGBT community are also my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I feel a bond with other LGBT people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In your opinion, to what degree are **mainstream** LGBT organizations (e.g., HRC, NGLTF, etc.) addressing the following issues: (Check one box per question)

	Not doing enough	Doing just the right amount	Doing too much	This is not a LGBT issue
	1	2	3	4
(a) Racial justice / equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Economic justice / equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Gender equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Disability rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Age discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Electing LGBT political officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Thinking about **LGBT groups, organizations, and activities in general**, during the past 12 months, how often have you: **(Check one box per question)**

	Never	Once or twice a year	About 6 times a year	About once a month	About once a week	More than once a week
	1	2	3	4	5	6
(a) Participated in political events (e.g., a march, rally, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Participated in social or cultural events (e.g., clubs, movies, restaurants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Read newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Used the internet (e.g., chat rooms, social networking sites, blogs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Received goods and/or services (e.g., medical, counseling, food, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Donated money to an organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Thinking about groups, organizations, and activities **for people of color**, during the past 12 months, how often have you: **(Check one box per question)**

	Never	Once or twice a year	About 6 times a year	About once a month	About once a week	More than once a week
	1	2	3	4	5	6
(a) Participated in political events (e.g., a march, rally, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Participated in social or cultural events (e.g., clubs, movies, restaurants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Read newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Used the internet (e.g., chat rooms, social networking sites, blogs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Received goods and/or services (e.g., medical, counseling, food, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Donated money to an organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Thinking about groups, organizations, and activities **for LGBT people of color**, during the past 12 months, how often have you: **(Check one box per question)**

	Never	Once or twice a year	About 6 times a year	About once a month	About once a week	More than once a week
	1	2	3	4	5	6
(a) Participated in political events (e.g., a march, rally, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Participated in social or cultural events (e.g., clubs, movies, restaurants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Read newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Used the internet (e.g., chat rooms, social networking sites, blogs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Received goods and/or services (e.g., medical, counseling, food, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Donated money to an organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II: Spirituality and Religion

11. Please answer the following questions about your religious faith using the scale below. Indicate your level of agreement (or disagreement) for each statement. **(Check one box per question)**

	Strongly disagree	Disagree	Agree	Strongly agree
(a) I pray daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I look to my faith as providing meaning and purpose in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I consider myself active in my faith or religious institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) I enjoy being around others who share my faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) My faith impacts many of my decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. (a) In what religious tradition were you **raised**? **(Check one box)**

- ☐ Catholic
 ☐ Muslim or Islamic
 ☐ Agnostic
 ☐ None
- ☐ Jewish
 ☐ Atheist
 ☐ Other (specify)_____
- ☐ Protestant (specify denomination)_____

(b) What religion do you **currently practice**? **(Check one box)**

- ☐ Catholic
 ☐ Muslim or Islamic
 ☐ Agnostic
 ☐ None
- ☐ Jewish
 ☐ Atheist
 ☐ Other (specify)_____
- ☐ Protestant (specify denomination)_____

(c) Thinking about your sexual identity, how much has your religious tradition or spiritual practice been a negative or positive influence for you in coming to terms with your LGBT identity? **(Check one box)**

Negative influence				Neither negative nor positive			Positive influence
1	2	3	4	5	6	7	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(d) How often do you attend religious services? **(Check one box)**

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> About once a month |
| <input type="checkbox"/> Less than once a year | <input type="checkbox"/> 2-3 times per month |
| <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Nearly every week |
| <input type="checkbox"/> Several times per year | <input type="checkbox"/> Every week |

Section III: Sexual, Racial, and Ethnic Identity

13. Do you feel that your **sexual orientation** is an important part of your identity? **(Check one box)**

Not important at all					Extremely important
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How many people within the following communities are you "out" to? **(Check one box per question)**

	None	Some	About half	Most	All	Not Applicable
(a) Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Religious community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) People in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) People online (e.g., myspace, facebook, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. (a) As a LGBT person, how much do you now feel supported by your family? **(Check one box)**

Not supported at all					Completely supported	They don't know I'm LGBT
1	2	3	4	5	6	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) How often have you felt uncomfortable **in your LGBT community** because of your race or ethnicity? **(Check one box)**

Never					Always
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) How often have you felt uncomfortable **in your racial or ethnic community** because of your sexual identity? (Check one box)

Never					Always
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(d) How old were you when you first "came out" to yourself: that is, how old were you when you first knew you were "not straight"? (Fill in) years old

16. (a) Thinking about your LGBT friends, how many of them are the same race as you? (Check one box)

None	Some	About half	Most	All
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Do you feel that your **racial or ethnic status** is an important part of your identity? (Check one box)

Not important at all					Extremely important
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV: Demographics

17. (a) Do you have health insurance? (Check one box) ☐ Yes ☐ No

(b) Do you have a regular doctor or health care provider? (Check one box) ☐ Yes ☐ No

(c) Thinking about the last medical professional you saw, do you feel that s/he ...? (Check one box)

- ☐ Seemed comfortable with your sexual identity
- ☐ Seemed uncomfortable with your sexual identity
- ☐ Seemed to ignore your sexual identity
- ☐ Did not know your sexual identity

(d) Where do you most often get information you trust about health-related issues? (Check one box)

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Medical professional | <input type="checkbox"/> Family | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Online | <input type="checkbox"/> Friends | |

18. (a) What is your current gender identity? (Check **ALL** that apply)

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender (male to female) | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender (female to male) | |

(b) What was the sex on your original birth certificate? (Check one box)

- | | | |
|-------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> I don't know |
|-------------------------------|---------------------------------|---------------------------------------|

(c) Which one label comes closest to how you describe your sexual identity? **(Check one box)**

- | | | | |
|-----------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Gay | <input type="checkbox"/> Two Spirit | <input type="checkbox"/> Same Gender Loving | <input type="checkbox"/> Activa/o |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Queer | <input type="checkbox"/> Straight / Heterosexual | <input type="checkbox"/> Pasiva/o |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> In the Life | <input type="checkbox"/> Macha/o | <input type="checkbox"/> Other (specify)_____ |

(d) Not including the labels in question #18 (c) above, how do you and your friends refer to each other's sexual identity?

(specify)

(e) What is your current relationship status? **(Check ALL that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Not partnered | <input type="checkbox"/> Married to a same-sex partner, including civil union and/or domestic partnership |
| <input type="checkbox"/> Partnered with someone of the same sex | <input type="checkbox"/> Married to a different-sex partner, including civil union and/or domestic partnership |
| <input type="checkbox"/> Partnered with someone of a different sex | <input type="checkbox"/> Other (specify)_____ |

(f) Which of the following describes your role as a parent or guardian? **(Check ALL that apply)**

- | | | |
|---|---|---|
| <input type="checkbox"/> I have at least one biological child | <input type="checkbox"/> I have parented at least one child | <div style="border: 2px solid black; padding: 2px;"><input type="checkbox"/> I have no children</div> |
| <input type="checkbox"/> I have parented (or I am parenting) my partner's child | <input type="checkbox"/> I have adopted at least one child | |

(g) What year were you born? **(Fill in)** 1 9

(h) What is your zip code? **(Fill in)**

(i) What is your citizenship status? **(Check one box)**

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> U.S. citizen | <input type="checkbox"/> Naturalized U.S. citizen | <input type="checkbox"/> Other (specify)_____ |
|---------------------------------------|---|---|

(j) In what country were you born? **(Specify)** _____

(k) In what country was your mother born? **(Specify)** _____

(l) In what country was your father born? **(Specify)** _____

(m) Were any of your grandparents born outside of the United States?

(Check one box) ☐ Yes ☐ No

19. Which of the following racial groups comes closest to identifying you?

(Check **ALL** that apply and specify ethnicity in space provided)

<input type="checkbox"/> Black _____ (e.g., African American, Jamaican, Kenyan, etc.)
<input type="checkbox"/> Hispanic or Latina/o _____ (e.g., Chicana/o, Dominican, Puerto Rican, Cuban, etc.)
<input type="checkbox"/> Asian or Pacific Islander _____ (e.g., Japanese, Malaysian, etc.)
<input type="checkbox"/> Native American _____ (e.g., Navajo, Cherokee, etc.)
<input type="checkbox"/> White _____ (e.g., Irish, Italian, etc.)
<input type="checkbox"/> Multiracial _____ (list all)
<input type="checkbox"/> Other _____ (list)

20. (a) **In the past 12 months**, your sexual partners have been: (Check one box)

- ☐ Exclusively women
- ☐ Mostly women
- ☐ Equal numbers of women and men
- ☐ Mostly men
- ☐ Exclusively men

☐ No sexual partners in the past 12 months

(b) **In your entire life**, your sexual partners have been: (Check one box)

- ☐ Exclusively women
- ☐ Mostly women
- ☐ Equal numbers of women and men
- ☐ Mostly men
- ☐ Exclusively men

☐ I have never had a sexual partner

(c) **Ideally**, your sexual partners would be: **(Check one box)**

- ☐ Exclusively women
- ☐ Mostly women
- ☐ Equal numbers of women and men
- ☐ Mostly men
- ☐ Exclusively men

21. (a) Thinking about politics, which of the following best describes your political views: **(Check one box)**

- ☐ Very liberal
- ☐ Liberal
- ☐ Slightly liberal
- ☐ Slightly conservative
- ☐ Conservative
- ☐ Very conservative

(b) Are you registered as a: **(Check one box)**

- ☐ Republican
- ☐ Democrat
- ☐ Independent
- ☐ None of these
- ☐ Other (specify) _____

(c) Who did you vote for in the 2008 presidential election? **(Check one box)**

- ☐ Barack Obama
- ☐ John McCain
- ☐ I am not eligible to vote
- ☐ I did not vote
- ☐ Other (specify) _____

22. (a) What is the highest level of schooling that you have completed? **(Check one box)**

- ☐ Less than High School
- ☐ High School diploma or GED
- ☐ Some College, no degree
- ☐ Associates degree
- ☐ Bachelor's degree
- ☐ Some Graduate / Professional school
- ☐ Graduate / Professional degree (e.g., MA, PhD, etc.)

(b) Including **all** income sources, what do you estimate was your **total household income** last year?
(Check one box)

- ☐ Under \$8,500
- ☐ \$8,500-\$10,999
- ☐ \$11,000-\$13,499
- ☐ \$13,500-\$14,999
- ☐ \$15,000-\$17,499
- ☐ \$17,500-\$19,999
- ☐ \$20,000-\$29,999
- ☐ \$30,000-\$39,999
- ☐ \$40,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000 and over

(c) Do you have one or more retirement accounts (e.g., pension, IRA, 401K, Keogh, SEP, etc.)?
(Check one box) ☐ Yes ☐ No

(d) **Not** including yourself, how many people live with you in your household?
(Indicate the number of adults and the number of children)

|__|__| **Adults** (18 years old and older)

|__|__| **Children** (17 years old and younger)

(e) Are you now: **(Check ALL that apply)**

☐ A student

☐ In the military

☐ On public assistance
(e.g., disability, welfare, SSI, SSDI, etc.)

☐ Employed full time

☐ Retired

☐ Self-employed
(If so, how many employees do you have?)

☐ Employed part time

☐ Unemployed

|__|__|__|

(f) Have you ever served in the military? **(Check one box)** ☐ Yes ☐ No

23. (a) How tall are you without shoes? **(Fill in)** |__|__| FEET AND |__|__| INCHES **OR**
|__|__| METERS AND |__|__|__| CENTIMETERS

(b) How much do you weigh without clothes or shoes? (If you are currently pregnant, how much did you weigh **before** your pregnancy?) **(Fill in)**

|__|__|__| POUNDS **OR** |__|__|__| KILOGRAMS

(c) Do you **now** smoke cigarettes? **(Check one box)**

☐ Not at all

☐ Some days

☐ Every day

24. Over the past week, how often have you felt: **(Check one box per question)**

	Never	Sometimes	A lot of the time	Most of the time
(a) That you were just as good as other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) That you enjoyed life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. In general would you say that your health is:

Poor

1

☐

Fair

2

☐

Good

3

☐

Very good

4

☐

Excellent

5

☐

Thank you for your time and participation!

