

ICPSR 37166

**Generations: A Study of the Life
and Health of LGB People in a
Changing Society, United States,
2016-2019**

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Baseline Questionnaire and Measure Sources
for Generations Study (Wave 1)

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Generations Study Baseline Questionnaire and Measure Sources

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Generations Study Baseline Measures
Source document

Construct	Question # in Baseline	Source
Positive Health		
<i>Cantril Scale</i>	Q1-Q2	Hadley Cantril, (1965). Gallup Poll. Retrieved from: http://www.gallup.com/poll/122453/Understanding-Gallup-Uses-Cantril-Scale.aspx
<i>Happiness</i>	Q3	PEW Research Center (2013). A Survey of LGBT Americans. Retrieved from: http://www.pewsocialtrends.org/files/2013/06/SDT_LGBT-Americans_06-2013.pdf
<i>Social Wellbeing</i>	Q4-Q18	Keyes, Corey Lee M. (1998). Social Well-Being. <i>Social Psychology Quarterly</i> , 61 (2) 121-140. doi:10.2307/2787065
<i>Satisfaction with life</i>	Q186-Q190	Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. <i>Journal of Personality Assessment</i> , 49, 71-75. doi:10.1207/s15327752jpa4901_13
Identity		
<i>Sex assigned at birth</i>	Q27	Part one of a two-step approach on gender identity. The GenIUSS Group (2014). <i>Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys</i> . J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf
<i>Gender identity</i>	Q28	Part two of two-step approach on gender identity. The GenIUSS Group (2014) – see Q27 for full reference. Answer options slightly modified.
<i>Sexual orientation identity</i>	Q29	Modified by Generations Study team from SMART (2009). Best practices for asking questions about sexual orientation on surveys. Los Angeles, CA : The Williams Institute. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf
<i>Sexual behavior</i>	Q30	Modified from SMART report (2009)—see Q29 for full reference
<i>Sexual attraction</i>	Q31	Modified from Reisner, S.L., White Hughto, J.M., Pardee, D., & Sevelius, J. (2016). Syndemics and gender affirmation: HIV sexual risk in female-to-male trans masculine adults reporting sexual contact with cisgender males. <i>International Journal of STD & AIDS</i> , 27(11), 955-966. doi:10.1177/0956462415602418
<i>Multi-group Ethnic Identity Measure-Revised</i>	Q21-Q26	Phinney, J.S. & Ong, A.D. (2007). Conceptualization and measurement of ethnic identity: Current status and future directions. <i>Journal of Counseling Psychology</i> , 54(3). Retrieved from: doi: 10.1037/0022-0167.54.3.271
<i>Relationship status</i>	Q32	Meyer, I.H., Dohrenwend, B.P. Schwartz, S. Hunter, J., Kertzner, R.M. (2007). Project Stride Questionnaire. Retrieved from: http://www.columbia.edu/~im15/method/interview.pdf
	Q33-Q35	Modified from Frost, D.M. & Forrester, C. (2013). Closeness discrepancies in romantic relationships: Implications for relational well- being, stability, and mental health. <i>Personality and Social Psychology Bulletin</i> , XX(X). doi: 10.1177/0146167213476896

Construct	Question # in Baseline	Source
	Q36	Created by Generations Study team
<i>Gender conformity and expression</i>	Q37-Q38	Wylie, S.A., Corliss, H.L., Boulanger, V., Prokop, L.A., & Austin, S.B. (2010). Socially assigned gender nonconformity: a brief measure for use in surveillance and investigation of health disparities. <i>Sex Roles</i> , 63(3-4). doi:10.1007/s11199-010-9798-y
<i>Sexual/gender labels</i>	Q39	Created by Generations Study team
<i>Identity Centrality subscale</i>	Q40-Q44	Mohr, J.J. & Kendra, M.S. (2012). The Lesbian, Gay, & Bisexual Identity Scale (LGBIS). Measurement instrument database for the Social Science. doi:10.13072/midss.150
<i>Coming out milestones</i>	Q45-Q51	Modified from Martin JL, & Dean L (1987). Summary of measures: Mental health effects of Aids on at-risk homosexual men. Reference type: Unpublished work
	Q52	Created by Generations Study team
<i>Community connectedness</i>	Q53-Q59	Frost, D.M. & Meyer, I.H. (2011). Measuring community connectedness among diverse sexual minority populations. <i>Journal of Sex Research</i> , 49(1). 36-49. doi: 10.1080/00224499.2011.565427 The Generations Study team used 7 items instead of the 8 items listed in Frost & Meyer (2011). The last item was not included in the Generations Study because the team was not able to personalize the items to gender and sexual orientation in a way that was useful.
Healthcare Access & Utilization		
<i>Healthcare stereotype threat</i>	Q60-Q63	Modified from Abdou, C.M. & Fingerhut, A.W. (2014). Stereotype threat among black and white women in health care settings. <i>Cultural Diversity & Ethnic Minority Psychology</i> . 20(3). doi:10.1037/a0036946
<i>Health insurance</i>	Q64	Modified from American Community Survey. Retrieved from: http://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2016/quest16.pdf Modified from U.S. Trans Survey (2015). Unpublished.
<i>Health care utilization</i>	Q65-Q66	National Health Interview Survey (NIHS) (2015).
<i>LGBT specific health</i>	Q68-Q69	Created by Generations Study team based on Generations Study qualitative questions
<i>HIV/STI</i>	Q78-Q79	Composite question modified by Generations Study team based on various surveys about HIV/STI testing
	Q80	Modified and simplified from: Sales, J. M., Spitalnick, J., Milhausen, R. R., Wingood, G. M., DiClemente, R. J., Salazar, L. F., & Crosby, R. A. (2009). Validation of the worry about sexual outcomes scale for use in STI/HIV prevention interventions for adolescent females. <i>Health Education Research</i> , 24(1), 140–152. doi:10.1093/her/cyn006)
	Q81	Composite question created by Generations Study team based on various surveys about HIV testing
<i>PrEP/Truvada</i>	Q82-Q84	Composite question modified by Generations Study team based on various surveys about PrEP awareness, attitude, and use
Health Outcomes		
<i>Health Related Quality of Life</i>	Q70-Q73	Center for Disease Control and Prevention(CDC) – Behavioral Risk Factor Surveillance System (BRFSS) Survey (2014).

Construct	Question # in Baseline	Source
<i>Physical Health Outcome</i>	Q74	Modified from NHIS (2014) Adult Survey- Health Outcomes section. Generations Study team created a single check list based on NHIS (2014).
<i>Disability</i>	Q75-Q76	CDC- BRFSS Survey (2014)
<i>Kessler-6</i>	Q77	National Comorbidity Survey. Kessler 6 - Self Report Q1 (a)-(f). Retrieved from: http://www.integration.samhsa.gov/images/res/K6%20Questions.pdf
<i>Alcohol Use</i>	Q85-Q87	Alcohol Use Disorder Identification Test (AUDIT-C) Retrieved from: http://www.integration.samhsa.gov/images/res/tool_auditc.pdf Generations Study team made a slight modification by adding answer option 0.NONE because original AUDIT-C has no skip pattern which could cause confusion to respondents
<i>Tobacco Use</i>	Q88-Q89	CDC- BRFSS Survey (2014)
<i>DUDIT</i>	Q90-Q100	Berman, A.H., Bergman, H., Palmstierna, T., & Schlyter, F. (2003). The Drug Use Disorders Identification Test (DUDIT) Manual. Retrieved from: http://www.paihdelinkki.fi/sites/default/files/duditmanual.pdf
<i>Suicide Behavior</i>	Q101-Q122	Modified from Army – Study to Assess Risk and Resilience in Service Members (STARRS) Instrument. Retrieved from: http://starrs-ls.org/sites/default/files/2016-03/army_starrs_aas_instrument.pdf
Stressors		
<i>Concealed Sexual Identity (“Out”)</i>	Q123	Meyer, I.H., Rossano, L., Ellis, J.M., Bradford, J.(2002). A brief telephone interview to identify lesbian and bisexual women in random digit dialing sampling. <i>Journal of Sex Research</i> , 39. 139-144. One item, degree of being out to “gay, lesbian, or bisexual friends” was not included in the Generations Study.
	Q124	Created by Generations Study team
<i>Felt Stigma</i>	Q125-Q127	Herek (2008), Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States. <i>Journal of Interpersonal Violence</i> , 24(1). doi:10.1177/0886260508316477
<i>Internalized Homophobia-Revised</i>	Q128-Q132	Herek et al (2009), Internalized stigma among sexual minority adults: Insights from a social psychological perspective. <i>Journal of Counseling Psychology</i> , 56(1). doi: 10.1037/a0014672
<i>Conversion treatment</i>	Q133-Q134	Created by Generation Study team based on U.S. Trans Survey (2015). Unpublished.
<i>Victimization and Discrimination</i>	Q135	Herek (2008), Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States. <i>Journal of Interpersonal Violence</i> , 24(1). doi:10.1177/0886260508316477
	Q136	Created by Generations Study team based on 1) Krieger N, Sidney S. (1997). Prevalence and health implication of anti-gay discrimination: A study of Black and White women and men in the CARDIA cohort. <i>International Journal of Health Services</i> .27:157–176 and 2) Williams, D.R., Yu, Y., Jackson, J.S. & Anderson, N.B (1997). Racial differences in physical and mental health: Socioeconomic status, stress,

Construct	Question # in Baseline	Source
		and discrimination. <i>Journal of Health Psychology</i> , 2(3).
	Q137-Q138	Modified from 1) Police Public Contact Survey (2011) retrieved from: https://www.bjs.gov/content/pub/pdf/ppcs11q.pdf and; 2) Herek (2009)- See Q135 for full reference
	Q139	See Q136 for full reference
	Q140	Modified from 1) Police Public Contact Survey (2011) and 2) Herek (2009)- See Q135 for full reference
	Q141	See Q136 for full reference
<i>Stressful Life Events and Perceived Stress</i>	Q142	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). (2007)- Wave 2
	Q143	See Q136 for full reference
<i>Everyday Discrimination</i>	Q144	Modified from Williams, D.R., Yu, Y., Jackson, J.S. & Anderson, N.B (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. <i>Journal of Health Psychology</i> , 2(3). doi: 10.1177/135910539700200305
	Q145	See Q136 for full reference
<i>Chronic Strains</i>	Q146	Abridged version from Wheaton B. The nature of stressors. In: Horwitz AF, Scheid TL, editors. <i>A handbook for the study of mental health: Social contexts, theories, and systems</i> . Cambridge, UK: Cambridge University Press; 1999. pp. 176–197.
<i>Childhood gender conformity</i>	Q147-Q150	Selected measure from Zucker, K.J., Mitchell, J.N., Bradley, S.J., Tkachuk, J. Cantor, J.M. & Allin, S.M.(2006), The Recalled Childhood Gender Identity/Gender Role Questionnaire: Psychometric properties. <i>Sex Roles</i> , 54(7). doi:10.1007/s11199-006-9019-x
<i>Adverse Childhood Experiences</i>	Q151-Q161	CDC-BRFSS (2010). Adverse Childhood Experiences (ACE) module. Retrieved from: http://www.acestudy.org/
<i>Bullying</i>	Q162	Composite question created by Generations Study team based on various surveys about childhood bullying
	Q163	See Q136 for full reference
<i>Neighborhood acceptance</i>	Q19	Answer options modified from Gallup World Poll (2008) survey question
Social Support		
<i>Multidimensional scale of perceived social support</i>	Q164	Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. <i>Journal of Personality Assessment</i> , 52, 30-41. doi:10.1207/s15327752jpa5201_2
Demographics		
<i>Year of birth</i>	Q165	National Survey of Drug Use and Health (2014). Retrieved from: https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf
<i>Nativity</i>	Q166-Q168	Modified from National Survey of Drug Use and Health (2014)
<i>Race/Ethnicity</i>	Q20	Created by Generations Study team based on surveys asking about race/ethnicity
<i>Children</i>	Q169-Q170	Modified from U.S. Trans Survey (2015) unpublished and CDC-BRFSS 2014
<i>Employment</i>	Q171	Gallup Survey
<i>Income</i>	Q172-Q174	Gallup Survey

<i>Wealth</i>	Q175	Project Stride Questionnaire (2007) – See Q32 for full reference. Item adapted from Conger, R.D., Wallace, L.E., Sun, Y., Simmons, R.L., McLoyd, V.C., Brody, G.H. (2002). Economic pressure in African American families: A replication and extension of the family stress model. <i>Developmental Psychology</i> , 38(2), 179-193. doi:10.1037/0012-1649.38.2.179
<i>Home ownership</i>	Q176	CDC-BRSFF (2014)
<i>Housing stability</i>	Q177-Q178	Modified from M. Vijayaraghavan, M.B. Kushel, E. Vittinghoff, et al. (2013). Housing Instability and Incident Hypertension in the CARDIA Cohort. <i>Journal of Urban Health</i> , 90(3) 427-441. doi:10.1007/s11524-012-9729-z
<i>Religiosity</i>	Q179-Q181	Modified from Pew Research Center (2013)- A survey of LGBT Americans
<i>Military service experience</i>	Q182-Q1	Created by Generations Survey team

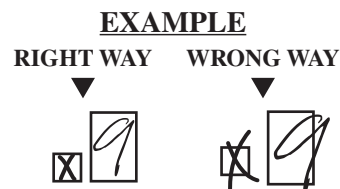
generations

A Study of the Life and Health of LGB People in a Changing Society

SURVEY INSTRUCTIONS

Please carefully follow the steps below when completing this survey.

- Use only a blue or black ink pen that does not blot the paper
- Make solid marks inside the response boxes
- Do not make other marks on the survey



The following are some questions about your overall life.

1 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. On which step of the ladder would you say you personally feel you stand at this time?

- ☐ 10 Best possible
- ☐ 09
- ☐ 08
- ☐ 07
- ☐ 06
- ☐ 05
- ☐ 04
- ☐ 03
- ☐ 02
- ☐ 01
- ☐ 00 Worst possible
- ☐ Don't know

2 On which step do you think you will stand about five years from now?

- ☐ 10 Best possible
- ☐ 09
- ☐ 08
- ☐ 07
- ☐ 06
- ☐ 05
- ☐ 04
- ☐ 03
- ☐ 02
- ☐ 01
- ☐ 00 Worst possible
- ☐ Don't know

3 Generally, how would you say things are these days in your life? Would you say that you are ...

- ☐ Very happy
- ☐ Pretty happy
- ☐ Not too happy

The following questions are about your thoughts about how you feel in your community and society. Please rate your level of agreement with each item.

	Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
4 I don't feel I belong to anything I'd call a community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I feel close to other people in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 My community is a source of comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 People who do a favor expect nothing in return.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 People do not care about other people's problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I believe that people are kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I have something valuable to give to the world.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 My daily activities do not produce anything worthwhile for my community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
12	I have nothing important to contribute to society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	The world is becoming a better place for everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Society has stopped making progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Society isn't improving for people like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	The world is too complex for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I cannot make sense of what's going on in the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I find it easy to predict what will happen next in society ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Is the city or area where you live a good place or not a good place to live for...							
							Good place	Not a good place
	a. Racial and ethnic minorities						<input type="checkbox"/>	<input type="checkbox"/>
	b. Gay, lesbian, or bisexual people						<input type="checkbox"/>	<input type="checkbox"/>
	c. Transgender people.....						<input type="checkbox"/>	<input type="checkbox"/>
	d. Immigrants from other countries.....						<input type="checkbox"/>	<input type="checkbox"/>
20	Which of the following describes your race/ethnicity? <i>Please mark all that apply.</i>							
	<input type="checkbox"/> Asian/Asian American							
	<input type="checkbox"/> Black/African American							
	<input type="checkbox"/> Hispanic, Latino, or Spanish origin							
	<input type="checkbox"/> Middle Eastern/North African							
	<input type="checkbox"/> Native Hawaiian/Pacific Islander							
	<input type="checkbox"/> White							
	<input type="checkbox"/> American Indian or Alaskan Native (write name of enrolled or principal tribe):							

Thinking about your race and ethnicity group(s), please rate your level of agreement with the following items.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
21	I have spent time trying to find out more about my race/ethnic group, such as its history, traditions, and customs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I have a strong sense of belonging to my own race/ethnic group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	I understand pretty well what my race/ethnic group membership means to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	I have often done things that will help me understand my race/ethnic background better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	I have often talked to other people in order to learn more about my race/ethnic group.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	I feel a strong attachment towards my own race/ethnic group.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about your sexual identity, gender identity, and gender expression.

27 What sex were you assigned at birth, on your original birth certificate?

☐ Female

☐ Male

28 If you had to choose only one of the following terms, which best describes your current gender identity?

- ☐ Woman
- ☐ Man
- ☐ Transgender Woman/Male-to-Female (MTF)
- ☐ Transgender Man/Female-to-Male (FTM)
- ☐ Non-binary/Genderqueer

29 Which of the following best describes your current sexual orientation?

- ☐ Straight/heterosexual
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Queer
- ☐ Same-gender loving
- ☐ Other:

30 In the last 5 years, who did you have sex with? By sex we mean any activity you personally define as sexual activity. *Please mark all that apply.*

- ☐ Women, Non-Transgender
- ☐ Men, Non-Transgender
- ☐ Transgender Women/Male-to-Female (MTF)
- ☐ Transgender Men/Female-to-Male (FTM)
- ☐ I have not had sex with anyone in the last 5 years

31 Please indicate how sexually attracted you are to the following types of people.

- | | Not
at
all | Not
very | Some-
what | Very | Not
sure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Women, Non-Transgender | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Men, Non-Transgender | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Transgender Women/Male-to-Female (MTF) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Transgender Men/Female-to-Male (FTM) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

32 Are you currently in a relationship or feel a special commitment to someone?

- ☐ Yes → *Continue to Question 33*
- ☐ No → *Skip to the text before Question 37*

Please answer the following questions about your relationship with your current partner/boyfriend/girlfriend/spouse. If you are romantically and/or sexually involved with more than one partner, answer the questions as they pertain to your primary partner, for example, your closest relationship or the partner you spend the most time with.

33 For how many years have you been in your relationship with your current partner?
If less than 1 year, enter 01.

34 What is your current partner's gender?

- ☐ Woman, Non-Transgender
- ☐ Man, Non-Transgender
- ☐ Transgender Woman/Male-to-Female (MTF)
- ☐ Transgender Man/Female-to-Male (FTM)
- ☐ Non-binary/Genderqueer

35 Do you live with your current partner?

- ☐ Yes
- ☐ No

36 Which of the following best describes the legal status of your relationship with your current partner?

- ☐ Legally married
- ☐ Legally recognized civil union
- ☐ Registered domestic partners
- ☐ Not married

The next questions are about your thoughts on gender expression and labels.

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

- ☐ Very feminine
- ☐ Mostly feminine
- ☐ Somewhat feminine
- ☐ Equally feminine and masculine
- ☐ Somewhat masculine
- ☐ Mostly masculine
- ☐ Very masculine

Continue →

38 A person's mannerisms, such as the way they walk or talk, may affect the way people think of them. On average, how do you think people would describe your mannerisms?

- ☐ Very feminine
- ☐ Mostly feminine
- ☐ Somewhat feminine
- ☐ Equally feminine and masculine
- ☐ Somewhat masculine
- ☐ Mostly masculine
- ☐ Very masculine

39 Do you identify with any of these labels related to sexual and gender communities or roles?
Please mark all that apply.

- ☐ Androgynous (neither masculine or feminine)
- ☐ Butch/soft butch/stud/AG
- ☐ Femme/hard femme/lipstick
- ☐ Top
- ☐ Bottom
- ☐ Versatile (or Vers)
- ☐ Bear/cub/wolf/otter
- ☐ Leather/fetish/kink
- ☐ Jock/muscle/gym
- ☐ Twink
- ☐ I don't use any of these kinds of labels
- ☐ Other:

For each of the following questions, please mark the response that best indicates your current experience as a lesbian, gay, or bisexual (LGB) person. We use "LGB" generically to mean a sexual minority identity that you identify with, including queer, same-gender loving, etc.

	Disagree strongly	Disagree	Disagree somewhat	Agree somewhat	Agree	Agree strongly
40 My sexual orientation is an insignificant part of who I am.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 My sexual orientation is a central part of my identity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 To understand who I am as a person, you have to know that I'm LGB.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 Being an LGB person is a very important aspect of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 I believe being LGB is an important part of me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below are some questions about growing up and your sexual feelings when you were younger. Again, by "LGB" we mean a sexual minority identity that you identify with.

	Age	Never	Don't know/ cannot recall
45 At what age were you first sexually attracted to someone of the same sex as you?	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 At what age were you the first time you had sex with someone of the same sex?.....	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Age	Never	Don't know/ cannot recall
47	At what age did you have your first intimate relationship with someone of the same sex, where you both felt like you were in love or romantically involved?.....	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	At what age did you first realize that you were LGB?.....	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	At what age did you first tell a straight friend that you were LGB?.....	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	At what age did you first tell a family member that you were LGB?.....	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	How old were you when it was clear to you that someone in your family had found out that you were LGB before you told them?.....	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Now thinking back to when you were in high school, how “out” were you at school?			
	<input type="checkbox"/> Out to everyone at school			
	<input type="checkbox"/> Out to most people at school			
	<input type="checkbox"/> Out to some people at school			
	<input type="checkbox"/> Out to a few people at school			
	<input type="checkbox"/> Out to no one at school			

The next questions are about how you feel about the LGBT community. Please rate your level of agreement with the following items.

		Agree strongly	Agree	Disagree	Disagree strongly
53	You feel you're a part of the LGBT community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Participating in the LGBT community is a positive thing for you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	You feel a bond with the LGBT community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	You are proud of the LGBT community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	It is important for you to be politically active in the LGBT community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	If we work together, lesbian, gay, bisexual, and transgender people can solve problems in the LGBT community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	You really feel that any problems faced by the LGBT community are also your own problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about your experiences with healthcare. Please rate your level of agreement with the following items.

When seeking healthcare....

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
60	I worry about being negatively judged because of my sexual orientation or gender identity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	I worry that evaluations of me may be negatively affected by my sexual orientation or gender identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	I worry that diagnoses of me/my health may be negatively affected by my sexual orientation or gender identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	I worry that I might confirm negative stereotypes about LGBT people. ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue ➡

64 Are you currently covered by any of the following types of health insurance or health coverage plans? *Please mark all that apply.*

- ☐ I currently do not have health insurance
- ☐ Insurance through my current or former employer or union
- ☐ Insurance through my spouse/partner
- ☐ Insurance through my parent
- ☐ Insurance through someone other than my spouse/partner or parent
- ☐ Insurance I purchased through Healthcare.Gov or a Health Insurance Marketplace (sometimes called "Obamacare")
- ☐ Insurance I purchased directly from an insurance company
- ☐ Medicare (for people 65 and older, or people with certain disabilities)
- ☐ Medicaid (government-assistance plan for those with low incomes or a disability)
- ☐ TRICARE or other military healthcare
- ☐ VA (including if you ever used or enrolled for VA healthcare)
- ☐ Indian Health Service
- ☐ Another type of health insurance or health coverage plan:

65 Is there a place that you **usually** go to when you are sick or need advice about your health?

- ☐ There is NO place → *Skip to Question 67*
- ☐ Yes, there are one or more places

66 What kind of place is it? *Please mark all that apply.*

- ☐ Clinic or health center
- ☐ Doctor's office or HMO
- ☐ Hospital emergency room
- ☐ Hospital outpatient department
- ☐ Some other place:

67 In the past 5 years, how often have you been to an LGBT- specific clinic or provider for your healthcare?

- ☐ Often
- ☐ Sometimes
- ☐ Never

68 During the past 12 months, have you looked for information **ONLINE** about certain health or medical issues? *If yes, please mark all that apply.*

- ☐ No
- ☐ Yes, an LGBT-specific website
- ☐ Yes, a general website

69 In the next year, if it were possible for you to do so, how important would it be for you to go for healthcare at an LGBT-specific clinic or provider?

- ☐ Very important
- ☐ Somewhat important
- ☐ Not important

The following questions are about your health.

70 Would you say that in general your health is...

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

71 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good?

-
- ☐ None

72 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good?

-
- ☐ None

73 During the past 30 days, for about how many days did **poor** physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

-
- ☐ None

74 Have you EVER been told by a doctor or health professional that you had any of the following? Please mark all that apply.

- ☐ Hypertension (high blood pressure)
- ☐ High cholesterol
- ☐ Heart condition or heart disease
- ☐ Angina
- ☐ A heart attack
- ☐ A stroke
- ☐ Emphysema
- ☐ Asthma
- ☐ An ulcer
- ☐ Cancer or a malignancy of any kind
- ☐ Diabetes
- ☐ Prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar
- ☐ Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
- ☐ Blood clots in legs or lungs
- ☐ Osteoporosis or loss of bone density
- ☐ Thyroid problems
- ☐ Liver disease
- ☐ Chronic obstructive pulmonary disease (COPD)
- ☐ Crohn's disease or ulcerative colitis
- ☐ Kidney disease
- ☐ HIV/AIDS
- ☐ Other sexually transmitted infection (not including HIV/AIDS)
- ☐ Sleep disorder (e.g., insomnia or sleep apnea)

75 Are you limited in any way in any activities because of physical, mental, or emotional problems?

- ☐ Yes
- ☐ No

76 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Please include occasional use or use in certain circumstances.

- ☐ Yes
- ☐ No

The following questions ask about how you have been feeling during the past 30 days. For each question, please choose how often you had this feeling.

77 During the past 30 days, about how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hopeless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Restless or fidgety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. So depressed that nothing could cheer you up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. That everything was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about HIV and Truvada or PrEP.

78 About how often do you get tested for sexually transmitted infections (STIs) other than HIV?

- ☐ About once every 6 months
- ☐ About once a year
- ☐ About once every 2-3 years
- ☐ About once every 4-5 years
- ☐ About once every 6 years or less often
- ☐ I've never been tested for STIs

79 About how often do you get tested for HIV?

- ☐ About once every 1 – 3 months
- ☐ About once every 6 months
- ☐ About once a year
- ☐ About once every 2 years or less often
- ☐ I would only get tested if I felt I was at risk
- ☐ I've never been tested for HIV
- ☐ I'm HIV-positive → *Skip to Question 83*

80 How often do you worry that you might get HIV?

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Does not apply to me

Continue ➡

81 How likely is it that you will become HIV-positive in your lifetime?

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Somewhat unlikely
- ☐ Likely
- ☐ Very likely
- ☐ Does not apply to me

82 Are you currently taking Truvada as PrEP?

- ☐ Yes
- ☐ No

83 Truvada is a pill that HIV-negative people can take to prevent HIV infection. This is called PrEP (or Pre-Exposure Prophylaxis). How familiar are you with Truvada as PrEP?

- ☐ Not at all familiar
- ☐ Somewhat familiar
- ☐ Very familiar

84 Are you for or against HIV- negative people taking Truvada as PrEP to prevent the transmission of HIV?

- ☐ I am against it
- ☐ I have mixed feelings about it
- ☐ I am for it
- ☐ I don't have an opinion
- ☐ I don't know enough about it

These next questions are about alcohol and drugs.

85 How often do you have a drink containing alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

86 How many standard drinks containing alcohol do you have on a typical day?

- ☐ None
- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more

87 How often do you have six or more drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

88 Have you smoked at least 100 cigarettes in your entire life? Five packs of cigarettes are equal to 100 cigarettes. Please do not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

- ☐ Yes
- ☐ No → *Skip to the text before Question 90*

89 Do you now smoke cigarettes every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all

Next, we have a few questions about drugs. Please answer as correctly and honestly as possible by indicating which answer is right for you. For the next 11 questions, we refer to drugs such as marijuana, methamphetamine, crack, heroin, ecstasy, GHB, and pills such as sleeping pills and painkillers. Do not count as drugs if they have been prescribed by a doctor and you take them in the prescribed dosage.

90 How often do you use drugs other than alcohol?

- ☐ Never
- ☐ Once a month or less often
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 times a week or more often

91 Do you use more than one type of drug on the same occasion?

- ☐ Never
- ☐ Once a month or less often
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 times a week or more often

92 How many times do you take drugs on a typical day when you use drugs?

- ☐ 0
- ☐ 1-2
- ☐ 3-4
- ☐ 5-6
- ☐ 7 or more

93 How often are you influenced heavily by drugs?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

94 Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

95 Has it happened, over the past year, that you have not been able to stop taking drugs once you started?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

96 How often over the past year have you taken drugs and then neglected to do something you should have done?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

97 How often over the past year have you needed to take a drug the morning after heavy drug use the day before?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

98 How often over the past year have you had guilt feelings or a bad conscience because you used drugs?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

99 Have you or anyone else been hurt (mentally or physically) because you used drugs?

- ☐ No
- ☐ Yes, but not over the past year
- ☐ Yes, over the past year

100 Has a relative 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?

- ☐ No
- ☐ Yes, but not over the past year
- ☐ Yes, over the past year

The next questions are about thoughts you may have had of hurting yourself.

101 Did you ever in your life have thoughts of killing yourself?

- ☐ No → *Skip to Question 105*
- ☐ Yes, once
- ☐ Yes, more than once → *Skip to Question 103*

102 About how old were you?

Your best estimate is fine. → *Skip to Question 105*

103 About how old were you the **very first time**?

Your best estimate is fine.

104 About how old were you the **most recent time**?

Your best estimate is fine.

105 Did you ever have any intention to act on thoughts of wishing you were dead or trying to kill yourself?

- ☐ No → *Skip to Question 109*
- ☐ Yes, once → *Continue to Question 106*
- ☐ Yes, more than once → *Skip to Question 107*

Continue ⇨

- 106** About how old were you?
 Your best estimate is fine. → **Skip to Question 109**
- 107** About how old were you the **very first time**?
 Your best estimate is fine.
- 108** About how old were you the **most recent time**?
 Your best estimate is fine.
- 109** Did you ever think about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself?
☐ No → **Skip to Question 113**
☐ Yes, once
☐ Yes, more than once → **Skip to Question 111**
- 110** About how old were you?
 Your best estimate is fine. → **Skip to Question 113**
- 111** About how old were you the **very first time**?
 Your best estimate is fine.
- 112** About how old were you the **most recent time**?
 Your best estimate is fine.
- 113** Did you ever make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)?
☐ No → **Skip to Question 119**
☐ Yes, once → **Skip to Question 115**
☐ Yes, more than once
- 114** If yes, how many different suicide attempts did you ever make?
☐ 1 → **Continue to Question 115**
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6-10
☐ 11-15
☐ 16-20
☐ 21 or more → **Skip to Question 116**
- 115** About how old were you?
 Your best estimate is fine. → **Skip to Question 118**

- 116** About how old were you the **very first time** you made a suicide attempt?
 Your best estimate is fine.
- 117** About how old were you the **last time** you made a suicide attempt?
 Your best estimate is fine.
- 118** If yes in question 113, what were the most serious injuries you ever received from a suicide attempt?
☐ No injury
☐ Very minor injury (e.g., surface scratches, mild nausea)
☐ Minor injury (e.g., sprain, first degree burns, flesh wound)
☐ Moderate injury not requiring overnight hospitalization (e.g., broken bones, second degree burns, stitches, bullet lodged in arm or leg)
☐ Moderate injury requiring overnight hospitalization (e.g., major fracture, third degree burns, coma, bullet lodged in abdomen or chest, minor surgery)
☐ Severe injuries requiring treatment in an intensive care unit to save life (e.g., major fracture of skull or spine, severe burns, coma requiring respirator, bullet in head, major surgery)
- 119** Did you ever do something to hurt yourself on purpose, but **without** wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)?
☐ No → **Skip to the text before Question 123**
☐ Yes, once
☐ Yes, more than once → **Skip to Question 121**
- 120** About how old were you?
 Your best estimate is fine. → **Skip to the text before Question 123**
- 121** About how old were you the **very first time** you hurt yourself on purpose, but without wanting to die?
 Your best estimate is fine.
- 122** About how old were you the **most recent time** you hurt yourself on purpose, but without wanting to die?
 Your best estimate is fine.

The next section is about experiences that may have happened to you over your life time. The first questions are about how much you are out of the closet to the following groups of people in your life. We use “LGB” generically to mean a sexual minority identity that you identify with, including queer, same-gender loving, etc.

123

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

	All	Most	Some	None	Don't know/ does not apply
a. Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Straight friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Healthcare providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

124

How often, if ever, can people tell you are LGB even if you don't tell them?

☐ Always

☐ Most of the time

☐ Sometimes

☐ Occasionally

☐ Never

The following include statements that represent how you think non-LGBT people may think of LGB people. Please rate your level of agreement with the following items.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
125 Most people where I live think less of a person who is LGB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126 Most employers where I live will hire openly LGB people if they are qualified for the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127 Most people where I live would not want someone who is openly LGB to take care of their children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about the ways you feel about being LGB. Please rate your level of agreement with the following statements. Again, by “LGB” we mean a sexual minority identity that you identify with.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
128 I have tried to stop being attracted to people who are the same sex as me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129 If someone offered me the chance to be completely heterosexual, I would accept the chance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130 I wish I weren't LGB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131 I feel that being LGB is a personal shortcoming for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132 I would like to get professional help in order to change my sexual orientation from LGB to straight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133 Did you ever receive treatment from someone who tried to change your sexual orientation (such as try to make you straight/heterosexual)? <i>If yes, please mark all that apply.</i>					
<div><input type="checkbox"/> No → <i>Skip to the text before Question 135</i></div> <div><input type="checkbox"/> Yes, from a healthcare professional (such as a psychologist or counselor who was not religious-focused)</div> <div><input type="checkbox"/> Yes, from a religious leader (such as a pastor, religious counselor, priest)</div>					
134 About how old were you the last time you received treatment to change your sexual orientation?					
<div><div><input type="text"/></div><div><input type="text"/></div></div> <div>Your best estimate is fine.</div>					

Continue ⇨

The following statements are about your life experiences and things that may have happened to you. This is a sensitive topic and some people may feel uncomfortable with these questions.

135 Since the age of 18, how often have any of the following happened to you?

- | | Never | Once | Twice | Three or more times |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. You were hit, beaten, physically attacked, or sexually assaulted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You were robbed, or your property was stolen, vandalized, or purposely damaged. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Someone tried to attack you, rob you, or damage your property, but they didn't succeed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Someone threatened you with violence. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone verbally insulted or abused you. ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Someone threw an object at you. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IF NONE OF THESE EXPERIENCES HAPPENED, GO TO QUESTION 137.

136 If you said you had any of these experiences (being assaulted, robbed, threatened with violence, insulted, and abused), would you say they happened because of your... *Please mark all that apply.*

- ☐ Age
- ☐ Sex (being female or male)
- ☐ Being transgender
- ☐ Gender expression or appearance
- ☐ Race/ethnicity
- ☐ Income level or education
- ☐ Sexual orientation
- ☐ Physical appearance (e.g., weight, height)
- ☐ Religion/spirituality
- ☐ Disability

137 Since the age of 18, how often were you fired from your job or denied a job?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three or more times

138 Since the age of 18, how often were you denied a promotion or received a negative evaluation?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three or more times

IF NONE OF THESE EXPERIENCES IN QUESTION 137 OR 138 HAPPENED, GO TO QUESTION 140.

139 If you were fired, denied a job or promotion, or received a negative evaluation, would you say this happened because of your. . . *Please mark all that apply.*

- ☐ Age
- ☐ Sex (being female or male)
- ☐ Being transgender
- ☐ Gender expression or appearance
- ☐ Race/ethnicity
- ☐ Income level or education
- ☐ Sexual orientation
- ☐ Physical appearance (e.g., weight, height)
- ☐ Religion/spirituality
- ☐ Disability

140 Since the age of 18, how often were you prevented from moving into or buying a house or apartment by a landlord or realtor?

- ☐ Never → *Skip to Question 142*
- ☐ Once
- ☐ Twice
- ☐ Three or more times

141 If you were prevented from moving into or buying a house or apartment by a landlord or realtor, would you say this happened because of your . . . *Please mark all that apply.*

- ☐ Age
- ☐ Sex (being female or male)
- ☐ Being transgender
- ☐ Gender expression or appearance
- ☐ Race/ethnicity
- ☐ Income level or education
- ☐ Sexual orientation
- ☐ Physical appearance (e.g., weight, height)
- ☐ Religion/spirituality
- ☐ Disability

142 During the last 12 months...

	Yes	No
a. Did you move or have anyone new come to live with you?	<input type="checkbox"/>	<input type="checkbox"/>
b. Were you fired or laid off from a job?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Were you unemployed and looking for a job for more than a month?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you had trouble with your boss or a coworker?	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you change jobs, job responsibilities or work hours?	<input type="checkbox"/>	<input type="checkbox"/>
f. Did you get separated or divorced or break off a steady relationship?.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Have you had serious problems with a neighbor, friend or relative?	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you experienced a major financial crisis, declared bankruptcy or more than once been unable to pay your bills on time?	<input type="checkbox"/>	<input type="checkbox"/>
i. Did you have serious trouble with the police or the law?	<input type="checkbox"/>	<input type="checkbox"/>
j. Was something stolen from you, including things that you carry like a wallet, or something inside or outside your home?	<input type="checkbox"/>	<input type="checkbox"/>
k. Has anyone intentionally damaged or destroyed property owned by you or someone else in your house?.....	<input type="checkbox"/>	<input type="checkbox"/>

IF NONE OF THESE EXPERIENCES HAPPENED, GO TO QUESTION 144.

143 Would you say these experiences listed in question 142 happened because of your . . . *Please mark all that apply.*

- ☐ Age
- ☐ Sex (being female or male)
- ☐ Being transgender
- ☐ Gender expression or appearance
- ☐ Race/ethnicity
- ☐ Income level or education
- ☐ Sexual orientation
- ☐ Physical appearance (e.g., weight, height)
- ☐ Religion/spirituality
- ☐ Disability

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

	Often	Sometimes	Rarely	Never
a. You were treated with less courtesy than other people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You were treated with less respect than other people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You received poorer service than other people at restaurants or stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People acted as if they thought you were not smart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. People acted as if they were afraid of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. People acted as if they thought you were dishonest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. People acted as if they were better than you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. You were called names or insulted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You were threatened or harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF NONE OF THESE EXPERIENCES HAPPENED, GO TO QUESTION 146.

Continue ➞

145 Would you say these experiences happened because of your . . . *Please mark all that apply.*

- ☐ Age
- ☐ Sex (being female or male)
- ☐ Being transgender
- ☐ Gender expression or appearance
- ☐ Race/ethnicity
- ☐ Income level or education
- ☐ Sexual orientation
- ☐ Physical appearance (e.g., weight, height)
- ☐ Religion/spirituality
- ☐ Disability

146 Thinking about your life currently, are the statements below not true, somewhat true, or very true for you.

	Not true	Somewhat true	Very true	Does not apply to me
a. You're trying to take on too many things at once.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You don't have enough money to make ends meet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your job often leaves you feeling both mentally and physically tired.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You are looking for a job and can't find the one you want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You have a lot of conflict with your partner/boyfriend/girlfriend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your parents do not approve of your partner/boyfriend/girlfriend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You are alone too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. You wonder whether you will ever find a partner or spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your relationship with your parents is strained or conflicted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. You have a parent, child, or a spouse or partner who is in very bad mental, emotional or physical health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. You wish you could have children but you cannot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. A child's behavior or mood is a source of serious concern to you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about your childhood experiences.

147 As a child, my favorite toys and games were...

- ☐ Always "masculine"
- ☐ Usually "masculine"
- ☐ Equally "masculine" and "feminine"
- ☐ Usually "feminine"
- ☐ Always "feminine"
- ☐ Neither "masculine" or "feminine"

148 As a child, the characters on TV or in the movies that I imitated or admired were...

- ☐ Always boys or men
- ☐ Usually boys or men
- ☐ Girls/women and boys/men equally
- ☐ Usually girls or women
- ☐ Always girls or women
- ☐ I did not imitate or admire characters on TV or in the movies

149 In fantasy or pretend play, I took the role...

- ☐ Only of boys or men
- ☐ Usually of boys or men
- ☐ Boys/men and girls/women equally
- ☐ Usually of girls or women
- ☐ Only of girls or women
- ☐ I did not do this type of pretend play

150 As a child, I felt...

- ☐ Very masculine
- ☐ Somewhat masculine
- ☐ Masculine and feminine equally
- ☐ Somewhat feminine
- ☐ Very feminine
- ☐ I did not feel masculine or feminine

Below are some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. Remember, on the cover letter of this survey, you will find a list of organizations that can provide information and referral for these issues. Also, please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

Now, looking back before you were 18 years of age...

	Yes	No
151 Did you live with anyone who was depressed, mentally ill, or suicidal?.....	<input type="checkbox"/>	<input type="checkbox"/>

152 Did you live with anyone who was a problem drinker or alcoholic?.....	<input type="checkbox"/>	<input type="checkbox"/>
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153 Did you live with anyone who used illegal street drugs or who abused prescription medications? ...	<input type="checkbox"/>	<input type="checkbox"/>
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154 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?.....	<input type="checkbox"/>	<input type="checkbox"/>
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155 Were your parents separated or divorced?

- ☐ Yes
- ☐ No
- ☐ Parents were never married

	Never	Once	More than once	Don't know/Not sure	Refused
156 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

157 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

158 How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Continue ➡

As a reminder, all questions refer to the time period before you were 18 years of age.

	Never	Once	More than once	Don't know/Not sure	Refused
159 How often did anyone at least 5 years older than you, or an adult, ever touch you sexually?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160 How often did anyone at least 5 years older than you, or an adult, try to make you touch them sexually?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161 How often did anyone at least 5 years older than you, or an adult, force you to have sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

162 How often, if ever, were you bullied before you were 18 years old?

- ☐ Often
☐ Sometimes
☐ Rarely
☐ Never → *Skip to Question 164*

163 When you were bullied before you were 18 years old, would you say it was because of your . . . *Please mark all that apply.*

- ☐ Age
☐ Sex (being female or male)
☐ Being transgender
☐ Gender expression or appearance
☐ Race/ethnicity
☐ Income level or education
☐ Sexual orientation
☐ Physical appearance (e.g., weight, height)
☐ Religion/spirituality
☐ Disability

164 Please rate your level of agreement with the following items.

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
a. There is a special person who is around when I am in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is a special person with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family really tries to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I get the emotional help and support I need from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a special person who is a real source of comfort to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My friends really try to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can count on my friends when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can talk about my problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have friends with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There is a special person in my life who cares about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My family is willing to help me make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I can talk about my problems with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, we have a few additional questions about you.

165 In what year were you born?

☐ Don't know

166 Were you born in the United States?

☐ Yes

☐ No

167 Did you live in the United States most of the time from age 6 to age 13?

☐ Yes

☐ No

168 Were one or both of your parents born outside the United States?

☐ Yes, one parent was born outside of the United States

☐ Yes, both parents were born outside of the United States

☐ No

☐ Don't know

169 Do you have any children?

☐ Yes

☐ No → *Skip to Question 171*

170 Which of the following best describe the age of your children and their current living arrangement?
Please mark all that apply.

☐ Child/Children under age 18 living with you

☐ Child/Children under age 18 not living with you

☐ Child/Children 18 years of age or older living with you

☐ Child/Children 18 years of age or older not living with you

171 Which of the following best describes your current employment status? *Please mark all that apply.*

☐ Employed full-time by an employer

☐ Employed part-time by an employer

☐ Self-employed

☐ Out of work, and have been for 1 year or more

☐ Out of work, and have been for less than 1 year

☐ A homemaker

☐ A student

☐ Retired

☐ Unable to work due to disability

172 What is your total annual **household** income, before taxes? Please include income from wages and salaries, money you get from family members living elsewhere, farming, and all other sources.

☐ Under \$720

☐ \$720 to \$5,999

☐ \$6,000 to \$11,999

☐ \$12,000 to \$23,999

☐ \$24,000 to \$35,999

☐ \$36,000 to \$47,999

☐ \$48,000 to \$59,999

☐ \$60,000 to \$89,999

☐ \$90,000 to \$119,999

☐ \$120,000 to \$179,999

☐ \$180,000 to \$239,999

☐ \$240,000 and over

173 Including yourself, how many people (including children) live on that household income?

174 What is your total annual **personal** income, before taxes? Please include income from wages and salaries, money you get from family members living elsewhere, farming, and all other sources.

☐ Under \$720

☐ \$720 to \$5,999

☐ \$6,000 to \$11,999

☐ \$12,000 to \$23,999

☐ \$24,000 to \$35,999

☐ \$36,000 to \$47,999

☐ \$48,000 to \$59,999

☐ \$60,000 to \$89,999

☐ \$90,000 to \$119,999

☐ \$120,000 to \$179,999

☐ \$180,000 to \$239,999

☐ \$240,000 and over

175 Suppose you cashed in all your checking and savings accounts and any stocks and bonds, real estate, and sold your home, your vehicles, and all of your valuable possessions. Then suppose you put that money toward paying off all your loans including mortgage and all your other debts and credit cards. Would you have money left over after paying your debts or would you still owe money?

☐ Would have money left over

☐ Would still owe at least some money

Continue →

- 176** Do you own or rent your home? “Home” is defined as the place where you live most of the time/the majority of the year. “Other arrangement” may include living in a group home or staying with friends or family without paying rent.
- ☐ Own
 - ☐ Rent
 - ☐ Other arrangement
- 177** Where have you lived in the last 12 months? *Please mark all that apply.*
- ☐ In a house/apartment/condo you owned (alone or with others)
 - ☐ In a house/apartment/condo that you rented (alone or with others)
 - ☐ With a partner, spouse or other person who pays for the housing
 - ☐ With parents or family you grew up with
 - ☐ With friends or family temporarily
 - ☐ On the street, in a car, in an abandoned building, in a park, or a place that is NOT a house, apartment, shelter, or other housing
 - ☐ In a shelter
 - ☐ In a group home facility
 - ☐ In a nursing/adult care facility/hospital
 - ☐ In campus/university housing
 - ☐ In military barracks
 - ☐ Other
- 178** How often have you moved in the past 2 years?
- ☐ Not at all
 - ☐ Once
 - ☐ Twice
 - ☐ Three times
 - ☐ Four times
 - ☐ Five times
 - ☐ More than five times
- 179** What is your present religion, if any?
- ☐ Protestant (for example, Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
 - ☐ Roman Catholic
 - ☐ Mormon (Church of Jesus Christ of Latter-day Saints or LDS)
 - ☐ Orthodox (Greek, Russian, or another Orthodox church)
 - ☐ Jewish
 - ☐ Muslim
 - ☐ Buddhist
 - ☐ Hindu
 - ☐ Atheist (do not believe in God)
 - ☐ Agnostic (not sure if there is a God)
 - ☐ Spiritual
 - ☐ Something else
 - ☐ Nothing in particular

180 Thinking about when you were a child, in what religion were you raised, if any?

- ☐ Protestant (for example, Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
- ☐ Roman Catholic
- ☐ Mormon (Church of Jesus Christ of Latter-day Saints or LDS)
- ☐ Orthodox (Greek, Russian, or another Orthodox church)
- ☐ Jewish
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Atheist (do not believe in God)
- ☐ Agnostic (not sure if there is a God)
- ☐ Spiritual
- ☐ Something else
- ☐ Nothing in particular

181 Aside from weddings and funerals, about how often do you attend religious services?

- ☐ More than once a week
- ☐ Once a week
- ☐ Once or twice a month
- ☐ A few times a year
- ☐ Seldom
- ☐ Never

182 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- ☐ Never served in the military → *Skip to text before Question 186*
- ☐ Only on active duty for training in the Reserves or National Guard
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

183 Were you ever discharged or separated from service?

- ☐ Yes
- ☐ No → *Skip to text before Question 186*

184 Were you ever discharged or separated for “homosexual admission” or “homosexual conduct” under *Don’t Ask, Don’t Tell*?

- ☐ Yes
- ☐ No

185 Was your discharge or separation from service related to you being LGB?

- ☐ No
- ☐ Yes, partially
- ☐ Yes, completely

Continue ⇨

In this survey we focused on some negative aspects of life and health problems because these are important to address by public health and policy makers, but highly challenging life circumstances can also lead to significant positive change.

Please rate your level of agreement with the following items.

	Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
186 In most ways, my life is close to my ideal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187 The conditions of my life are excellent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
188 I am satisfied with life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
189 So far I have gotten the important things I want in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
190 If I could live my life over, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This completes the survey.

Please return the survey in the postage-paid envelope provided.

Thank you for your participation in the study. Your responses, together with those of other study participants, will help the researchers provide important information about the health and well-being of LGB people.

Please visit the study web page at www.generations-study.com where you can sign in to receive updates about the study.

If you have any questions or comments, you may contact the study's principal investigator, Dr. Ilan H. Meyer, at meyer@law.ucla.edu.

Barcode

Language