Trans ED Questionnaire

Start of Block: Letter of Introduction

End of Block: Letter of Introduction

Start of Block: Trans Y/N

By participating in this survey, you are attesting that you are over the age of 18 and consenting to participate. Any questions other than the first one may be skipped. If you have questions or concerns about the study, please contact sy\_gitin@brown.edu.

Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different from the sex they were assigned at birth. For example, a trans woman is a woman who was assigned male at birth based on the appearance of her genitals. A nonbinary person is someone whose gender identity is not solely man or woman. Some nonbinary people identify as transgender and some do not.)

* Yes (1)
* No (2)
* Unsure/Questioning (3)

End of Block: Trans Y/N

Start of Block: Gender History

This section of the survey asks questions about your gender identity experiences. Please answer the questions to the best of your ability, and feel free to skip any questions that you don't know the answer to or that make you too uncomfortable.

What is your gender identity (how you see your gender)? Please check all that apply.

* Man (1)
* Woman (2)
* Trans Man (13)
* Trans Woman (14)
* Nonbinary (3)
* Genderqueer (4)
* Genderfluid (5)
* Agender (6)
* Bigender (7)
* Two-Spirit (8)
* Demi Boy (9)
* Demi Girl (10)
* Unsure/Questioning (11)
* Other (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select your sex assigned at birth. (This is the sex that originally appeared on your birth certificate, or what doctors thought your gender was based on your genitals. If you are intersex, but were marked as male or female at birth, please check the intersex box and the box for the sex you were assigned at birth.)

* Female (1)
* Male (2)
* Intersex (4)
* Other (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

Do you identify more as a binary trans person (i.e. a trans man or a trans woman) or a nonbinary person (i.e. something other than man or woman)? (The study designer recognizes that people may identify as a nonbinary man or a nonbinary woman, and wants to allow those people to choose how they would be sorted when comparing data of binary and nonbinary trans people)

* More as a binary trans person (1)
* More as a nonbinary trans person (2)
* Other (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

At what age did you know you were trans and/or nonbinary? If you could put multiple ages (for example, if you knew you were trans at 15, then figured out you were nonbinary at 17), put the youngest age.

▼ 0 (1) ... 50+ (26)

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

At what age did you begin your transition/gender affirmation process, whatever that meant for you? If you haven't begun your transition/gender affirmation process, just select N/A.

▼ 0 (1) ... N/A (27)

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

Please select all the ways you have affirmed your gender.

* Presentation change (hair, clothing, etc.) when you are alone (21)
* Presentation change (hair, clothing, etc.) when you are out in public (23)
* Binding (using a compression top to make the chest appear flat) (26)
* Tucking (tucking genitalia between the legs so it is not visible from the front) (27)
* Pronoun change within a small group (22)
* Pronoun change with everyone you interact with (24)
* Name change within a small group (16)
* Name change with everyone you interact with (25)
* Legal name change (17)
* Legal sex marker change (18)
* Hormone therapy (1)
* Puberty blockers (19)
* Birth control, such as an IUD (20)
* Double Mastectomy or "Top Surgery" (removal of breasts) (2)
* Hysterectomy and/or Oophorectomy (removal of the uterus and/or ovaries) (3)
* Phalloplasty and/or scrotoplasty (construction of a penis and/or scrotum using a skin graft from the arm or leg) (4)
* Metoidioplasty or "Meta" (construction of a penis using existing genital tissue) (5)
* Vaginectomy (removal of the vagina) (6)
* Facial feminization surgery (7)
* Reduction thyrochondroplasty (also called tracheal shave, reduces size of Adam's apple) (8)
* Augmentation mammoplasty (construction of breasts) (9)
* Orchiectomy (removal of the testicles) (10)
* Vaginoplasty (construction of a vagina) (11)
* Permanent hair removal (laser, electrolysis, etc.) (12)
* Voice modification surgery (13)
* Voice therapy (including DIY) (14)
* Other (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

Please select all the ways you would like to affirm your gender in the future that you haven't done/are doing already.

* Presentation change (hair, clothing, etc.) when you are alone (21)
* Presentation change (hair, clothing, etc.) when you are out in public (23)
* Binding (using a compression top to make the chest appear flat) (26)
* Tucking (tucking genitalia between the legs so it is not visible from the front) (27)
* Pronoun change within a small group (22)
* Pronoun change with everyone you interact with (24)
* Name change within a small group (16)
* Name change with everyone you interact with (25)
* Legal name change (17)
* Legal sex marker change (18)
* Hormone therapy (1)
* Puberty blockers (19)
* Birth control, such as an IUD (20)
* Double Mastectomy or "Top Surgery" (removal of breasts) (2)
* Hysterectomy and/or Oophorectomy (removal of the uterus and/or ovaries) (3)
* Phalloplasty and/or scrotoplasty (construction of a penis and/or scrotum using a skin graft from the arm or leg) (4)
* Metoidioplasty (construction of a penis using existing genital tissue) (5)
* Vaginectomy (removal of the vagina) (6)
* Facial feminization surgery (7)
* Reduction thyrochondroplasty (also called tracheal shave, reduces size of Adam's apple) (8)
* Augmentation mammoplasty (construction of breasts) (9)
* Orchiectomy (removal of the testicles) (10)
* Vaginoplasty (construction of a vagina) (11)
* Permanent hair removal (laser, electrolysis, etc.) (12)
* Voice modification surgery (13)
* Voice therapy (including DIY) (14)
* Other (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

I am proud of being a person whose gender identity is different from their sex assigned at birth.

* Strongly agree (1)
* Agree (2)
* Somewhat agree (3)
* Neither agree nor disagree (4)
* Somewhat disagree (5)
* Disagree (6)
* Strongly disagree (7)

End of Block: Gender History

Start of Block: Psychiatric Comorbidities

This section of the survey asks about your mental and emotional health history. Please answer the questions to the best of your ability, and feel free to skip any questions that you don't know the answer to or that make you too uncomfortable.

The terms below have been put forth by the American Psychiatric Association to categorize and label what is typically understood as mental illnesses. We recognize that these terms may not be fully accurate, and/or may pathologize experiences that you do not feel are illnesses or need to be medicalized or treated as such. Please select all of the terms that you have been diagnosed with by a medical professional.

* Eating Disorder (1)
* Depressive Disorder (2)
* Schizophrenia Spectrum Disorder (3)
* Other Psychotic Disorder (4)
* Bipolar Disorder (5)
* Anxiety Disorder (6)
* Panic Disorder (7)
* Obsessive Compulsive and Related Disorders (8)
* Post Traumatic Stress Disorder (9)
* Dissociative Identity Disorder (10)
* Sleep Disorders (11)
* Substance-Related and Addictive Disorders (12)
* Personality Disorders (13)
* Autism Spectrum Disorder (14)
* Other (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The researchers of this study recognize that some conditions are under-diagnosed, and that Black, Indigenous, trans, and nonbinary people, and People of Color in particular have difficulty accessing competent mental and emotional health care. Please select all terms that you identify with or have lived experience with, regardless of whether they have been diagnosed by a medical professional.

* Eating Disorder (1)
* Depressive Disorder (2)
* Schizophrenia Spectrum Disorder (3)
* Other Psychotic Disorder (4)
* Bipolar Disorder (5)
* Anxiety Disorder (6)
* Panic Disorder (7)
* Obsessive Compulsive and Related Disorders (8)
* Post Traumatic Stress Disorder (9)
* Dissociative Identity Disorder (10)
* Sleep Disorders (11)
* Substance-Related and Addictive Disorders (12)
* Personality Disorders (13)
* Autism Spectrum Disorder (14)
* Other (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the option that best describes your emotional stress level for the past 28 days. This is how you felt on the majority of the past 28 days. If you had low stress for 26 days and high stress for 2 days, you would select low stress. Even if your stress levels for the past 28 days were unusually high or low for you, please answer specifically for the last 28 days.

* No stress (1)
* Low stress (2)
* Medium stress (3)
* High stress (4)
* Very high stress (5)

End of Block: Psychiatric Comorbidities

Start of Block: ED History and Behaviors

This section of the survey asks about eating, weight, and shape control behaviors and experiences with eating disorder treatment. Some of the questions ask about specific behaviors and may be triggering. Please answer the questions to the best of your ability, and feel free to skip any questions that you don't know the answer to or that make you too uncomfortable.   
    
If you or a loved one is struggling with an eating disorder, the following organizations can provide community, advice, and other resources.   
    
National Eating Disorders Association (NEDA) <https://www.nationaleatingdisorders.org>   
    
Trans Folx Fighting Eating Disorders (TFFED) <https://www.transfolxfightingeds.com>   
    
Eating Disorder Hope <https://www.eatingdisorderhope.com>   
    
National Association of Anorexia Nervosa and Associated Disorders (ANAD) <https://anad.org>

If you have been diagnosed with an eating or feeding disorder by a medical professional, please select it below. If you have had multiple diagnoses, please check all of them. You will have the opportunity in the next question to check the ones you feel most apply to your situation and experience.

* Pica (1)
* Rumination Disorder (2)
* Avoidant/Restrictive Food Intake Disorder (ARFID) (3)
* Anorexia Nervosa (4)
* Bulimia Nervosa (5)
* Binge-Eating Disorder (6)
* Other Specified Feeding or Eating Disorder (OSFED) (8)
* Unspecified Feeding or Eating Disorder (UFED) (9)
* Other (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The researchers of this study recognize that some conditions are under-diagnosed, and that Black, Indigenous, trans, and nonbinary people, and People of Color in particular have difficulty accessing competent mental and emotional health care. Please select the feeding/eating disorders that you identify with or have lived experience with, regardless of whether they have been diagnosed by a medical professional.

* Pica (1)
* Rumination Disorder (2)
* Avoidant/Restrictive Food Intake Disorder (ARFID) (3)
* Anorexia Nervosa (4)
* Bulimia Nervosa (5)
* Binge-Eating Disorder (6)
* Other Specified Feeding or Eating Disorder (OSFED) (8)
* Unspecified Feeding or Eating Disorder (UFED) (9)
* Other (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received care for an eating disorder?

* Yes, talk therapy (8)
* Yes, outpatient (1)
* Yes, intensive outpatient (2)
* Yes, partial hospitalization (3)
* Yes, residential (4)
* Yes, inpatient (5)
* No (6)
* Other (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

And If

Have you ever received care for an eating disorder? = Yes, outpatient

Or Have you ever received care for an eating disorder? = Yes, intensive outpatient

Or Have you ever received care for an eating disorder? = Yes, partial hospitalization

Or Have you ever received care for an eating disorder? = Yes, residential

Or Have you ever received care for an eating disorder? = Yes, inpatient

When you received care for an eating disorder, did you disclose your trans/nonbinary identity?

* Yes, but it was ignored (1)
* Yes, and it was respected (2)
* Yes, and it was respected and my transition goals were included in my treatment plan (3)
* No, I didn't feel comfortable disclosing (4)
* No, I didn't know I was transgender/nonbinary yet (5)
* Other (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This question asks about specific behaviors and may be triggering. Have you ever done any of the following? (Please check all that apply)

* Tried to limit the amount of food you eat (1)
* Purposefully gone for long periods of time (8 waking hours or more) without eating anything at all (other than for religious purposes or food insecurity) (2)
* Tried to exclude from your diet any foods that you like (whether or not you have succeeded) (3)
* Tried to follow definite rules regarding your eating (for example, a calorie limit) (whether or not you have succeeded) (4)
* Had an episode of overeating where you have eaten an unusually large amount of food and have had a sense of loss of control at the time (5)
* Made yourself sick (vomit) (6)
* Taken laxatives as a means of controlling your shape or weight (7)
* Exercised in an “obsessive” or “compulsive” way (8)
* Taken non-prescription steroids (hormones), including DIY hormonal therapy (9)

This question asks about specific behaviors and may be triggering. Have you done any of the following in the last 28 days (4 weeks)? (Please check all that apply)

* Tried to limit the amount of food you eat (1)
* Purposefully gone for long periods of time (8 waking hours or more) without eating anything at all (other than for religious purposes or food insecurity) (2)
* Tried to exclude from your diet any foods that you like (whether or not you have succeeded) (3)
* Tried to follow definite rules regarding your eating (for example, a calorie limit) (whether or not you have succeeded) (4)
* Had an episode of overeating where you have eaten an unusually large amount of food and have had a sense of loss of control at the time (5)
* Made yourself sick (vomit) (6)
* Taken laxatives as a means of controlling your shape or weight (7)
* Exercised in an “obsessive” or “compulsive” way (8)
* Taken non-prescription steroids (hormones) (9)

Display This Question:

If This question asks about specific behaviors and may be triggering. Have you ever done any of the... = Tried to limit the amount of food you eat

Or This question asks about specific behaviors and may be triggering. Have you done any of the follo... = Tried to limit the amount of food you eat

Please select all purposes you had for **trying to limit the amount of food you ate.**

* To lose weight (1)
* To change body shape (2)
* To increase muscle mass (3)
* To decrease muscle mass (4)
* To make “curves” (i.e. hips, butt, breasts) bigger (5)
* To make “curves” (i.e. hips, butt, breasts) smaller (6)
* To fit societal standards of weight (7)
* To fit societal standards of body shape (8)
* To fit societal standards of what your gender “should” look like (9)
* To be more attractive to sexual partners, current or future (10)
* To fit a weight class for a sport (11)
* To have the “right” body type for a sport or other activity (12)
* To change body shape to be better in line with your gender identity to avoid the discomfort of seeing a body that doesn’t match who you are (13)
* To change body shape to be better recognized as your gender identity (pass) to avoid the discomfort of being misgendered (14)
* To change body shape to be better recognized as your gender identity (pass) for safety reasons (15)
* To change body shape to be better in line with gender identity without using prescription hormones (16)
* To change body shape to be better in line with gender identity without having surgical procedures (17)
* To suppress menstruation (“periods”) (18)
* To cope with stress or anxiety (19)
* To cope with depression (20)
* To cope with trauma (21)
* To numb emotional pain (22)
* To exert control (23)
* To satisfy a compulsion (you feel like you have to do it or something bad will happen) (24)
* Other (25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If This question asks about specific behaviors and may be triggering. Have you ever done any of the... = Purposefully gone for long periods of time (8 waking hours or more) without eating anything at all (other than for religious purposes or food insecurity)

Or This question asks about specific behaviors and may be triggering. Have you done any of the follo... = Purposefully gone for long periods of time (8 waking hours or more) without eating anything at all (other than for religious purposes or food insecurity)

Please select all purposes you had for **going for long periods of time (8 waking hours or more) without eating.**

* To lose weight (1)
* To change body shape (2)
* To increase muscle mass (3)
* To decrease muscle mass (4)
* To make “curves” (i.e. hips, butt, breasts) bigger (5)
* To make “curves” (i.e. hips, butt, breasts) smaller (6)
* To fit societal standards of weight (7)
* To fit societal standards of body shape (8)
* To fit societal standards of what your gender “should” look like (9)
* To be more attractive to sexual partners, current or future (10)
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* To change body shape to be better in line with gender identity without having surgical procedures (17)
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* To cope with stress or anxiety (19)
* To cope with depression (20)
* To cope with trauma (21)
* To numb emotional pain (22)
* To exert control (23)
* To satisfy a compulsion (you feel like you have to do it or something bad will happen) (24)
* Other (25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If This question asks about specific behaviors and may be triggering. Have you ever done any of the... = Tried to exclude from your diet any foods that you like (whether or not you have succeeded)

Or This question asks about specific behaviors and may be triggering. Have you done any of the follo... = Tried to exclude from your diet any foods that you like (whether or not you have succeeded)

Please select all purposes you had for **trying to exclude a food you like from your diet.**

* To lose weight (1)
* To change body shape (2)
* To increase muscle mass (3)
* To decrease muscle mass (4)
* To make “curves” (i.e. hips, butt, breasts) bigger (5)
* To make “curves” (i.e. hips, butt, breasts) smaller (6)
* To fit societal standards of weight (7)
* To fit societal standards of body shape (8)
* To fit societal standards of what your gender “should” look like (9)
* To be more attractive to sexual partners, current or future (10)
* To fit a weight class for a sport (11)
* To have the “right” body type for a sport or other activity (12)
* To change body shape to be better in line with your gender identity to avoid the discomfort of seeing a body that doesn’t match who you are (13)
* To change body shape to be better recognized as your gender identity (pass) to avoid the discomfort of being misgendered (14)
* To change body shape to be better recognized as your gender identity (pass) for safety reasons (15)
* To change body shape to be better in line with gender identity without using prescription hormones (16)
* To change body shape to be better in line with gender identity without having surgical procedures (17)
* To suppress menstruation (“periods”) (18)
* To cope with stress or anxiety (19)
* To cope with depression (20)
* To cope with trauma (21)
* To numb emotional pain (22)
* To exert control (23)
* To satisfy a compulsion (you feel like you have to do it or something bad will happen) (24)
* Other (25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If This question asks about specific behaviors and may be triggering. Have you ever done any of the... = Tried to follow definite rules regarding your eating (for example, a calorie limit) (whether or not you have succeeded)

Or This question asks about specific behaviors and may be triggering. Have you done any of the follo... = Tried to follow definite rules regarding your eating (for example, a calorie limit) (whether or not you have succeeded)

Please select all purposes you had for **trying to follow definite rules regarding your eating (for example, a calorie limit)**.

* To lose weight (1)
* To change body shape (2)
* To increase muscle mass (3)
* To decrease muscle mass (4)
* To make “curves” (i.e. hips, butt, breasts) bigger (5)
* To make “curves” (i.e. hips, butt, breasts) smaller (6)
* To fit societal standards of weight (7)
* To fit societal standards of body shape (8)
* To fit societal standards of what your gender “should” look like (9)
* To be more attractive to sexual partners, current or future (10)
* To fit a weight class for a sport (11)
* To have the “right” body type for a sport or other activity (12)
* To change body shape to be better in line with your gender identity to avoid the discomfort of seeing a body that doesn’t match who you are (13)
* To change body shape to be better recognized as your gender identity (pass) to avoid the discomfort of being misgendered (14)
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* To change body shape to be better in line with gender identity without using prescription hormones (16)
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* To cope with stress or anxiety (19)
* To cope with depression (20)
* To cope with trauma (21)
* To numb emotional pain (22)
* To exert control (23)
* To satisfy a compulsion (you feel like you have to do it or something bad will happen) (24)
* Other (25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If This question asks about specific behaviors and may be triggering. Have you ever done any of the... = Had an episode of overeating where you have eaten an unusually large amount of food and have had a sense of loss of control at the time

Or This question asks about specific behaviors and may be triggering. Have you done any of the follo... = Had an episode of overeating where you have eaten an unusually large amount of food and have had a sense of loss of control at the time

Please select all purposes you had for **having an episode of overeating where you have eaten an unusually large amount of food and have had a sense of loss of control at the time.**

* To lose weight (1)
* To change body shape (2)
* To increase muscle mass (3)
* To decrease muscle mass (4)
* To make “curves” (i.e. hips, butt, breasts) bigger (5)
* To make “curves” (i.e. hips, butt, breasts) smaller (6)
* To fit societal standards of weight (7)
* To fit societal standards of body shape (8)
* To fit societal standards of what your gender “should” look like (9)
* To be more attractive to sexual partners, current or future (10)
* To fit a weight class for a sport (11)
* To have the “right” body type for a sport or other activity (12)
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* To change body shape to be better in line with gender identity without having surgical procedures (17)
* To suppress menstruation (“periods”) (18)
* To cope with stress or anxiety (19)
* To cope with depression (20)
* To cope with trauma (21)
* To numb emotional pain (22)
* To exert control (23)
* To satisfy a compulsion (you feel like you have to do it or something bad will happen) (24)
* Other (25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If This question asks about specific behaviors and may be triggering. Have you ever done any of the... = Made yourself sick (vomit)

Or This question asks about specific behaviors and may be triggering. Have you done any of the follo... = Made yourself sick (vomit)

Please select all purposes you had for **making yourself sick (vomit).**

* To lose weight (1)
* To change body shape (2)
* To increase muscle mass (3)
* To decrease muscle mass (4)
* To make “curves” (i.e. hips, butt, breasts) bigger (5)
* To make “curves” (i.e. hips, butt, breasts) smaller (6)
* To fit societal standards of weight (7)
* To fit societal standards of body shape (8)
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* To cope with depression (20)
* To cope with trauma (21)
* To numb emotional pain (22)
* To exert control (23)
* To satisfy a compulsion (you feel like you have to do it or something bad will happen) (24)
* Other (25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If This question asks about specific behaviors and may be triggering. Have you ever done any of the... = Taken laxatives as a means of controlling your shape or weight

Or This question asks about specific behaviors and may be triggering. Have you done any of the follo... = Taken laxatives as a means of controlling your shape or weight

Please select all purposes you had for **taking laxatives as a means of controlling your shape or weight.**

* To lose weight (1)
* To change body shape (2)
* To increase muscle mass (3)
* To decrease muscle mass (4)
* To make “curves” (i.e. hips, butt, breasts) bigger (5)
* To make “curves” (i.e. hips, butt, breasts) smaller (6)
* To fit societal standards of weight (7)
* To fit societal standards of body shape (8)
* To fit societal standards of what your gender “should” look like (9)
* To be more attractive to sexual partners, current or future (10)
* To fit a weight class for a sport (11)
* To have the “right” body type for a sport or other activity (12)
* To change body shape to be better in line with your gender identity to avoid the discomfort of seeing a body that doesn’t match who you are (13)
* To change body shape to be better recognized as your gender identity (pass) to avoid the discomfort of being misgendered (14)
* To change body shape to be better recognized as your gender identity (pass) for safety reasons (15)
* To change body shape to be better in line with gender identity without using prescription hormones (16)
* To change body shape to be better in line with gender identity without having surgical procedures (17)
* To suppress menstruation (“periods”) (18)
* To cope with stress or anxiety (19)
* To cope with depression (20)
* To cope with trauma (21)
* To numb emotional pain (22)
* To exert control (23)
* To satisfy a compulsion (you feel like you have to do it or something bad will happen) (24)
* Other (25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If This question asks about specific behaviors and may be triggering. Have you ever done any of the... = Exercised in an “obsessive” or “compulsive” way

Or This question asks about specific behaviors and may be triggering. Have you done any of the follo... = Exercised in an “obsessive” or “compulsive” way

Please select all purposes you had for **exercising in an "obsessive” or “compulsive” way.**

* To lose weight (1)
* To change body shape (2)
* To increase muscle mass (3)
* To decrease muscle mass (4)
* To make “curves” (i.e. hips, butt, breasts) bigger (5)
* To make “curves” (i.e. hips, butt, breasts) smaller (6)
* To fit societal standards of weight (7)
* To fit societal standards of body shape (8)
* To fit societal standards of what your gender “should” look like (9)
* To be more attractive to sexual partners, current or future (10)
* To fit a weight class for a sport (11)
* To have the “right” body type for a sport or other activity (12)
* To change body shape to be better in line with your gender identity to avoid the discomfort of seeing a body that doesn’t match who you are (13)
* To change body shape to be better recognized as your gender identity (pass) to avoid the discomfort of being misgendered (14)
* To change body shape to be better recognized as your gender identity (pass) for safety reasons (15)
* To change body shape to be better in line with gender identity without using prescription hormones (16)
* To change body shape to be better in line with gender identity without having surgical procedures (17)
* To suppress menstruation (“periods”) (18)
* To cope with stress or anxiety (19)
* To cope with depression (20)
* To cope with trauma (21)
* To numb emotional pain (22)
* To exert control (23)
* To satisfy a compulsion (you feel like you have to do it or something bad will happen) (24)
* Other (25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If This question asks about specific behaviors and may be triggering. Have you ever done any of the... = Taken non-prescription steroids (hormones), including DIY hormonal therapy

Or This question asks about specific behaviors and may be triggering. Have you done any of the follo... = Taken non-prescription steroids (hormones)

Please select all purposes you had for **taking non-prescription steroids (hormones).**

* To lose weight (1)
* To change body shape (2)
* To increase muscle mass (3)
* To decrease muscle mass (4)
* To make “curves” (i.e. hips, butt, breasts) bigger (5)
* To make “curves” (i.e. hips, butt, breasts) smaller (6)
* To fit societal standards of weight (7)
* To fit societal standards of body shape (8)
* To fit societal standards of what your gender “should” look like (9)
* To be more attractive to sexual partners, current or future (10)
* To fit a weight class for a sport (11)
* To have the “right” body type for a sport or other activity (12)
* To change body shape to be better in line with your gender identity to avoid the discomfort of seeing a body that doesn’t match who you are (13)
* To change body shape to be better recognized as your gender identity (pass) to avoid the discomfort of being misgendered (14)
* To change body shape to be better recognized as your gender identity (pass) for safety reasons (15)
* To change body shape to be better in line with gender identity without using prescription hormones (16)
* To change body shape to be better in line with gender identity without having surgical procedures (17)
* To suppress menstruation (“periods”) (18)
* To cope with stress or anxiety (19)
* To cope with depression (20)
* To cope with trauma (21)
* To numb emotional pain (22)
* To exert control (23)
* To satisfy a compulsion (you feel like you have to do it or something bad will happen) (24)
* Other (25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Please select all purposes you had for trying to limit the amount of food you ate. = To change body shape to be better in line with gender identity without using prescription hormones

Or Please select all purposes you had for trying to limit the amount of food you ate. = To change body shape to be better in line with gender identity without having surgical procedures

Or Please select all purposes you had for going for long periods of time (8 waking hours or more) wi... = To change body shape to be better in line with gender identity without using prescription hormones

Or Please select all purposes you had for going for long periods of time (8 waking hours or more) wi... = To change body shape to be better in line with gender identity without having surgical procedures

Or Please select all purposes you had for trying to exclude a food you like from your diet. = To change body shape to be better in line with gender identity without using prescription hormones

Or Please select all purposes you had for trying to exclude a food you like from your diet. = To change body shape to be better in line with gender identity without having surgical procedures

Or Please select all purposes you had for trying to follow definite rules regarding your eating (for... = To change body shape to be better in line with gender identity without using prescription hormones

Or Please select all purposes you had for trying to follow definite rules regarding your eating (for... = To change body shape to be better in line with gender identity without having surgical procedures

Or Please select all purposes you had for having an episode of overeating where you have eaten an un... = To change body shape to be better in line with gender identity without using prescription hormones

Or Please select all purposes you had for having an episode of overeating where you have eaten an un... = To change body shape to be better in line with gender identity without having surgical procedures

Or Please select all purposes you had for making yourself sick (vomit). = To change body shape to be better in line with gender identity without using prescription hormones

Or Please select all purposes you had for making yourself sick (vomit). = To change body shape to be better in line with gender identity without having surgical procedures

Or Please select all purposes you had for taking laxatives as a means of controlling your shape or w... = To change body shape to be better in line with gender identity without using prescription hormones

Or Please select all purposes you had for taking laxatives as a means of controlling your shape or w... = To change body shape to be better in line with gender identity without having surgical procedures

Or Please select all purposes you had for exercising in an "obsessive” or “compulsive” way. = To change body shape to be better in line with gender identity without using prescription hormones

Or Please select all purposes you had for exercising in an "obsessive” or “compulsive” way. = To change body shape to be better in line with gender identity without having surgical procedures

Or Please select all purposes you had for taking non-prescription steroids (hormones). = To change body shape to be better in line with gender identity without using prescription hormones

Or Please select all purposes you had for taking non-prescription steroids (hormones). = To change body shape to be better in line with gender identity without having surgical procedures

Please select all reasons you were/are using methods other than prescription hormones or affirmative surgery to modify your body shape to be better in line with your gender identity.

* Don’t have access to prescription hormones because you don’t have a supportive doctor (1)
* Don’t have access to prescription hormones for financial reasons (2)
* Hormones cause unwanted side effects (such as hair loss or weight gain) (3)
* Only wanting some of the effects caused by hormones, not all them (For example, wanting the body fat redistribution caused by testosterone but not wanting the voice change caused by testosterone) (4)
* Prescription hormones aren’t working fast enough (5)
* Don’t have access to affirmative surgery because you don’t have a supportive doctor (6)
* Don’t have access to affirmative surgery because of financial reasons (7)
* Surgery recovery is incompatible with work or school (8)
* Other (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

Have you ever restricted food or fluid intake to avoid having to use a bathroom because you felt unsafe due to your gender identity or gender expression?

* Frequently (1)
* Occasionally (2)
* Almost Never (3)
* Never (4)

Do you find that your negative body thoughts or subsequent eating behaviors worsen after shopping for clothes?

* Yes (1)
* Maybe (2)
* No (3)
* Other (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you receive messaging about weight loss, body shape, body size, and "looking like" your gender? Check all that apply.

* Family (1)
* Friends (2)
* Magazines/Newspapers/Other Publications (3)
* Television and Movies (4)
* Social Media (5)
* Online Forums (6)
* School (7)
* Other (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

Any other comments/reflections about eating disorders, eating disorder care, disordered eating or other behaviors used to influence body shape as a trans/nonbinary person?

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

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End of Block: ED History and Behaviors

Start of Block: Support Network

This section of the survey asks about your support network. Please answer the questions to the best of your ability, and feel free to skip any questions that you don't know the answer to or that make you too uncomfortable. For this section, "special person" can be a romantic partner or a close friend. The creators of this study recognize that families can look many different ways and be made in many different ways, and all of those ways are beautiful and valid. For the purpose of this section, "family" refers to biological family, including extended family, and/or legal guardians.

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

I feel part of the trans community.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

Display This Question:

If Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Yes

Or Are you transgender and/or nonbinary? (A transgender person is a person whose gender is different... = Unsure/Questioning

I reach out to the trans community when I need support.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

There is a special person who is around when I am in need.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

There is a special person with whom I can share my joys and sorrows.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

My family really tries to help me.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

I get the emotional support and help I need from my family.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

I have a special person who is a real source of comfort to me.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

My friends really try to help me.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

I can count on my friends when things go wrong.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

I can talk about my problems with my family.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

There is a special person in my life who cares about my feelings.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

My family is willing to help me make decisions.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

I can talk about my problems with my friends.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

I am in a long-term romantic relationship.

* Very Strongly Agree (7)
* Strongly Agree (6)
* Mildly Agree (5)
* Neutral (4)
* Mildly Disagree (3)
* Strongly Disagree (2)
* Very Strongly Disagree (1)

End of Block: Support Network

Start of Block: Discrimination/Violence

This section of the survey asks about experiences with stigma, discrimination, and violence. Please answer the questions to the best of your ability, and feel free to skip any questions that you don't know the answer to or that make you too uncomfortable.   
    
These topics can be difficult to talk about and may be triggering. If you need help, the following organizations can provide more general mental health resources and support:  
   
 National Alliance on Mental Illness (NAMI) <https://www.nami.org/Home>  
  
 Trans Lifeline <https://www.translifeline.org>

I have had difficulty getting medical or mental health treatment (gender affirmation-related or other) because of my gender identity or expression. (Please check all that apply)

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have had difficulty finding housing or staying in housing because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have had difficulty finding employment or keeping employment, or have been denied promotion because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have had difficulty finding a partner or have had a relationship end because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have been rejected or made to feel unwelcome by a religious community because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have been rejected or made to feel unwelcome in my ethnic/racial community because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have been rejected or distanced from friends because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have been rejected or distanced from family because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have been verbally harassed or teased because of my gender identity or expression. (For example, being called “it.”)

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have been threatened with being outed or blackmailed because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have had my personal property damaged because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have been threatened with physical harm because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have been pushed, shoved, hit, or had something thrown at me because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have had sexual contact with someone against my will because of my gender identity or expression.

* Never (1)
* Unsure (5)
* Yes, before age 18 (2)
* Yes, after age 18 (3)
* Yes, in the past year (4)

I have to repeatedly explain my gender identity to people or correct the pronouns people use.

* Strongly agree (1)
* Agree (2)
* Somewhat agree (3)
* Neither agree nor disagree (4)
* Somewhat disagree (5)
* Disagree (6)
* Strongly disagree (7)

End of Block: Discrimination/Violence

Start of Block: Demographics

This section of the survey asks for some basic demographic information. Please answer the questions to the best of your ability, and feel free to skip any questions that you don't know the answer to or that make you too uncomfortable. If any of the questions do not have an option that fits your experience, please select other and provide an answer that does fit your experience.

Please select your age

* 18-25 (1)
* 26-35 (2)
* 36-45 (3)
* 46-55 (4)
* 56-65 (5)
* 66-75 (6)
* 76+ (7)

Please select your race/ethnicity. Check all boxes that apply.

* Black or African-American (1)
* East Asian (2)
* Latino/a/x (3)
* Native American/Native Alaskan (4)
* Native Hawaiian or Other Pacific Islander (5)
* South Asian (6)
* Middle Eastern or North African (7)
* White/European (8)
* Biracial (9)
* Multiracial (10)
* Other (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the language you are most comfortable using.

* American Sign Language (1)
* Arabic (2)
* Catonese (3)
* English (4)
* Farsi (5)
* French (6)
* German (7)
* Haitian Creole (8)
* Hindi (9)
* Italian (10)
* Japanese (11)
* Korean (12)
* Mandarin (13)
* Polish (14)
* Portugese (15)
* Russian (16)
* Spanish (17)
* Tagalog (18)
* Urdu (19)
* Vietnamese (20)
* Yiddish (21)
* Other (22) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your socio-economic class?

* Poor (1)
* Working class (2)
* Lower-middle class (3)
* Middle-middle class (6)
* Upper-middle class (4)
* Upper class (5)
* Ruling class (Top 1%) (8)

What kind of health insurance do you have?

* Private insurance through an employer (1)
* Private insurance not through an employer (2)
* Medicare (3)
* Medicaid (4)
* Government (5)
* No health insurance (6)
* Other (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What region of the USA do you live in?

* West Coast (Alaska, Arizona, California, Hawaii, Nevada, Oregon, Washington) (1)
* Rocky Mountains (Colorado, Idaho, Montana, Utah, Wyoming) (2)
* Midwest (Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Tennessee, Wisconsin) (3)
* Gulf Coast (Alabama, Arkansas, Louisiana, Mississippi, New Mexico, Texas) (4)
* Lower Atlantic (Florida, Georgia, North Carolina, South Carolina, Virginia, West Virginia) (5)
* Mid Atlantic (Delaware, Maryland, New Jersey, New York, Pennsylvania, Washington D.C.) (6)
* New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont) (7)
* Territories (Puerto Rico, Guam, American Samoa, Northern Mariana Islands, U.S. Virgin Islands) (8)
* I don't live in the USA (9)
* Other (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of developed environment do you live in?

* Urban (1)
* Suburban (2)
* Rural (3)
* Other (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What religion do you practice or identify with?

* Buddhism (1)
* Catholicism (2)
* Hinduism (3)
* Islam (4)
* Judaism (5)
* Mormonism (6)
* Protestantism (7)
* Sikhism (8)
* Taoism (9)
* Unitarian Universalism (10)
* Wicca (11)
* No Religion (12)
* Other (13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What gender are you attracted to? (Check all that apply)

* Cisgender Men (cisgender means someone who identifies with the gender they were assigned at birth, or in other words, someone who is not trans or nonbinary) (1)
* Cisgender Women (cisgender means someone who identifies with the gender they were assigned at birth, or in other words, someone who is not trans or nonbinary) (2)
* Trans Men (7)
* Trans Women (8)
* Nonbinary People (3)
* None (4)
* Unsure/Questioning (5)
* Other (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your occupation? (If you are a student or are on disability, unemployment, or other government benefits, put that. If you work and are on benefits, put both.)

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

What is the highest level of education you have attained?

* Some primary school (K-8) (1)
* Primary school (K-8) (2)
* Some high school (3)
* High School Diploma/GED (4)
* Trade School (5)
* Some college (6)
* Associate's Degree (7)
* Bachelor's Degree (8)
* Post-Bachelor's Degree (Master's, Doctorate, MD, JD, etc.) (9)
* Other (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you identify as any of the following? (Check all that apply)

* Disabled (1)
* Physically disabled (2)
* Psychiatrically disabled (3)
* Intellectually disabled (4)
* Chronically ill (5)
* Neurodivergent (6)
* d/Deaf or Hard of Hearing (7)
* Mentally ill (8)
* I don't know (9)
* Other (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Demographics