**MEASURES PACKET:** Stress and Support Among Sexual Minority Couples

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# SCREENING

## Online Screener

Created by the investigators.

1. How old are you? [dropdown menu]
2. Which best describes your sexual orientation?
   1. Asexual
   2. Bisexual
   3. Heterosexual/straight
   4. Gay
   5. Lesbian
   6. Pansexual
   7. Questioning
   8. Other (please indicate)
3. Which best describes your gender identity?
   1. Woman
   2. Gender queer/Gender neutral/Two-spirit
   3. Man
   4. Transgender Man (Female to Male)
   5. Transgender Woman (Male to Female)
   6. Nonbinary/gender nonconforming
   7. Other (Please indicate)
4. Are you currently involved in a committed romantic relationship lasting over 3 months in length?
   1. Yes
   2. No
5. Are you capable and comfortable of writing, speaking, and understanding English enough to be considered “fluent”?
   1. Yes
   2. No
6. What time zone do you currently live in?
   1. Eastern Standard Time
   2. Central Standard Time
   3. Mountain Standard Time
   4. Pacific Standard Time
7. Do you have daily personal Internet access?
   1. Yes
   2. No
8. Do you have a webcam and a microphone?
   1. Yes
   2. No
9. Please indicate the degree of happiness, all things considered, of your relationship.
   1. Extremely unhappy (0)
   2. Fairly unhappy (1)
   3. A little unhappy (2)
   4. Happy (3)
   5. Very happy (4)
   6. Extremely happy (5)
   7. Perfect (6)
10. Have you experienced any significant injury (non-accidental) as a result of a conflict or fight with your partner in the last 6 months?
    1. Yes
    2. No

[Fear of Partner – Screen]

Please circle the number that best describes how worried/afraid you are of your partner engaging in each of the following behaviors.

Response options:

1 – not at all worried/afraid

2

3

4 – somewhat afraid/worried

5

6

7 – extremely worried/afraid

1. To speak freely in front of my partner
2. To express my thoughts/feelings to my partner
3. To be honest with my partner
4. To disagree with my partner
5. To stand up for myself to my partner

Below are examples of discrimination experiences related to ***sexual orientation***.

* Laughed at/made fun of
* Called a derogatory name (faggot, queer, homo, sissy, dyke)
* Verbal harassment (sneered at, yelled at, jeered at, catcalled, called extra attention to)
* Not offered a promotion, raise, admission to an academic program, or other career advancement
* Evaluated unfairly by a superior (e.g., teacher, professor, boss, supervisor, etc.)
* Denied housing or evicted
* Denied medical or psychological services
* Property destroyed or vandalized
* Targeted by law enforcement
* Received poor service at stores or restaurants or denied service at stores or restaurants
* Objects thrown at you
* Spat on/at
* Followed by someone

In the past 6 months ([DATE]), have you experienced any of the events listed above ***because of your sexual orientation***?

* Yes
* No

# DEMOGRAPHICS AND COVARIATES

## Demographics

Created by the investigators.

How old are you?

[Dropdown menu]

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

* Male
* Female
* Intersex

Which of the following best describesyour gender identity?

* Man
* Woman
* Transgender man (trans man)
* Transgender woman (trans woman)
* Genderqueer
* Gender non-conforming
* Non-binary
* Different identity (please specify)

Which of the following best describes your sexual orientation?

* Straight
* Bisexual
* Pansexual
* Queer
* Fluid
* Gay
* Lesbian
* Unsure/questioning
* Asexual
* Different identity (please specify)

Do you use any other terms to describe your sexual orientation?

* Yes
* No

[If yes] What other terms to you use to describe your sexual orientation? *(select all that apply)*

* Straight
* Bisexual
* Pansexual
* Queer
* Fluid
* Gay
* Lesbian
* Unsure/questioning
* Asexual
* Different identity (please specify)

Which of the following best describes who you are attracted to?

* I am only attracted to people of a single gender
* I am attracted to people of more than one gender
* I am attracted to people regardless of gender (e.g., gender doesn’t influence my attractions)

Do you identify as Hispanic or Latinx?

* Yes
* No

Which of the following best describes your race? *(select all that apply)*

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White
* Different race (please specify)

What state or U.S. Territory do you live in?

* *Dropdown:*
  + 50 states
  + DC
  + US Territories
  + I do not live in the United States

What city/town did you live the longest while growing up from the ages of 10-18?

* City/town
* State
* Country

How long did you live there?

* Months
* Years

How did you hear about this study?

* Facebook advertisement
* Instagram
* Twitter
* Another social media site (please specify)
* An email flier
* An in-person flier
* An organization listserv
* Someone I know
* Not listed (please specify)

If we email you, can we refer to the study as “the couples study”?

* **Yes**, you can refer to the study as “the couples study”
* **No**, please refer to study as “the study at Stony Brook University”
* Please mark down your living situation: I live with my partner and we live by ourselves
* I live with my partner and we live with other people
* I live with my partner and we live with family
* We live in the same town or region, but do not live together
* We do not live in the same town or region and do not live together
* None of the above (please specify)

[If living with romantic partner]:

* How long have you been living with your partner? Please enter the months and years up to the current date (if less than 1 year, please put a ZERO (0) in the ‘Years’ box.
  + Years [write-in]
  + Months [write-in]

What is your current annual combined household income before taxes (in US dollars)?

* Under $12,000 *[internal note: under poverty line]*
* $12,000 - $23,999 *[internal note: above poverty line; under 20th percentile]*
* $24,000 - $44,999 *[internal note: 20-40th percentile]*
* $45,000 - $74,999 *[internal note: 40-60th percentile]*
* $75,000 - $119,999 *[internal note: 60-80th percentile]*
* $120,000 or more *[internal note: above 80th percentile]*

What is the highest grade of school you have completed?

* Less than high school
* Some high school
* High school diploma or GED
* Some college without obtaining a degree
* An Associate’s degree
* 4-Year college degree (B.A., B.S., B.F.A.)
* Some graduate school without obtaining a degree
* Master’s degree (M.A., M.P.H., M.F.A.)
* Advanced graduate school degree (Ph.D., M.D., J.D.)

Which of the following best describes your current employment status?

* Full-time (40 hours per week)
* Part-time (less than 40 hours per week)
* Part-time work – Full-time student
* Temporary/ Occasional work
* Permanently or temporarily disabled and NOT working
* Permanently or temporarily disabled BUT working off the books
* Unemployed – Student
* Unemployed – Other

Is this your first romantic relationship?

* Yes
* No

Please mark the answer that best describes your current relationship status.

* In a dating relationship
* In a committed relationship
* Engaged
* Married or in a civil union
* Other (please specify)

How long have you been IN A RELATIONSHIP with your partner? Please enter the months and years up to the current date (if less than 1 year, please put a ZERO (0) in the ‘Years’ box.

* Years write-in
* Months write-in

How long did you know your partner BEFORE YOU BEGAN DATING? Please enter to your best knowledge (if less than 1 year, please put a ZERO (0) in the ‘Years’ box.

* Years write-in
* Months write-in

How did you meet your partner? [write-in]

Do you have any children with your partner (i.e., NOT from a previous relationship)?

* Yes
* No

[if yes to above]:

How many children do you have with your partner? [write-in]

How old are each of your children with your partner? [write-in]

Do you have any children from a previous relationship?

* Yes
* No

[if yes to above]:

How many children do you have from a previous relationship? [write-in]

How old are each of your children from a previous relationship? [write-in]

Have you and your current romantic partner ever ended your relationship (i.e., broken up or stopped seeing each other) in the past?

* Yes
* No

[if yes to above] How many times have you and your partner broken up and gotten back together?

* 1
* 2
* 3
* 4+

When it comes to relationships, I think of myself or identify as:

* + Monogamous
  + Non-monogamous (Polyamorous, Open Relationship, etc.)
  + Questioning/Exploring
  + Other relationship structure/orientation \_\_\_\_\_\_\_\_\_\_\_\_\_ [all]

How would you describe your *current* relationship(s) (Check all that apply)?

* + Monogamous
  + Open
  + Polyamorous
  + Swinger
  + Relationship Anarchy
  + Monogamish
  + Something else: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

How would you describe your *ideal* relationship style?

* + -Monogamous
  + -Open
  + -Polyamorous
  + -Swinger
  + -Relationship Anarchy
  + -Monogamish
  + -Something else: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

A **relationship agreement** is a mutual understanding between you and your partner(s) based on an **explicit conversation** about which sexual and relationship activities are allowed to occur within your relationship and, if applicable, with outside partners.

Do you currently have a relationship agreement with your partner?

* + Yes
  + No

[if yes] Which of the following scenarios best describes the current agreement that you have with your partner?

* + We cannot have any sex with an outside partner
  + We can have sex with outside partners but with some restrictions
  + We can have sex with outside partners without any restrictions

[if no] Have you ever considered making a relationship agreement or having a discussion about relationship boundaries? Why or why not?

[Free text]

## Directed Questions Scale – 7 items

**Source:**

Maniaci, M. R., & Rogge, R. D. (2014). Caring about carelessness: Participant inattention

and its effects on research. *Journal of Research in Personality*, *48*, 61–83.

Note: The items of this scale were embedded, one by one, into the blocks of questions of other scales (from mood questionnaires to personality and trait scales) scattered across the webpages of our online surveys. As a result, each item was given with slightly different response scales (corresponding to the measure in which it was embedded). The items either ask subjects to skip answering the questions entirely or to put a specific answer – rendering the exact response scale meaningless (it will match whatever questionnaires they are embedded in).

1. To show that you are reading these instructions, please leave this question blank.
2. Please skip this question
3. This is a control question. Leave this question blank.
4. Please skip this question
5. This is a control question. Mark “Mostly True” and move on.
6. This is an extra line. Leave this question blank.
7. This is a control question. Mark “Rarely” and move on.

**Scoring:** This scale was scored by summing the number of mistakes each subject made on these items to create scores ranging from 0 to 7.

## Negative Emotionality Scale – 30 items

**Source:**

Waller, N. G., Tellegen, A., McDonald, R. P., & Lykken, D. T. (1996). Exploring nonlinear models in personality assessment: Development and preliminary validation of a negative emotionality scale. *Journal of Personality*, *64*(3), 545–576. <https://doi.org/10.1111/j.1467-6494.1996.tb00521.x>

**Instructions:** Please rate the following items.

Response options: True/False

1. I often find myself worrying about something.
2. Some people go out of their way to keep me from getting ahead.
3. My feelings are rather easily hurt.
4. I am easily "rattled" at critical moments.
5. Many people try to push me around.
6. Often I get irritated at little annoyances.
7. I suffer from nervousness.
8. I am usually happier when I am alone.
9. When I get angry I am often ready to hit someone.
10. I often find it difficult to sleep at night.
11. My mood often goes up and down.
12. I am more of a "loner" than most people.
13. I have personal enemies who would like to harm me.
14. Often I have feelings of unworthiness.
15. Occasionally I experience strong emotions—anxiety, anger—without really knowing what causes them.
16. People often say mean things about me.
17. I am often nervous for no reason.
18. I am able to wander off into my own thoughts while doing a routine task and actually forget that I am doing the task, and then find a few minutes later that I have completed it.
19. I feel that life has handed me a raw deal.
20. I often feel fed-up.
21. People rarely try to take advantage of me. (F)
22. Minor setbacks sometimes irritate me too much.
23. My "friends" have often betrayed me.
24. I worry about terrible things that might happen.
25. I have often been lied to.
26. When people insult me, I try to get even.
27. There are days when I'm "on edge" all the time.
28. At times I somehow feel the presence of someone who is not physically there.
29. Sometimes I just like to hit someone.
30. Some people oppose me for no good reason.

# RELATIONSHIP FUNCTIONING

## Couples Satisfaction Index- 16 items

**Source:**

Funk, J. L., & Rogge, R. D. (2007). Testing the ruler with item response theory:

Increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology*, *21*(4), 572–583.

Please indicate the degree of happiness, all things considered, of your relationship.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Extremely Unhappy  **0** | Fairly Unhappy  **1** | A Little Unhappy  **2** | Happy  **3** | Very  Happy  **4** | Extremely Happy  **5** | Perfect  **6** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | All  the time | Most of the time | More often than not | Occa-sionally | Rarely | Never |
| In general, how often do you think that things between you and your partner are going well? | 5 | 4 | 3 | 2 | 1 | 0 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all TRUE | A little TRUE | Some-what TRUE | Mostly TRUE | Almost Completely TRUE | Completely TRUE |
| Our relationship is strong | 0 | 1 | 2 | 3 | 4 | 5 |
| My relationship with my partner makes me happy | 0 | 1 | 2 | 3 | 4 | 5 |
| I have a warm and comfortable relationship with my partner | 0 | 1 | 2 | 3 | 4 | 5 |
| I really feel like **part of a team** with my partner | 0 | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not  at all | A little | Some-what | Mostly | Almost Completely | Completely |
| How rewarding is your relationship with your partner? | 0 | 1 | 2 | 3 | 4 | 5 |
| How well does your partner meet your needs? | 0 | 1 | 2 | 3 | 4 | 5 |
| To what extent has your relationship met your original expectations? | 0 | 1 | 2 | 3 | 4 | 5 |
| In general, how satisfied are you with your relationship? | 0 | 1 | 2 | 3 | 4 | 5 |

For each of the following items, select the answer that best describes *how you feel about your relationship*. Base your responses on your first impressions and immediate feelings about the item.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| INTERESTING | 5 | 4 | 3 | 2 | 1 | 0 | BORING |
| BAD | 0 | 1 | 2 | 3 | 4 | 5 | GOOD |
| FULL | 5 | 4 | 3 | 2 | 1 | 0 | EMPTY |
| STURDY | 5 | 4 | 3 | 2 | 1 | 0 | FRAGILE |
| DISCOURAGING | 0 | 1 | 2 | 3 | 4 | 5 | HOPEFUL |
| ENJOYABLE | 5 | 4 | 3 | 2 | 1 | 0 | MISERABLE |

SCORING: To score the CSI-16, you simply sum the responses across all of the items. The point values of each response of each item are shown above. NOTE – Point values are not shown to participants.

## Positive-Negative Relationship Quality Scale- 8-items

**Source:**

Rogge, R. D., Fincham, F. D., Crasta, D., & Maniaci, M. R. (2017). Positive and negative

evaluation of relationships: Development and validation of the Positive–Negative Relationship Quality (PN-RQ) scale. *Psychological Assessment*, *29*(8), 1028–1043.

Positive subscale

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Considering only the positive qualities of your relationship and ignoring the negative ones, please rate your relationship on the following…**  **MY RELATIONSHIP IS…** | Not  at all TRUE | A little TRUE | Some-what TRUE | Mostly TRUE | Very TRUE | Completely TRUE |
| Enjoyable | O | O | O | O | O | O |
| Pleasant | O | O | O | O | O | O |
| Strong | O | O | O | O | O | O |
| Alive | O | O | O | O | O | O |

Negative subscale (presented on a separate survey page)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Considering only the negative qualities of your relationship and ignoring the positive ones, please rate your relationship on the following…**  **MY RELATIONSHIP IS…** | Not  at all TRUE | A little TRUE | Some-what TRUE | Mostly TRUE | Very TRUE | Completely TRUE |
| Miserable | O | O | O | O | O | O |
| Bad | O | O | O | O | O | O |
| Empty | O | O | O | O | O | O |
| Lifeless | O | O | O | O | O | O |

**Scoring**: For all items, responses are given values on a 0 to 5 point scale with 0 = Not at all TRUE and 5 = Completely TRUE. The items of the positive subscale are summed to create a total where higher scores indicate greater positive relationship qualities. The items of the negative subscale are summed separately to create a total where higher scores reflect greater negative relationship qualities.

## Quality of Sex Inventory- 12-item version

**Source:**

Shaw, A. M., & Rogge, R. D. (2016). Evaluating and refining the construct of sexual

quality with item response theory: Development of the Quality of Sex Inventory. *Archives of Sexual Behavior*, *45*(2), 249–270.

**Instructions:** Please rate the following items using the scale below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not  at all TRUE | A little TRUE | Some-what TRUE | Mostly TRUE | Very TRUE | Completely TRUE |
| My sex life is fulfilling | O | O | O | O | O | O |
| I am happy with my sex life with my partner | O | O | O | O | O | O |
| My partner really pleases me sexually | O | O | O | O | O | O |
| I am satisfied with our sexual relationship | O | O | O | O | O | O |
| I am happy with the quality of sexual activity in our relationship | O | O | O | O | O | O |
| Sexual activity with my partner is fantastic | O | O | O | O | O | O |
| Sexual activity with my partner is not fun | O | O | O | O | O | O |
| Sexual activity with my partner is a turn off | O | O | O | O | O | O |
| Sexual activity with my partner is not worth the time or effort | O | O | O | O | O | O |
| I do NOT enjoy sexual activity with my partner | O | O | O | O | O | O |
| Sexual activity with my partner leaves me empty | O | O | O | O | O | O |
| Sexual activity with my partner is not very exciting | O | O | O | O | O | O |

**Scoring**: For all items, responses are given values on a 0 to 5 point scale with 0 = Not at all TRUE and 5 = Completely TRUE. The items of the sexual satisfaction scale are summed to create a total where higher scores indicate higher levels of sexual satisfaction. The items of the sexual dissatisfaction scale are summed separately to create a total where higher scores reflect higher levels of sexual dissatisfaction.

## Dyadic Trust Scale – 8 items

**Source:**

Larzelere, R. E., & Huston, T. L. (1980). The Dyadic Trust Scale: Toward understanding

interpersonal trust in close relationships. *Journal of Marriage and the Family*, *42*(3), 595–604.

Gabbay, N., Lafontaine, M.-F., & Bourque, L. (2012). Factor structure and reliability

assessment of the Dyadic Trust Scale with individuals in same-sex romantic relationships. *Journal of GLBT Family Studies*, *8*(3), 258–269.

**Instructions:** For each item, participants were required to evaluate the amount of benevolence and honesty that they feel their partner expresses toward them

1. My partner is primarily interested in their own welfare.
2. There are times when my partner cannot be trusted.
3. My partner is perfectly honest and truthful with me.
4. I feel that I can trust my partner completely.
5. My partner is truly sincere in their promises.
6. I feel that my partner does not show me enough consideration.
7. My partner treats me fairly and justly.
8. I feel that my partner can be counted on to help me.

Scoring: Each item was evaluated using a 7-point Likert scale (1 = very strongly disagree to 7 = very strongly agree). Responding to the DTS requires approximately five minutes. Three of the eight items of the scale are reverse scored as to reduce response bias. Therefore, the highest possible score on the DTS is 56, indicating that the participant feels his or her respective partner is very trustworthy. The lowest possible score is 8, which would indicate that the participant very strongly disagrees with all statements and therefore does not trust his or her respective partner.

## Revised Commitment Inventory- 25-items

**Source:**

Owen, J., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2011). The Revised

Commitment Inventory: Psychometrics and use with unmarried couples. *Journal of Family Issues*, *32*(6), 820–841.

**Instructions:** Please rate how much you agree or disagree with the following statements.

**Response options:** 1 (strongly disagree) to 7 (strongly agree)

**Social Pressure Subscale**

1. My friends would not mind if my partner and I broke up. (REVERSE)

5. It would be difficult for my friends to accept it if I ended the relationship with my partner.

8. My family really wants this relationship to work.

17. My family would not care if I ended this relationship. (REVERSE)

**Alternative Financial Status Subscale**

2. If we ended this relationship, I would feel fine about my financial status. (REVERSE)

7. I would not have trouble supporting myself should this relationship end. (REVERSE)

13. I would not have any problem with meeting my basic financial needs for food, shelter, and clothing without my partner. (REVERSE)

**Termination**

3. The steps I would need to take to end this relationship would require a great deal of time and effort.

6. It would be relatively easy to take the steps needed to end this relationship. (REVERSE)

15. The process of ending this relationship would require many difficult steps.

**Concern for Partner’s Welfare (CPW)**

4. I could not bear the pain it would cause my partner to leave them even if I really wanted to.

16. If I really felt I had to leave this relationship, I would not be slowed down by concerns for how well my partner would do without me. (REVERSE)

**Availability**

9. I would have trouble finding a suitable partner if this relationship ended.

10. I believe there are many people who would be happy with me as their spouse or partner. (REVERSE)

12. Though it might take awhile, I could find another desirable partner if I wanted or needed to. (REVERSE)

**Investments**

11. I have put a number of tangible, valuable resources into this relationship.

14. I have put very little money into this relationship. (REVERSE)

**Dedication**

18. My relationship with my partner is more important to me than almost anything in my life.

19. I want this relationship to stay strong no matter what rough times we encounter.

20. I like to think of my partner and me more in terms of “us” and “we” than “me” and “them”

21. I think a lot about what it would be like to be dating someone other than my partner. (REVERSE)

22. My relationship with my partner is clearly part of my future life plans.

23. My career (or jobs, studies, homemaking, childrearing, etc.) is more important to me than my relationship with my partner. (REVERSE)

24. I do not want to have a strong identity as a couple with my partner. (REVERSE)

25. I may not want to be with my partner a few years from now. (REVERSE)

Note: Item 20 modified to use gender-neutral pronouns.

## Conflict Tactics Scale Revised – 50 items

**Source:**

Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised conflict tactics scales (CTS2) development and preliminary psychometric data. *Journal of family issues*, *17*(3), 283-316.

Dyar, C., Messinger, A. M., Newcomb, M. E., Byck, G. R., Dunlap, P., & Whitton, S. W. (2019). Development and initial validation of three culturally sensitive measures of intimate partner violence for sexual and gender minority populations. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260519846856>

**Instructions:** No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couple also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7."

1 = Once in the past year

2 = Twice in the past year

3 = 3-5 times in the past year

4 = 6-10 times in the past year

5 = 11-20 times in the past year

6 = More than 20 times in the past year

7 = Not in the past year

Psychological IPV

1. I swore at my partner.
2. My partner did this to me.
3. I shouted or yelled at my partner.
4. My partner did this to me.
5. I stomped out of the room or house or yard during a disagreement.
6. My partner did this to me.
7. I said something to spite my partner.
8. My partner did this to me.
9. I called my partner names, insulted them, or treated them disrespectfully in front of others.
10. My partner did this to me.
11. I destroyed something belonging to my partner.
12. My partner did this to me.
13. I accused my partner of being a lousy partner.
14. My partner did this to me.
15. I threatened to hit or throw something at my partner.
16. My partner did this to me.

Physical IPV

1. I threw something at my partner that could hurt.
2. My partner did this to me.
3. I twisted my partner’s arm or hair.
4. My partner did this to me.
5. I pushed or shoved my partner.
6. My partner did this to me.
7. I used a knife or gun on my partner.
8. My partner did this to me.
9. I punched or hit my partner with something that could hurt.
10. My partner did this to me.
11. I choked my partner.
12. My partner did this to me.
13. I slammed my partner against a wall.
14. My partner did this to me.
15. I beat up my partner.
16. My partner did this to me.
17. I burned or scalded my partner on purpose.
18. My partner did this to me.
19. I kicked my partner.
20. My partner did this to me.

SGM-Specific

1. I threatened to out my partner to their friends, family, or other people in their life if they didn’t do what I wanted.
2. My partner did this to me.
3. I repeatedly told my partner how alone they would be if they left me, because other people don’'t know about or aren’t accepting of their sexuality.
4. My partner did this to me.
5. I threatened to turn people in the queer community against them or spread rumors about them in this community.
6. My partner did this to me.
7. I outed my partner - to friends or family, at school, work, or in other social circles.
8. My partner did this to me.
9. I forced or coerced my partner into public displays of affection (e.g., hand holding, kissing, etc.) that I knew they weren't comfortable with.
10. My partner did this to me.

# BEHAVIORAL MEDIATORS

## Communication Patterns Questionnaire- 35 items

**Source:**

Crenshaw, A. O., Christensen, A., Baucom, D. H., Epstein, N. B., & Baucom, B. R. W. (2017). Revised scoring and improved reliability for the Communication Patterns Questionnaire. *Psychological Assessment*, *29*(7), 913–925.

Christensen, A. (1987). Detection of conflict patterns in couples. In K. Hahlweg & M.J. Goldstein (Eds.). *Understanding major mental disorder: The contribution of family interaction research* (pp. 250-265). New York, NY, US: Family Process Press.

Directions: We are interested in how you and your partner typically deal with problems in your relationship. Please rate each item on a scale of 1 (= very unlikely) to 9 (= very likely).

**A. WHEN SOME PROBLEM IN MY RELATIONSHIP ARISES,**

Very Very

unlikely likely

1. Mutual Avoidance. Both my partner and I 1 2 3 4 5 6 7 8 9

avoid discussing the problem.

2. Mutual Discussion. Both my partner and I 1 2 3 4 5 6 7 8 9

try to discuss the problem.

Discussion/Avoidance.

3. I try to start a discussion while 1 2 3 4 5 6 7 8 9

my partner tries to avoid a discussion.

4. My partner tries to start a discussion 1 2 3 4 5 6 7 8 9

while I try to avoid a discussion.

**B. DURING A DISCUSSION OF A RELATIONSHIP PROBLEM,**

5. Mutual Blame. Both my partner and I 1 2 3 4 5 6 7 8 9

blame, accuse, and criticize one another.

6. Mutual Expression. Both my partner and I 1 2 3 4 5 6 7 8 9

express our feelings to each other.

7. Mutual Threat. Both my partner and I 1 2 3 4 5 6 7 8 9

threaten one another with negative consequences.

8. Mutual Negotiation. Both my partner and I 1 2 3 4 5 6 7 8 9

suggest possible solutions and compromises.

Demand/Withdraw.

9. I nag and demand while my partner 1 2 3 4 5 6 7 8 9

withdraws, becomes silent, or refuses

to discuss the matter further.

10. My partner nags and demands while I 1 2 3 4 5 6 7 8 9

withdraw, become silent, or refuse

to discuss the matter further.

**B. DURING A DISCUSSION OF A RELATIONSHIP PROBLEM,**

Very Very

Unlikely Likely

Criticize/Defend.

11. I criticize while my partner 1 2 3 4 5 6 7 8 9

defends himself or herself.

12. My partner criticizes while I 1 2 3 4 5 6 7 8 9

defend myself.

Pressure/Resist.

13. I pressure my partner to take some action 1 2 3 4 5 6 7 8 9

or stop some action, while my partner resists.

14. My partner pressures me to take some action 1 2 3 4 5 6 7 8 9

or stop some action, while I resist.

Emotional/Logical.

15. I express feelings while my partner 1 2 3 4 5 6 7 8 9

offers reasons and solutions.

16. My partner expresses feelings while I 1 2 3 4 5 6 7 8 9

offer reasons and solutions.

Threat/Back down.

17. I threaten negative consequences 1 2 3 4 5 6 7 8 9

and my partner gives in or backs down.

18. My partner threatens negative consequences 1 2 3 4 5 6 7 8 9

and I give in or back down.

Verbal Aggression.

19. I call my partner names, swear at 1 2 3 4 5 6 7 8 9

my partner, or attack my partner’s character.

20. My partner calls me names, swears at 1 2 3 4 5 6 7 8 9

me, or attacks my character.

Physical Aggression.

21. I push, shove, slap, hit, or kick 1 2 3 4 5 6 7 8 9

my partner.

22. My partner pushes, shoves, slaps, hits, 1 2 3 4 5 6 7 8 9

or kicks me.

**C. AFTER A DISCUSSION OF A RELATIONSHIP PROBLEM,**

Very Very

Unlikely Likely

23. Mutual Understanding. Both my partner 1 2 3 4 5 6 7 8 9

and I feel understood by each other.

24. Mutual Withdrawal. Both my partner and 1 2 3 4 5 6 7 8 9

I withdraw from each other.

25. Mutual Resolution. Both my partner and I feel 1 2 3 4 5 6 7 8 9

that the problem has been solved.

26. Mutual Withholding. Neither I nor my partner 1 2 3 4 5 6 7 8 9

is giving to the other.

27. Mutual Reconciliation. Both my partner and I 1 2 3 4 5 6 7 8 9

try to be especially nice to each other.

Guilt/Hurt.

28. I feel guilty for what I said or did 1 2 3 4 5 6 7 8 9

while my partner feels hurt.

29. My partner feels guilty for what they 1 2 3 4 5 6 7 8 9

said or did while I feel hurt.

Reconcile/Withdraw.

30. I try to be especially nice, and act

as if things are back to normal, 1 2 3 4 5 6 7 8 9

while my partner acts distant.

31. My partner tries to be especially nice, and

act as if things are back to normal, 1 2 3 4 5 6 7 8 9

while I act distant.

Pressure/Resist.

32. I pressure my partner to apologize or 1 2 3 4 5 6 7 8 9

promise to do better, while my partner resists.

33. My partner pressures me to apologize or

promise to do better, while I resist. 1 2 3 4 5 6 7 8 9

Support Seeking.

34. I seek support from others (parent, friend, 1 2 3 4 5 6 7 8 9

children, etc.)

35. My partner seeks support from others (parent, 1 2 3 4 5 6 7 8 9

friend, children, etc.)

[Information about scoring – not displayed to participants]:

**Subscales**:

Constructive Communication (CC; 9 items): Item #2, 6, 8, 23, 25, 27, plus reverse-scored items 1, 24, and 26

*To compute reverse scored items, subtract the item score from 10; e.g., Item1r = 10 - (Item1)*

Self-demand/Partner-withdraw (SDPW; 7 items): Item #3, 9, 11, 13, 17, 19, and 32

Partner-demand/Self-withdraw (PDSW; 7 items): Item #4, 10, 12, 14, 18, 20, and 33

\*Note: The mutual avoidance subscale has been removed for the revised version, based on factor analysis results. Its items are now subsumed under the CC scale

**Computing subscales**

**CC** = (2 + 6 + 8 + 23 + 25 + 27) + (1r + 24r + 26r)

**SDPW**: 3 + 9 + 11 + 13 + 17 + 19 + 32

**PDSW**: 4 + 10 + 12 + 14 + 18 + 20 + 33

*To compute reverse scored items, subtract the item score from 10; e.g., Item1r = 10 - (Item1)*

**Alternate CPQ scoring methods:**

1. Scoring for full CPQ used prior to 2016 revision (using the 35-item version above)
   1. Mutual avoidance and withholding: Items 1 + 24 + 26
   2. Constructive Communication: Items 2 + 6 + 8 – (5 + 7 + 19 + 20)
   3. Self-demand/partner-withdraw: Items 3 + 9 + 11
   4. Partner-demand/self-withdraw: Items 4 + 10 + 12
   5. Total demand/withdraw: Items 3 + 4 + 9 + 10 + 11 + 12 (combination of the two scales above)
   6. Roles in demand/withdraw: Items 3 + 9 + 11 - (4 + 10 + 12) (difference between the two scales above)

## Dyadic Coping Inventory – 37 items

**Source:**

Bodenmann, G. (2008). Dyadisches Coping Inventar: Testmanual [Dyadic Coping

Inventory: Test manual]. Bern, Switzerland: Huber.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| This section is about how you communicate your stress with your partner | | | | | |
|  | Very rarely | rarely | sometimes | often | Very often |
| 1. I let my partner know that I appreciate their practical support, advice, or help. |  |  |  |  |  |
| 2. I ask my partner to do things for me when I have too much to do. |  |  |  |  |  |
| 3. I show my partner through my behavior when I’m not doing well or when I have problems. |  |  |  |  |  |
| 4. I tell my partner openly how I feel and that I would appreciate their support. |  |  |  |  |  |
| This section is about what your partner does when you feel stressed | | | | | |
|  | Very rarely | rarely | sometimes | often | Very often |
| 5. My partner shows empathy and understanding to me. |  |  |  |  |  |
| 6. My partner expresses that they are on my side. |  |  |  |  |  |
| 7. My partner blames me for not coping well enough with stress. |  |  |  |  |  |
| 8. My partner helps me to see stressful situations in a different light. |  |  |  |  |  |
| 9. My partner listens to me and gives me the opportunity to communicate what really bothers me. |  |  |  |  |  |
| 10. My partner does not take my stress seriously. |  |  |  |  |  |
| 11. My partner provides support, but does so unwillingly or unmotivated, |  |  |  |  |  |
| 12. My partner takes on things that I normally do in order to help me out. |  |  |  |  |  |
| 13. My partner helps me analyze the situation so that I can better face the problem. |  |  |  |  |  |
| 14. When I am too busy, my partner helps me out. |  |  |  |  |  |
| 15. When I am stressed, my partner tends to withdraw. |  |  |  |  |  |
| This section is about how your partner communicates when they are feeling stressed. | | | | | |
|  | Very rarely | rarely | sometimes | often | Very often |
| 16. My partner lets me know that they appreciate my practical support, advice, or help. |  |  |  |  |  |
| 17. My partner asks me to do things for them when they have too much to do. |  |  |  |  |  |
| 18. My partner shows me through their behavior when they are not doing well or when they have problems. |  |  |  |  |  |
| 19. My partner tells me openly how they feel and that they would appreciate my support. |  |  |  |  |  |
| This section is about what you do when your partner communicates their stress | | | | | |
|  | Very rarely | rarely | sometimes | often | Very often |
| 20. I show empathy and understanding to my partner. |  |  |  |  |  |
| 21. I express to my partner that I am on their side. |  |  |  |  |  |
| 22. I blame my partner for not coping well enough with stress. |  |  |  |  |  |
| 23. I tell my partner that their stress is not that bad and help them to see the situation in a different light. |  |  |  |  |  |
| 24. I listen to my partner and give them space and time to communicate what really bothers them. |  |  |  |  |  |
| 25. I do not take my partner’s stress seriously. |  |  |  |  |  |
| 26. When my partner is stressed I tend to withdraw. |  |  |  |  |  |
| 27. I provide support, but I do it so unwillingly and unmotivated because I think that they should cope with their problems on their own. |  |  |  |  |  |
| 28. I take on things that my partner normally does in order to help them out. |  |  |  |  |  |
| 29. I try to analyze the situation together with my partner in an objective manner and help them understand how to change the problem. |  |  |  |  |  |
| 30. When my partner feels they have too much to do, I help them out. |  |  |  |  |  |
| This section is about what you and your partner do when you both are feeling stressed. | | | | | |
|  | Very rarely | rarely | sometimes | often | Very often |
| 31. We try to cope with the problem together and search for ascertained solutions. |  |  |  |  |  |
| 32. We engage in a serious discussion about the problem and think through what has to be done. |  |  |  |  |  |
| 33. We help one another to put the problem in perspective and see it in a new light. |  |  |  |  |  |
| 34. We help each other relax with such things like massage, taking a bath together, or listening to music together. |  |  |  |  |  |
| 35. We are affectionate to each other, make love and try that way to cope with stress. |  |  |  |  |  |
| This section is about how you evaluate your coping as a couple | | | | | |
|  | Very rarely | rarely | sometimes | often | Very often |
| 36. I am satisfied with the support I receive from my partner and the way we deal with stress together. |  |  |  |  |  |
| 37. I am satisfied with the support I receive from my partner and I find as a couple, the way we deal with stress together is efficient. |  |  |  |  |  |

**Scoring:** Subscale scores are obtained by summing the scores of the respective subscale items, with elevated subscale scores denoting greater levels of the constructs measured by each subscale (e.g., greater partner stress communication or greater common dyadic coping).

Note: items slightly modified to be gender-neutral.

## Support in Intimate Relationships Rating Scale- 25-items

**Source:**

Barry, R. A., Bunde, M., Brock, R. L., & Lawrence, E. (2009). Validity and utility of a multidimensional model of received support in intimate relationships. *Journal of Family Psychology*, *23*(1), 48–57.

**Instructions:** Think over the past two weeks and the various stresses, hassles, problems or challenges you have faced. Now take a minute to think back to the interactions you have had over the PAST MONTH with your partner when you were experiencing those stresses and problems. For each of the items below, indicate as closely as you can how frequently your partner did each of these behaviors

How **frequently** did these behaviors happen? Never (1) Rarely (2) Sometimes (3) Often (4)

1. Gave me suggestions about how to handle a situation

2. Told me what to do to solve a problem or deal with a situation

3. Helped me think about a situation in a new way

4. Taught me or showed me how to do something

6. Shared facts or information with me about a situation I was facing

9. Hugged me or cuddled with me

10. Kissed me

11. Held my hand

12. Patted or stroked me affectionately

5. Shared a personal experience that was similar to my situation

7. Restated what I had told them about a situation

8. Inferred how I was feeling about a situation

13. Told me everything would be OK

14. Said they thought I handled a situation well

15. Expressed confidence in my ability to handle a situation

16. Said good things about me

17. Said it was OK to feel the way I was feeling

18. Took my side when discussing a situation

19. Said they would feel the same way in my situation

20. Said I was not at fault for my situation

21. Offered to do something to help me directly with my situation (e.g. help me with a problem or task at work)

22. Did something to help me directly (e.g. helped with a problem from work)

23. Offered to help me indirectly (e.g. offered to do my chores)

24. Did something to help me indirectly (e.g. did my chores)

25. Offered to do something to help me feel better (e.g. offered to go jogging/ go to dinner together)

Note: items slightly modified to be gender-neutral

## Behavioral Inhibition/Activation Scale- 20 items

**Source:**

Carver, C. S., & White, T. L. (1994). Behavioral inhibition, behavioral activation, and affective responses to impending reward and punishment: The BIS/BAS Scales. *Journal of Personality and Social Psychology*, *67*(2), 319–333.

Each item of this questionnaire is a statement that a person may either agree with or disagree with.  For each item, indicate how much you agree or disagree with what the item says.  Please respond to all the items; do not leave any blank.  Choose only one response to each statement.  Please be as accurate and honest as you can be.  Respond to each item as if it were the only item.  That is, don't worry about being "consistent" in your responses.  Choose from the following four response options:

  1 = very true for me   
  2 = somewhat true for me   
  3 = somewhat false for me   
  4 = very false for me

1.  A person's family is the most important thing in life.   
2.  Even if something bad is about to happen to me, I rarely experience fear or nervousness.   
3.  I go out of my way to get things I want.   
4.  When I'm doing well at something I love to keep at it.   
5.  I'm always willing to try something new if I think it will be fun.   
6.  How I dress is important to me.   
7.  When I get something I want, I feel excited and energized.   
8.  Criticism or scolding hurts me quite a bit.   
9.  When I want something I usually go all-out to get it.   
10.  I will often do things for no other reason than that they might be fun.

11.  It's hard for me to find the time to do things such as get a haircut.   
12.  If I see a chance to get something I want I move on it right away.   
13.  I feel pretty worried or upset when I think or know somebody is angry at me.   
14.  When I see an opportunity for something I like I get excited right away.   
15.  I often act on the spur of the moment.   
16.  If I think something unpleasant is going to happen I usually get pretty "worked up."   
17.  I often wonder why people act the way they do.   
18.  When good things happen to me, it affects me strongly.   
19.  I feel worried when I think I have done poorly at something important.   
20.  I crave excitement and new sensations.

21.  When I go after something I use a "no holds barred" approach.   
22.  I have very few fears compared to my friends.   
23.  It would excite me to win a contest.   
24.  I worry about making mistakes. 

------------------------------------------------------------------------

Items other than 2 and 22 are reverse-scored.

BAS Drive:  3, 9, 12, 21   
BAS Fun Seeking:  5, 10, 15, 20   
BAS Reward Responsiveness:  4, 7, 14, 18, 23

BIS:  2, 8, 13, 16, 19, 22, 24

Items 1, 6, 11, 17,  are fillers.

It is not encouraged to combine the BAS scales, however, because they do turn out to focus on different aspects of incentive sensitivity. In particular, Fun Seeking is known to have elements of impulsiveness that are not contained in the other scales. [<- per Carver’s website]

# COGNITIVE MEDIATORS

## Relationship Attribution Measure- 4 items

**Source:**

Fincham, F. D., & Bradbury, T. N. (1992). Assessing attributions in marriage: The Relationship Attribution Measure. *Journal of Personality and Social Psychology*, *62*(3), 457–468.

**Instructions:** This questionnaire describes several things that your partner might do. Imagine your partner performing each behavior and then read the statements that follow it. Please indicate the number that indicates how much you agree or disagree with each statement, using the rating scale below:

1. Disagree strongly
2. Disagree
3. Disagree somewhat
4. Agree somewhat
5. Agree
6. Agree strongly
7. Your partner criticizes something you say.
   1. My partner's behavior was due to something about them (e.g., the type of person they are, the mood they were in)
   2. The reason my partner criticized me is not likely to change
   3. The reason my partner criticized me is something that affects other areas of our relationship
   4. My partner criticized me on purpose rather than unintentionally
   5. My partner's behavior was motivated by selfish rather than unselfish concerns
   6. My partner deserves to be blamed for criticizing me
8. Your partner begins to spend less time with you.
   1. My partner's behavior was due to something about them (e.g., the type of person they are, the mood they were in)
   2. The reason my partner criticized me is not likely to change
   3. The reason my partner criticized me is something that affects other areas of our relationship
   4. My partner criticized me on purpose rather than unintentionally
   5. My partner's behavior was motivated by selfish rather than unselfish concerns
   6. My partner deserves to be blamed for criticizing me
9. Your partner does not pay attention to what you are saying.
   1. My partner's behavior was due to something about them (e.g., the type of person they are, the mood they were in)
   2. The reason my partner criticized me is not likely to change
   3. The reason my partner criticized me is something that affects other areas of our relationship
   4. My partner criticized me on purpose rather than unintentionally
   5. My partner's behavior was motivated by selfish rather than unselfish concerns
   6. My partner deserves to be blamed for criticizing me
10. Your partner is cool and distant
    1. My partner's behavior was due to something about them (e.g., the type of person they are, the mood they were in)
    2. The reason my partner criticized me is not likely to change
    3. The reason my partner criticized me is something that affects other areas of our relationship
    4. My partner criticized me on purpose rather than unintentionally
    5. My partner's behavior was motivated by selfish rather than unselfish concerns
    6. My partner deserves to be blamed for criticizing me

Note: items slightly modified to be gender-neutral

## Interpersonal Reactivity Index for Couples – 13 items

**Source:**

Péloquin, K., & Lafontaine, M.-F. (2010). Measuring empathy in couples:

Validity and reliability of the Interpersonal Reactivity Index for Couples. *Journal of Personality Assessment*, *92*(2), 146–157.

**Instructions:** The following statements inquire about your thoughts and feelings in a variety of situations occurring in your relationship with your partner. For each item, indicate how well it describes you by circling the appropriate number.

**Empathic Concern scale:**

1. I often have tender, concerned feelings for my partner when they are less fortunate than me.

2. Sometimes I don’t feel very sorry for my partner when they are having problems.

4. When I see my partner being taken advantage of, I feel kind of protective towards them.

6. My partner’s misfortunes do not usually disturb me a great deal.

8. When I see my partner being treated unfairly, I sometimes don’t feel very much pity for them.

9. I am often quite touched by things I see happen in my relationship.

11. In my relationship with my partner, I would describe myself as a pretty soft-hearted person.

**Perspective Taking scale:**

3. I try to look at my partner’s side of a disagreement before I make a decision.

5. I sometimes try to understand my partner better by imagining how things look from their perspective.

7. If I’m sure I’m right about something, I don’t waste much time listening to my partner’s arguments.

10. In my relationship, I believe that there are two sides to every question and try to look at them both.

12. When I’m upset at my partner, I usually try to “put myself in their shoes” for a while.

13. Before criticizing my partner, I try to imagine how I would feel if I were in their place.

**Scoring:** Items are rated on the following scale: 0 = Does not describe me well; 4 = Describes me very well. Items 2, 6, 7, and 8 are reverse coded. Items in each scale are summed to obtain scale total scores.

Note: pronouns in questions changed form “him/her” to “them” to be gender inclusive

## Ruminative Responses Scale – Brooding Subscale – 5 items

**Source:**

Treynor, W., Gonzalez, R., & Nolen-Hoeksema, S. (2003). Rumination reconsidered: A

psychometric analysis. *Cognitive therapy and research*, *27*(3), 247-259.

**Instructions:** People think and do many different things when they feel depressed. Please read each of the items below and indicate whether you almost never, sometimes, often, or almost always think or do each one when you feel down, sad, or depressed. Please indicate what you *generally* do, not what you think you should do.

1 = Almost Never

2 = Sometimes

3 = Often

4 = Almost Always

1. Think “what am I doing to deserve this?”
2. Think “why do I always react this way?”
3. Think about a recent situation, wishing it had gone better
4. Think “why do I have problems other people don’t have?”
5. Think “why can’t I handle things better?”

# AFFECTIVE MEDIATORS

## Difficulties in Emotion Regulation Scale- Short Form- 18 items

**Source:**

Kaufman, E. A., Xia, M., Fosco, G., Yaptangco, M., Skidmore, C. R., & Crowell, S. E.

(2016). The Difficulties in Emotion Regulation Scale Short Form (DERS-SF): Validation and replication in adolescent and adult samples. *Journal of Psychopathology and Behavioral Assessment*, *38*(3), 443–455.

**Instructions:** Please indicate how much each of the following statements apply to you.

1 = Almost Never (0-10%)

2 = Sometimes (11-35%)

3 = About Half the Time (36-65%)

4 = Most of the Time (66-90%)

5 = Almost Always (91-100%)

1. I pay attention to how I feel. (awareness)
2. I have no idea how I am feeling. (clarity)
3. I have difficulty making sense out of my feelings. (clarity)
4. I care about what I am feeling. (awareness)
5. I am confused about how I feel. (clarity)
6. When I’m upset, I acknowledge my emotions. (awareness)
7. When I’m upset, I become embarrassed for feeling that way. (non-acceptance)
8. When I’m upset, I have difficulty getting work done. (goals)
9. When I’m upset, I become out of control. (impulse)
10. When I'm upset, I believe that I'll end up feeling very depressed. (strategies)
11. When I'm upset, I have difficulty focusing on other things. (goals)
12. When I'm upset, I feel guilty for feeling that way. (non-acceptance)
13. When I'm upset, I have difficulty concentrating. (goals)
14. When I'm upset, I have difficulty controlling my behaviors. (impulse)
15. When I'm upset, I believe there is nothing I can do to make myself feel better. (strategies)
16. When I'm upset, I become irritated with myself for feeling that way. (non-acceptance)
17. When I'm upset, I lose control over my behaviors. (impulse)
18. When I'm upset, it takes me a long time to feel better. (strategies)

Strategies = 10, 15, 18

Non-acceptance = 7, 12, 16

Impulse = 9, 14, 17

Goals = 8, 11, 13

Awareness = 1, 4, 6 (all reverse-scored)

Clarity = 2, 3, 5

## Fear of Intimacy Scale- 30 items

**Source:**

Descutner, C. J., & Thelen, M. H. (1991). Development and validation of a Fear-of-

Intimacy Scale. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, *3*(2), 218–225.

**Part A Instructions:**

Rate how characteristic each statement is of you on a scale of 1 to 5 as described below.

Response format:

1 = not at all characteristic of me

2 = slightly characteristic of me

3 = moderately characteristic of me

4 = very characteristic of me

5 = extremely characteristic of me

1. I feel uncomfortable telling my partner about things in the past that I have felt ashamed of.

2. I feel uneasy talking with my partner about something that has hurt me deeply.

X3. I feel comfortable expressing my true feelings to my partner.

4. If my partner is upset I am sometimes afraid of showing that I care.

5. I am afraid to confide my innermost feelings to my partner.

X6. I feel at ease telling my partner that I care about them.

X7. I have a feeling of complete togetherness with my partner.

X8. I am comfortable discussing significant problems with my partner.

9. A part of me is afraid to make a long-term commitment to my partner.

XI0. I feel comfortable telling my experiences, even sad ones, to my partner.

11. I feel nervous showing my partner strong feelings of affection.

12. 1 find it difficult being open with my partner about my personal thoughts.

13. I feel uneasy with my partner depending on me for emotional support.

X14. I am not afraid to share with my partner what I dislike about myself.

15. I am afraid to take the risk of being hurt in order to establish a closer relationship with my partner.

16.1 feel comfortable keeping very personal information to myself.

XI7. I am not nervous about being spontaneous with my partner.

XI8. I feel comfortable telling my partner things that I do not tell other people.

XI9. I feel comfortable trusting my partner with my deepest thoughts and feelings.

20. I sometimes feel uneasy if my partner tells me about very personal matters.

X21. I am comfortable revealing to my partner what I feel are my shortcomings and handicaps.

X22. I am comfortable with having a close emotional tie between us.

23. I am afraid of sharing my private thoughts with my partner.

24. I am afraid that I might not always feel close to my partner.

X25. I am comfortable telling my partner what my needs are.

26. I am afraid that my partner is more invested in the relationship than I am.

X27. I am comfortable having open and honest communication with my partner.

28. I sometimes feel uncomfortable listening to my partner 's personal problems.

X29. I feel at ease to completely be myself around my partner.

X30. I feel relaxed being together and talking about our personal goals.

**Part B Instructions:**

Respond to the following statements as they apply to your past relationships. Rate how characteristic each statement is of you on a scale of 1 to 5 as described in the instructions for Part A.

31. I have shied away from opportunities to be close to someone.

32. I have held back my feelings in previous relationships.

33. There are people who think that I am afraid to get close to them.

34. There are people who think that I am not an easy person to get to know.

35. I have done things in previous relationships to keep me from developing closeness.

\* X denotes reverse-scoring for the item

\* “Him/her” in item 6 was replaced in the scale with “them” to be inclusive of pronoun use

\* Wording was slightly modified to apply to current relationship rather than potential future relationships.

\* Scoring: Original paper summed all 35 items, some studies have used the mean as well.

## Affective Control Scale – 40 items

**Source:**

Williams, K. E., Chambless, D. L., & Ahrens, A. (1997). Are emotions frightening? An extension of the fear of fear construct. *Behaviour Research and Therapy*, *35*(3), 239–248.

Please rate the extent of your agreement with each of the statements below by selecting the appropriate number for each statement.

1 - very strongly disagree

2 - strongly disagree

3 - disagree

4 - neutral

5 - agree

6 – strongly agree

7 – very strongly agree

1. I am concerned that I will say things I'll regret when I get angry.

2. I can get too carried away when I am really happy.

3. Depression could really take me over, so it is important to fight off sad feelings.

4. If I get depressed, I am quite sure that I'll bounce right back.

5. I get so rattled when I am nervous that I cannot think clearly.

6. Being filled with joy sounds great, but I am concerned that I could lose control over my actions if I get too excited.

7. It scares me when I feel "shaky" (trembling).

8. I am afraid that I will hurt someone if I get really furious.

9. I feel comfortable that I can control my level of anxiety.

10. Having an orgasm is scary for me because I am afraid of losing control.

11. If people were to find out how angry I sometimes feel, the consequences might be pretty bad.

12. When I feel good, I let myself go and enjoy it to the fullest.

13. I am afraid that I could go into a depression that would wipe me out.

14. When I feel really happy, I go overboard, so I don't like getting overly ecstatic.

15. When I get nervous, I think that I am going to go crazy.

16. I feel very comfortable in expressing angry feelings.

17. I am able to prevent myself from becoming overly anxious.

18. No matter how happy I become, I keep my feet firmly on the ground.

19. I am afraid that I might try to hurt myself if I get too depressed.

20. It scares me when I am nervous.

21. Being nervous isn't pleasant, but I can handle it.

22. I love feeling excited -- it is a great feeling.

23. I worry about losing self-control when I am on cloud nine.

24. There is nothing I can do to stop anxiety once it has started.

25. When I start feeling "down," I think I might let the sadness go too far

26. Once I get nervous, I think that my anxiety might get out of hand.

27. Being depressed is not so bad because I know it will soon pass.

28. I would be embarrassed to death if I lost my temper in front of other people.

29. When I get "the blues," I worry that they will pull me down too far.

30. When I get angry, I don't particularly worry about losing my temper.

31. Whether I am happy or not, my self-control stays about the same.

32. When I get really excited about something, I worry that my enthusiasm will get out of hand.

33. When I get nervous, I feel as if I am going to scream.

34. I get nervous about being angry because I am afraid I will go too far, and I'll regret it later.

35. I am afraid that I will babble or talk funny when I am nervous.

36. Getting really ecstatic about something is a problem for me because sometimes being too happy clouds my judgment.

37. Depression is scary to me -- I am afraid that I could get depressed and never recover.

38. I don't really mind feeling nervous; I know it's just a passing thing.

39. I am afraid that letting myself feel really angry about something could lead me into an unending rage.

40. When I get nervous, I am afraid that I will act foolish.

41. I am afraid that I'll do something dumb if I get carried away with happiness.

42. I think my judgment suffers when I get really happy.

**Scoring:** To obtain the overall scale score, first convert the responses of reverse worded items, then compute the mean of all 42 responses. To convert the reverse-worded items, simply change a score of 1 to 7, a score of 2 to 6, a score of 3 to 5, a score of 5 to 3, a score of 6 to 2, and a score of 7 to 1. The responses for items number 4, 9, 12, 16, 17, 18, 21, 22, 27, 30, 31, and 38 should be converted.

To obtain subscale scores, compute the mean of the items making up that subscale after converting the responses of reverse worded items. Each subscale and the items corresponding to it are listed below. Items to be converted are marked "(R)."

Anger: 1, 8, 11, 16 ( R ), 28, 30 ( R ), 34, 39

Positive Affect: 2, 6, 10, 12 ( R ), 14, 18 ( R ), 22 ( R ), 23, 31 ( R ), 32, 36, 41, 42

Depressed Mood: 3, 4 ( R ), 13, 19, 25, 27 ( R ), 29, 37

Anxiety: 5, 7, 9 ( R ), 15, 17 ( R ), 20, 21 ( R ), 24, 26, 33, 35, 38 ( R ), 40

# MENTAL HEALTH

## Generalized Anxiety Disorder – 7 items

**Source:**

Spitzer, R. L., Kroenke, K., Williams, J. W., & Löwe, B. (2006). A brief measure for

assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166,* 1092-1097.

**Instructions:** Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

1. Feeling nervous, anxious, or on edge

* Not at all
* Several days
* More than half the days
* Nearly every day

2. Not being able to stop/control worrying

* Not at all
* Several days
* More than half the days
* Nearly every day

3. Worrying too much about different things

* Not at all
* Several days
* More than half the days
* Nearly every day

4. Trouble relaxing

* Not at all
* Several days
* More than half the days
* Nearly every day

5. Being so restless it's hard to sit still

* Not at all
* Several days
* More than half the days
* Nearly every day

6. Becoming easily annoyed/irritable

* Not at all
* Several days
* More than half the days
* Nearly every day

7. Feeling as if something awful might happen

* Not at all
* Several days
* More than half the days
* Nearly every day

**Scoring:** Add the score for each columnand to find thetotal score just add your column scores

## Patient Health Questionnaire – 9 items

**Source:**

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief

depression severity measure. *Journal of General Internal Medicine, 16,* 606-613.

**Instructions:** Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things

* Not at all
* Several days
* More than half the days
* Nearly every day

2. Feeling down, depressed or hopeless

* Not at all
* Several days
* More than half the days
* Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

* Not at all
* Several days
* More than half the days
* Nearly every day

4. Feeling tired or having little energy

* Not at all
* Several days
* More than half the days
* Nearly every day

5. Poor appetite or overeating

* Not at all
* Several days
* More than half the days
* Nearly every day

6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down

* Not at all
* Several days
* More than half the days
* Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

* Not at all
* Several days
* More than half the days
* Nearly every day

8. Moving or speaking so slowly that other people could have noticed; or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

* Not at all
* Several days
* More than half the days
* Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way

* Not at all
* Several days
* More than half the days
* Nearly every day

## Alcohol, Smoking and Substance Involvement Screening Test – 8 items

**Source:**

WHO ASSIST Working Group. (2002). The Alcohol, Smoking and Substance

Involvement Screening Test (ASSIST): Development, reliability and feasibility. *Addiction*, *97*(9), 1183–1194.

**Instructions:** The following questions ask about your experience of using alcohol, tobacco products, and other drugs across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card). Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will **not** record medications that are used **as prescribed** by your doctor. However, if you have taken such medications for reasons **other** than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

1. In your life, which of the following substances have you **ever used**?

Response options for each drug class:

0 - No

1 - Yes

List:

1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
2. Alcoholic beverages (beer, wine, spirits, etc.)
3. Cannabis (marijuana, pot, grass, hash, etc.)
4. Cocaine (coke, crack, etc.)
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
7. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)
8. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
9. Opioids (heroin, morphine, methadone, codeine, etc.)
10. Other - specify:

[If no to all of above, skip remaining questions]

2. **In the past three months**, how often have you use the following substances?

Response options:

0 - Never

2 - Once or twice

3 - Monthly

4 - Weekly

6 - Daily or almost daily

[Carry-over all drugs listed in question 1]

[If response = 0 for a drug, skip to question 6 for that drug]

3. During the **past three months**, how often have you had a strong desire or urge to use the following substances?

Response options:

0 - Never

3 - Once or twice

4 - Monthly

5 - Weekly

6 - Daily or almost daily

[Carry-over all drugs listed in question 1]

4. During the **past three months**, how often has your use of the following substances led to health, social, legal, or financial problems?

Response options:

0 - Never

4 - Once or twice

5 - Monthly

6 - Weekly

7 - Daily or almost daily

[Carry-over all drugs listed in question 1]

5. During the **past three months**, how often have you failed to do what was normally expected of your because of your use of the following substances?

Response options:

0 - Never

5 - Once or twice

6 - Monthly

7 - Weekly

8 - Daily or almost daily

[Carry-over all drugs listed in question 1 except for tobacco]

6. Has a friend or relative or anyone else **ever** expressed concern about your use of the following substances?

Response options:

0 - No, never

6 - Yes, in the past 3 months

3 - Yes, but not in the past 3 months

[Carry-over for all drugs listed in question 1]

7. Have you **ever** tried or failed to control, cut down, or stop using the following substances?

Response options:

0 - No, never

6 - Yes, in the past 3 months

3 - Yes, but not in the past 3 months

[Carry-over for all drugs listed in question 1]

8. Have you **ever** used any drug by injection?

Response options:

0 - No, never

6 - Yes, in the past 3 months

3 - Yes, but not in the past 3 months

[NO carry-over - just asks in general]

**Scoring:** Substance Specific Score. Sum across questions 2 – 7 for each drug category separately. For example, the cannabis use score would be: 2c+3c+4c+5c+6c+7c Maximum score for tobacco = 31 Maximum score for each of the other drug categories = 39

Global Continuum of Risk Score. Sum items (questions 1 – 7) + question 8 for all drug classes together. For example, (Q1a - Q1j) + (Q2a - Q2j) + (Q3a - Q3j) + (Q4a - Q4j) + (Q5b - Q5j) + (Q6a - Q6j) + (Q7a - Q7j) + Q8. Maximum score = 414

# COPING STRATEGIES

## Coping with Discrimination Scale – 25 items

**Source:**

Wei, M., Alvarez, A. N., Ku, T. Y., Russell, D. W., & Bonett, D. G. (2010).

Development and validation of a Coping with Discrimination Scale: Factor structure, reliability, and validity. Journal of Counseling Psychology, 57(3), 328.

Ngamake, S. T., Walch, S. E., & Raveepatarakul, J. (2014). Validation of the Coping

With Discrimination Scale in sexual minorities. Journal of homosexuality, 61(7), 1003-1024.

**Instructions:** Think of how much each item describes the way you cope with discrimination in general.

(1 = never like me, 2 = a little like me, 3 = sometimes like me, 4 = often like me, 5 = usually like me, and 6 = always like me).

Education/advocacy

21. I educate others about the negative impact of discrimination.

16. I help people to be better prepared to deal with discrimination.

11. I try to stop discrimination at the societal level.

6. I educate myself to be better prepared to deal with discrimination.

1. I try to educate people so that they are aware of discrimination.

Resistance

9. I get into an argument with the person.

4. I respond by attacking others’ ignorant beliefs.

24. I directly challenge the person who offended me.

~~14. I do not directly challenge the person.~~

~~19. I try not to fight with the person who offended me.~~

Drug and alcohol use

23. I use drugs or alcohol to numb my feelings.

3. I try to stop thinking about it by taking alcohol or drugs.

8. I use drugs or alcohol to take my mind off things.

~~13. I do not use drugs or alcohol to help me forget about discrimination.~~

~~18. I do not use alcohol or drugs to help me deal with it.~~

Internalization

10. I wonder if I did something to offend others.

20. I believe I may have triggered the incident.

15. I wonder if I did something wrong.

5. I wonder if I did something to provoke this incident.

~~25. I do not think that I caused this event to happen.~~

Detachment

7. I’ve stopped trying to do anything.

12. It’s hard for me to seek emotional support from other people.

22. I have no idea what to do.

17. I do not have anyone to turn to for support.

2. I do not talk with others about my feelings.

Reversed items are 13, 14, 18, 19, and 25.

## Coping Flexibility Scale – 10 items

**Source:**

Kato, T. (2012). Development of the Coping Flexibility Scale: evidence for the coping

flexibility hypothesis. *Journal of counseling psychology*, *59*(2), 262.

**Instructions:** When we feel stress, we try to cope using various actions and thoughts. The following items describe stress-coping situations. Please indicate how these situations apply to you by choosing one of the following for each situation: “very applicable,” “applicable,” “somewhat applicable,” and “not applicable.” (scale: 0-3)

When a stressful situation has not improved, I try to think of other ways to cope with it.

I only use certain ways to cope with stress. (R)

When stressed, I use several ways to cope and make the situation better.

When I haven’t coped with a stressful situation well, I use other ways to cope with that situation.

If a stressful situation has not improved, I use other ways to cope with that situation.

I am aware of how successful or unsuccessful my attempts to cope with stress have been.

I fail to notice when I have been unable to cope with stress. (R)

If I feel that I have failed to cope with stress, I change the way in which I deal with stress.

After coping with stress, I think about how well my ways of coping with stress worked or did not work.

If I have failed to cope with stress, I think of other ways to cope.

The Evaluation Coping subscale items are 2, 6, 7, 8, and 9. The Adaptive Coping subscale items are 1, 3, 4, 5, and 10. Reverse coded items are denoted with (R).

# SEXUAL MINORITY STRESS

## Nebraska Outness Scale – 10 items

**Source:**

Meidlinger, P. C., & Hope, D. A. (2014). Differentiating disclosure and concealment in

measurement of outness for sexual minorities: The Nebraska Outness Scale. *Psychology of Sexual Orientation and Gender Diversity*, *1*(4), 489–497.

(NOS-D) What percent of the people in this group do you think are aware of your sexual orientation (meaning they are aware of whether you consider yourself straight, gay, etc)?

Response options: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

1. Members of your immediate family (e.g., parents and siblings)
2. Members of your extended family (e.g., aunts, uncles, grandparents, cousins)
3. People you socialize with (e.g., friends and acquaintances)
4. People at your work/school (e.g., coworkers, supervisors, instructors, students)
5. Strangers (e.g., someone you have a casual conversation with in line at the store)

(NOS-C) How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g., not talking about your significant other, changing your mannerisms) when interacting with members of these groups?

Response options: 11 point scale from 0 “Never”, 5 “Half of the time”, to 10 “Always”

1. Members of your immediate family (e.g., parents and siblings)
2. Members of your extended family (e.g., aunts, uncles, grandparents, cousins)
3. People you socialize with (e.g., friends and acquaintances)
4. People at your work/school (e.g., coworkers, supervisors, instructors, students)
5. Strangers (e.g., someone you have a casual conversation with in line at the store)

**Scoring:** The NOS subscales were scored by computing a mean of the items, with higher scores on the NOS-C indicating greater concealment and higher scores on the NOS-D indicating greater disclosure. The NOS-C scores were then reversed and a mean computed with the NOS-D to yield the full scale NOS, for which higher scores indicate greater outness.

## Gay-Related Rejection Sensitivity – 12 items

**Source:**

Pachankis, J. E., Goldfried, M. R., & Ramrattan, M. E. (2008). Extension of the rejection

sensitivity construct to the interpersonal functioning of gay men. *Journal of Consulting and Clinical Psychology*, *76*(2), 306.

Feinstein, B. A., Goldfried, M. R., & Davila, J. (2012). The relationship between experiences of discrimination and mental health among lesbians and gay men: An examination of internalized homonegativity and rejection sensitivity as potential mechanisms. *Journal of Consulting and Clinical Psychology*, *80*(5), 917.

Note: Items modified to be gender-inclusive.

Please read the following descriptions of situations and answer the two questions that follow each one. Imagine each situation as vividly as you can, as if you were actually there:

|  |  |
| --- | --- |
| 1. You bring a partner to a family reunion. Two of your old-fashioned aunts don’t come talk to you even though they see you. | How **concerned or anxious** would you be that they don’t talk to you because of your sexual orientation? (circle one)  **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that they didn’t talk to you because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 2. A 3-year old child of a distant relative is crawling on your lap. The child’s mom comes to take the child away. | How **concerned or anxious** would you be that the mom took him away because of your sexual orientation? (circle one)  **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that the mom took him away because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 3. You’ve been dating someone for a few years now and you receive a wedding invitation to a straight friend’s wedding. The invite was addressed only to you, not you and a guest. | How **concerned or anxious** would you be that the invite was addressed only to you because of your sexual orientation? (circle one)  **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that the invite was addressed only to you because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 4. You go to a job interview and the interviewer asks if you are married. You say that you and your partner have been together for 5 years. You later find out that you don’t get the job. | How **concerned or anxious** would you be that you didn’t get the job because of your sexual orientation? (circle one)  **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that you didn’t get the job because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 5. You are going to have surgery, and the doctor tells you that he would like to give you an HIV test. | How **concerned or anxious** would you be that he gave you an HIV test because of your sexual orientation? (circle one)  **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that he gave you an HIV test because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 6. You go to donate blood and the person who is supposed to draw your blood turns to her co-worker and says, “Why don’t you take this one?” | How **concerned or anxious** would you be that she asked her co-worker to draw your blood because of your sexual orientation? (circle one)  **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that she asked her co-worker to draw your blood because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 7. You go get an STD checkup, and the man taking your sexual history is rude towards you. | How **concerned or anxious** would you be that he is rude towards you because of your sexual orientation? (circle one)  **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that he is rude towards you because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 8. You bring someone you are dating to a fancy restaurant of straight patrons, and you are seated away from everyone else in a back corner of the restaurant. | How **concerned or anxious** would you be that you were seated there because of your sexual orientation? (circle one)  **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that you were seated there because of your sexual orientation? (circle one)    **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 9. You and your partner are on a road trip and decide to check into a hotel in a rural town. The sign out front says there are vacancies. The two of you go inside, and the woman at the front desk says that there are no rooms left. | How **concerned or anxious** would you be that she lied to you because of your sexual orientation? (circle one)    **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that she lied to you because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 10. You go to a party and you and your partner are the only gay people there. No one seems interested in talking to you. | How **concerned or anxious** would you be that no one talks to you because of your sexual orientation? (circle one)  **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that no one talked to you because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 11. You are in a locker room in a straight gym. One person nearby moves to another area to change clothes. | How **concerned or anxious** would you be that the person moved to another area to change because of your sexual orientation? (circle one)    **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that the person moved to another area to change because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |
| 12. Your colleagues are celebrating a co-worker’s birthday at a restaurant. You are not invited. | How **concerned or anxious** would you be that they did not invite you because of your sexual orientation?(circle one)  **Very Unconcerned** 1 2 3 4 5 6 **Very Concerned**  How **likely** is it that they did not invite you because of your sexual orientation? (circle one)  **Very Unlikely** 1 2 3 4 5 6 **Very Likely** |

**Scoring:** For each item, multiply the anxiety score by the likelihood score to get an individual rejection sensitivity score for each item. Take the average of the 14 individual rejection sensitivity scores.

## Internalized Homophobia Scale – 9 items

**Source:**

Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology*, *56*, 97–109.

Dean, L., Wu, S., & Martin, J. L. (1992). Trends in violence and discrimination against gay men

in New York City: 1984 to 1990. *Hate crimes: Confronting violence against lesbians and gay men*, 46-64.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social*

*Behavior*, *36*(1), 38.

**Instructions:** The next questions are about the ways people feel about being lesbian, gay, bisexual, or queer (LGBQ+). Please rate the frequency that you have had such thoughts and feelings in the past year.

Response options:

1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often

1. You felt it best to avoid personal or social involvement with other people who are LGBQ+.
2. You have tried to stop being attracted to the same sex/gender.
3. If someone offered you the chance to be completely heterosexual this past year, you would have accepted the offer.
4. You have wished you weren't LGBQ+.
5. You have felt alienated from yourself because of being LGBQ+.
6. You have wished that you could develop more erotic feelings towards the opposite sex/gender.
7. You have felt that being LGBQ+ is a personal shortcoming.
8. You would have liked to get professional help in order to change your sexual orientation from LGBQ+ to straight.
9. You have tried to become more sexually attracted to the opposite sex/gender.

## Sexual Orientation-Related Discrimination Inventory - 35 items

Created by the investigators.

**Instructions:**

People are sometimes treated differently because of their sexual orientation. While we recognize that people may be treated differently based on many different types of identities (such as skin color, gender expression/identity, physical appearance, etc.), below **we are going to focus solely on experiences related to *sexual orientation***.

Please read each of the following questions carefully and mark the answers that best describe your experience.

1. **In the past 6 months (since [DATE]), has someone shielded a child from you or taken a child from you *because of your sexual orientation*?** 
   1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
   2. How much has this bothered you?
      1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
2. **In the past 6 months (since [DATE]), has someone avoided proximity to you (e.g., sat far away from you, crossed the street, waited for the next elevator) *because of your sexual orientation*?**
   1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
   2. How much has this bothered you?
      1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
3. **In the past 6 months (since [DATE]), has someone stared at you *because of your sexual orientation*?**
   1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
   2. How much has this bothered you?
      1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
4. **In the past 6 months (since [DATE]), has someone given you a dirty look *because of your sexual orientation*?**
   1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
   2. How much has this bothered you?
      1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
5. **In the past 6 months (since [DATE]), has someone taken pictures of you to single you out *because of your sexual orientation*?**
   1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
   2. How much has this bothered you?
      1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
6. **In the past 6 months (since [DATE]), has someone laughed at you or made fun of you *because of your sexual orientation*?**
   1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
   2. How much has this bothered you?
      1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
7. **In the past 6 months (since [DATE]), has someone called you a derogatory name in a negative way (e.g., faggot, sissy, homo, queer, dyke, pervert) *because of your sexual orientation*?**
   1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
   2. How much has this bothered you?
      1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
8. **In the past 6 months (since [DATE]), has someone verbally harassed you other than calling you a derogatory name (e.g., sneered at you, yelled at you, catcalled you, jeered at you, called extra attention to you) *because of your sexual orientation*?**
   1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
   2. How much has this bothered you?
      1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
9. **In the past 6 months (since [DATE]), has someone not offered you a job position or interview *because of your sexual orientation*?**
   1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
   2. How much has this bothered you?
      1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
10. **In the past 6 months (since [DATE]), has someone NOT promoted you, given you a raise, admitted you to an academic program, or advanced your career in some other way *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
11. **In the past 6 months (since [DATE]), have you been paid less than a straight coworker of equal standing for doing the same work?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
12. **In the past 6 months (since [DATE]), have you been denied housing *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
13. **In the past 6 months (since [DATE]), have you been evicted *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
14. **In the past 6 months (since [DATE]), have you received inadequate medical services (e.g., a professional disregarded your complaints, did not provide proper treatment, etc.) *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
15. **In the past 6 months (since [DATE]), have you received inadequate psychological or mental health services (e.g., a professional disregarded your complaints, did not provide proper treatment, etc.) *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
16. **In the past 6 months (since [DATE]), have you received inadequate social services from government agencies *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
17. **In the past 6 months (since [DATE]), have you been denied or unable to receive medical services *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
18. **In the past 6 months (since [DATE]), have you been denied or unable to receive psychological or mental health services *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
19. **In the past 6 months (since [DATE]), have you been denied or unable to receive social services from government agencies *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
20. **In the past 6 months (since [DATE]), have you been dismissed or “written off” by law enforcement *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
21. **In the past 6 months (since [DATE]), have you been negatively targeted by law enforcement *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
22. **In the past 6 months (since [DATE]), has your property been destroyed or vandalized *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
23. **In the past 6 months (since [DATE]), have you been evaluated unfairly by a superior** **(e.g., teacher, professor, boss, supervisor, etc.) *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
24. **In the past 6 months (since [DATE]), have you been told NOT to bring a partner to a work event even though straight coworkers were able to?** 
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
25. **In the past 6 months (since [DATE]), has someone tampered with your materials at work or at school *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
26. **In the past 6 months (since [DATE]), have you received poor service at stores or restaurants *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
27. **In the past 6 months (since [DATE]), have you been denied service at stores or restaurants *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
28. **In the past 6 months (since [DATE]), has someone thrown objects at you *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
29. **In the past 6 months (since [DATE]), has someone spat on you or spat at you *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
30. **In the past 6 months (since [DATE]), has someone followed you *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
31. **In the past 6 months (since [DATE]), has someone stalked you *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
32. **In the past 6 months (since [DATE]), has someone threatened you with death or serious physical harm *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
33. **In the past 6 months (since [DATE]), have you been pushed, shoved, slapped, punched, hit, kicked, beaten, choked, or assaulted with a weapon *because of your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
34. **In the past 6 months (since [DATE]), has someone sexually fondled or groped your genital area WITHOUT your consent *to discriminate against you* *based on your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered
35. **In the past 6 months (since [DATE]), has someone had oral, anal, or vaginal/frontal sex with you WITHOUT your consent *to discriminate against you based on your sexual orientation*?**
    1. Never \_\_\_ once \_\_\_ twice \_\_\_ 3 times \_\_\_ 4 times \_\_\_ 5 times \_\_\_ 6 times \_\_\_ 7 times \_\_\_ 8 times \_\_\_ 9 times \_\_\_ 10 times \_\_\_ 10+ times \_\_\_
    2. How much has this bothered you?
       1. -999 = not applicable; 0 = not at all bothered; 1 = a little bit or somewhat bothered; 2 = moderately bothered; 3 = very bothered; 4 = extremely bothered

**Are there any other experiences of discrimination NOT listed above that you think are important for us to ask people about?** [Write-in]

## Everyday Discrimination Scale – 11 items

**Source:**

Clark, R., Coleman, A.P., & Novak, J.D. (2004). Brief report: Initial psychometric

properties of the everyday discrimination scale in black adolescents. *Journal of Adolescence, 27,* 363-368.

Forman, T.A., Williams, D.R., & Jackson, J.S. (1997). Race, place, and discrimination.

*Social Problems, 9*, 231-261. Essed, P. (1991). *Understanding Everyday Racism*. Newbury Park, California: Sage.

**Instructions*:*** *In your day-to-day life how often have any of the following things happened to you because of your* ***sexual******orientation****?*

1 = Never

2 = Less than once a year

3 = A few times a year

4 = A few times a month

5 = At least once a week

6 = Almost every day

* You are treated with less courtesy than other people.
* You are treated with less respect than other people.
* You receive poorer service than other people at restaurants or stores.
* People act as if they think you are not smart.
* People act as if they are afraid of you.
* People act as if they think you are dishonest.
* People act as if they're better than you are.
* You are called names or insulted.
* You are threatened or harassed.

## Heterosexist Harassment, Rejection, and Discrimination Scale – 14 items

**Source:**

Szymanski, D. M. (2006). Does internalized heterosexism moderate the link between heterosexist events and lesbians' psychological distress? *Sex Roles, 54(3-4)*, 227-234.

**Instructions:** Please think carefully about your life as you answer the questions below. Read each question and then select the number that best describes events in the PAST 6 MONTHS, using these rules.

1 - If the event has NEVER happened to you

2 - If the event happened ONCE IN A WHILE (less than 10% of the time)

3 - If the event happened SOMETIMES (10–25% of the time)

4 - If the event happened A LOT (26–49% of the time)

5 - If the event happened MOST OF THE TIME (50–70% of the time)

6 - If the event happened ALMOST ALL OF THE TIME (more than 70% of the time)

1. How many times have you been treated unfairly by teachers or professors because you are lesbian, gay, bisexual, transgender or questioning?

2. How many times have you been treated unfairly by your employer, boss, or supervisors because you are lesbian, gay, bisexual, transgender or questioning?

3. How many times have you been treated unfairly by your co- workers, fellow students, or colleagues because you are lesbian, gay, bisexual, transgender or questioning?

4. How many times have you been treated unfairly by people in the service jobs (by store clerks, waiters, bartenders, waitresses, bank tellers, mechanics, and others) because you are lesbian, gay, bisexual, transgender or questioning?

5. How many times have you been treated unfairly by strangers because you are lesbian, gay, bisexual, transgender and questioning?

6. How many times have you been treated unfairly by people in helping jobs (doctors, nurses, psychiatrists, caseworkers, dentists, school counselors, therapists, pediatrics, school principals, gynecologists, and others) because you are lesbian, gay, bisexual, transgender or questioning?

7. How many times were you denied a raise, a promotion, tenure, a good assignment, a job, or other such thing at work that you deserved because you are lesbian, gay, bisexual, transgender or questioning?

8. How many times have you been treated unfairly by your family because you are lesbian, gay, bisexual, transgender or questioning?

9. How many times have you been called a HETEROSEXIST name like dyke, fag, or other derogatory names?

10. How many times have you been made fun of, picked on, pushed, shoved, hit or threatened with harm because you are lesbian, gay, bisexual, transgender, or questioning?

11. How many times have you been rejected by family members because you are lesbian, gay, bisexual, transgender or questioning?

12. How many times have you been rejected by friends because you are lesbian, gay, bisexual, transgender or questioning?

13. How many times have you heard ANTI-LGBTQ remarks from family members?

14. How many times have you been verbally insulted because you are lesbian, gay, bisexual, transgender, or questioning?

**Scoring:** Mean scores are calculated, and higher scores indicate greater experiences of heterosexist harassment, rejection, and discrimination in the past year.

**Note:** time frame modified to past 6 months.

## Daily Heterosexist Experiences Questionnaire – 11 items

**Source:**

Balsam, K. F., Beadnell, B., & Molina, Y. (2013). The Daily Heterosexist Experiences Questionnaire: Measuring minority stress among lesbian, gay, bisexual, and transgender adults. *Measurement and Evaluation in Counseling and Development*, *46*(1), 3–25. <https://doi.org/10.1177/0748175612449743>

The following is a list of experiences that LGBTQ+ people sometimes have. Please read each one carefully, and then respond to the following question:

How much has this problem distressed or bothered you during the past 6 months?

0 = Did not happen/not applicable to me

1 = It happened, and it bothered me NOT AT ALL

2 = It happened, and it bothered me A LITTLE BIT

3 = It happened, and it bothered me MODERATELY

4 = It happened, and it bothered me QUITE A BIT

5 = It happened, and it bothered me EXTREMELY

Discrimination/Harassment subscale:

15. Being called names such as “fag” or “dyke”

29. People staring at you when you are out in public because you are LGBTQ+

44. Being verbally harassed by strangers because you are LGBTQ+

45. Being verbally harassed by people you know because you are LGBTQ+

46. Being treated unfairly in stores or restaurants because you are LGBTQ+

49. People laughing at you or making jokes at your expense because you are LGBTQ+

Victimization subscale:

76. Being punched, hit, kicked, or beaten because you are LGBTQ+

77. Being assaulted with a weapon because you are LGBTQ+

78. Being raped or sexually assaulted because you are LGBTQ+

79. Having objects thrown at you because you are LGBTQ+

80. Being sexually harassed because you are LGBTQ+

Note: only the discrimination/harassment and victimization subscales of the full measure were selected here.

# GENERAL LIFE STRESS

## Life Events List – 20 items

**Source**:

Cohen, S., Tyrrell, D. A., & Smith, A. P. (1993). Negative life events, perceived stress, negative affect, and susceptibility to the common cold. *Journal of Personality and Social Psychology*, *64*(1), 131–140. <https://doi.org/10.1037/0022-3514.64.1.131>

*Below are questions about a number of events that commonly happen in people's lives. Each question is concerned with whether an event has happened to you (and in some cases your spouse) during the LAST 6 MONTHS.*

*Please respond YES, if the event happened and NO, if it didn't. For several of the events, there are also some follow-up questions for those who answer yes.*

*When we ask a question about a person's spouse/partner, we are referring to both MARRIED SPOUSES and to unmarried partners who LIVE TOGETHER and have a MARITAL-LIKE relationship.*

*Some of the questions we ask below may remind you of rather painful feelings. They are, however, extremely important to people when they do happen, so please try to answer.*

1. Have you moved during the last 6 months?

No (Skip to Q.2) Yes

  If yes:

a. Would you say that you moved to a neighborhood that is better, worse, or about the same as where you were living?

Same

Better

Worse

b. Overall, would you say that your moving was a good or bad experience?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

2. Have you broken off an engagement to be married or ended an intimate relationship during the last 6 months?

No (Skip to Q.3) Yes

  If yes:

a. How would you rate your feelings about breaking up?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

3. Did you get married during the last 6 months?

No (Skip to Q.4) Yes

  If yes:

a. Did you want to get married?

No Yes

b. Overall, would you rate getting married as a good or bad experience?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

4. Did someone you were close to die during the last 6 months?

No (Skip to Q.5) Yes

  If yes, who:

Spouse or intimate friend

Parent

Spouse's parent

Brother or sister

Child

Other relatives

Friend

Other

5. Were you separated or divorced during the last 6 months?

No (Skip to Q.6) Yes

  If yes:

a. Did you want to get separated or divorced?

No Yes

b. Overall, would you rate your separation or divorce as a good or bad experience?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

6. Did you break up with a close friend during the last 6 months?

No (Skip to Q.7) Yes

  If yes:

a. Did you want to break up with this friend?

No Yes

b. Overall, would you rate your breaking up as a good or bad experience?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

c. Was the break up with this friend related to your sexual orientation?

No Yes

7. Have you had any important relationship, for example, with your spouse, a close friend, your boss, or a family member become significantly worse during the last 6 months (this should not include the relationship referred to in item 6 above)?

No (Skip to Q.8) Yes

  If yes:

a. With whom? (more than one response is possible)

Boss

Spouse

Friend

Child

Parent

Other family member

8. Did you have a child or adopt a child during the last 6 months?

No (Skip to Q.9) Yes

  If yes:

a. Is this a first child?

No Yes

b. Did you plan to have this child?

No Yes

c. Would you rate having a child and adjusting to having a child as a good or bad experience?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

9. Have you, a very close friend, or close family member had an accident that required emergency medical treatment during the last 6 months?

No (Skip to Q.10) Yes

  If yes:

a. Who? (more than one response is possible)

You

Spouse/partner

Child

Parent

Spouse’s parent

Brother or sister

Friend

Other

10. Have you, a very close friend, or close family member been hospitalized for a serious (life- threatening) illness during the last 6 months?

 No (Skip to Q.11) Yes

  If yes:

a. Who? (more than one response is possible)

You

Spouse/partner

Child

Parent

Spouse’s parent

Brother or sister

Friend

Other

11a. Have/has you, your partner, or a surrogate been pregnant during the last 6 months?

 No (Skip to Q.12) Yes

  If yes:

a. How would you rate being pregnant?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

13a. Have/has you, your partner, or a surrogate had a miscarriage or stillbirth during the last 6 months?

 No (Skip to Q.14) Yes

14. Have you or your spouse/partner lost or changed jobs or been involuntarily unemployed during the last 6 months?

 No (Skip to Q.15) Yes

  If yes:

a. Who?

You

Spouse/partner

Both

b. Why did you (or spouse) leave? (answer only for you if both lost or changed jobs)

  On strike

Temporarily laid off

Fired

Found better job

Plant or business closing or reorganizing

Retired

Other

c. Could you (or spouse) have stayed in your old job if you wanted?

No Yes

d. How would you rate your feelings about leaving your job? (or your spouse leaving his/her job)?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

c. Was leaving your job because of issues related to your sexual orientation?

No Yes

15. During the last 6 months, have you or your spouse/partner suffered a significant business or investment loss or has a business you owned failed?

 No (Skip to Q.16) Yes

  If yes:

a. Who?

You

Spouse/partner

Both

 16. During the last 6 months, have you or your spouse/partner had any serious problems or disappointment at school or in an educational course (university, training program, etc.)?

(answer only for you if both had disappointments)

 No (Skip to Q.17) Yes

  If yes:

a. Who?

You

Spouse/partner

Both

b. What was the disappointment?

Demoted

Failed to get raise or promotion

Failed a course

Trouble with boss or coworkers

  Put on academic probation

Failed to get into an educational course (college, training program, etc.)

Other

c. Were the disappointments related to your sexual orientation?

No Yes

17. Have you or your spouse/partner had significant success at work or in an educational course (university, training program) during the last 6 months?

 No (Skip to Q.18) Yes

  If yes:

a. Who?

You

Spouse/partner

Both

18. Has there been a significant change in your personal finances during the last 6 months?

 No (Skip to Q.19) Yes

  If yes:

a. Has the change been for the better or worse?

Better Worse

19. Has your house been broken into and/or burgled during the last 6 months?

 No (Skip to Q.20) Yes

a. Was the break-in/burglary related to your sexual orientation?

No Yes

20. Have you or your spouse/partner or other member of your immediate family been assaulted or mugged during the last 6 months?

 No (Skip to Q.21) Yes

  If yes:

a. Who? (more than one response is possible)

You

Spouse/partner

Child

Parent

Brother or sister

Other

c. Was the assault/mugging related to your sexual orientation?

No Yes

21. Has the behavior of any member of your family been a significant problem for you during the last 6 months?

 No (Skip to Q.22) Yes

  If yes:

a. Who? (more than one response is possible)

Spouse/partner

Child

Parent

Brother or sister

Other

c. Were the problems related to your sexual orientation?

No Yes

22. Have you or your spouse/partner had to appear in court during the last 6 months as a defendant, a witness in a criminal case, or as party to a suit?

 No (Skip to Q.23) Yes

  If yes:

a. Who?

You

Spouse/partner

Both

b. How would you rate the court experience?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

23. Have you had a pet (animal) to whom you were attached die, or get lost, or did you have to give it away during the last 6 months?

 No (Skip to Q.24) Yes

24. Other than the events we have already asked about, have any other important things happened to you or to a very close friend or close family member in the last 6 months that made that period significantly different from typical?

 No (DONE w/ Questionnaire) Yes

If yes:

You can list up to three (3) events. Please do not feel obliged to include an additional event or events unless they were significant!

Event 1: To whom?

You

Spouse/partner

Child

Parent

Spouse’s parent

Brother or sister

Friend

Other

What happened?

Did you want the event to happen?

No Yes

How would you rate your feelings about this event?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

Was the event related to your sexual orientation?

No Yes

Event 2: To whom?

You

Spouse/partner

Child

Parent

Spouse’s parent

Brother or sister

Friend

Other

What happened?

Did you want the event to happen?

No Yes

How would you rate your feelings about this event?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

Was the event related to your sexual orientation?

No Yes

Event 3: To whom?

You

Spouse/partner

Child

Parent

Spouse’s parent

Brother or sister

Friend

Other

What happened?

Did you want the event to happen?

No Yes

How would you rate your feelings about this event?

Very good

Moderately good

Slightly good

Slightly bad

Moderately bad

Very bad

Was the event related to your sexual orientation?

No Yes

NOTES:

* Changed all items to say 6 months instead of 12 months
* 11a changed to say “Have/has you, your partner, or a surrogate been pregnant during the last 6 months?” to be inclusive of everyone in the sample
* 13a changed to say “Have/has you, your partner, or a surrogate had a miscarriage or stillbirth in the last 6 months?”
* 11b, 12a, 12b, 13b deleted because they are not applicable to the sample
* Added a question about whether the following items were due to sexual orientation:
  + Items 6, 14, 16, 19, 20, 21, 24 (all events listed there)

# TRAUMA EXPOSURE

## Traumatic Life Events Questionnaire – 24 items

**Source:**

Kubany, E. S., Leisen, M. B., Kaplan, A. S., Watson, S. B., Haynes, S. N., Owens, J. A., & Burns, K. (2000). Development and preliminary validation of a brief broad-spectrum measure of trauma exposure: The Traumatic Life Events Questionnaire. *Psychological Assessment*, *12*(2), 210–224. <https://doi.org/10.1037/1040-3590.12.2.210>

**Instructions:** The purpose of this questionnaire is to identify important life experiences that can affect a person’s emotional well-being or later quality of life. The events listed below are far more common than many people realize. Please read each question carefully and mark the answers that best describe your experience.

1. **Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Were you seriously injured? yes / no

Was someone you cared about or close by seriously injured or killed? yes / no

Did you think you or a loved one was in danger of being killed by the disaster? yes / no

2. **Were you involved in a motor vehicle accident for which you received medical attention or that**

**badly injured or killed someone?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Were you seriously injured? yes / no

3. **Have you been involved in any other kind of accident where you or someone else was badly hurt?**

(examples: a plane crash, a drowning or near drowning, an electrical or machinery accident,

an explosion, home fire, chemical leak, overexposure to radiation or toxic chemicals)

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Were you seriously injured? yes / no

4. **Have you lived, worked, or had military service in a war zone?** yes / no

**If yes, were you ever exposed to warfare or combat?** (for example: in the vicinity of a rocket

attack or people being fired upon; seeing someone get wounded or killed)

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Were you seriously injured or wounded? yes / no

5**. Have you experienced the sudden and unexpected death of a close friend or loved one?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

due to **accident**? yes / no **illness**? yes / no **suicide**? yes / no **murder**? yes / no

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

6. **Has a loved one ever survived a life threatening or permanently disabling accident, assault, or illness?**

(examples: spinal cord injury, rape, cancer, life threatening virus; serious heart condition)

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

7. **Have you ever had a life threatening illness?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

8. **Have you been robbed or been present during a robbery--where the robber(s) used or displayed a weapon?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Were you seriously injured? yes / no

Was it because of your sexual orientation? yes / no

[if yes:] How many times was it because of your sexual orientation? [display total number of times event was experienced and asked to indicate how many of the total were due to sexual orientation]

9. **Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know very well?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Were you seriously injured? yes / no

Was it because of your sexual orientation? yes / no

[if yes:] How many times was it because of your sexual orientation? [display total number of times event was experienced and asked to indicate how many of the total were due to sexual orientation]

10. **Have you seen a stranger (or someone you didn’t know very well) attack or beat up someone and seriously injure   
or kill them?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

11. **Has anyone threatened to kill you or cause you serious physical harm?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

**stranger**? yes / no **friend or acquaintance**? yes / no **relative?** yes / no **intimate partner**? yes / no

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Was it because of your sexual orientation? yes / no

[if yes:] How many times was it because of your sexual orientation? [display total number of times event was experienced and asked to indicate how many of the total were due to sexual orientation]

12.While growing up: **Were you physically punished in a way that resulted in bruises, burns,**

**cuts, or broken bones?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Was it because of your sexual orientation? yes / no

[if yes:] How many times was it because of your sexual orientation? [display total number of times event was experienced and asked to indicate how many of the total were due to sexual orientation]

13.While growing up: **Did you see or hear family violence?** (such as your father hitting your mother;

or any family member beating up or inflicting bruises, burns or cuts on another family member)

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

14. **Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by**

**your spouse (or former spouse), a boyfriend/girlfriend, or some other intimate partner?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Were you seriously injured? yes / no  
 Has more than one intimate partner physically hurt you? Yes \_\_\_ no \_\_\_  
 If yes, how many hurt you? \_\_\_\_\_\_\_

15.Before your 13th birthday: **Did anyone--who was at least 5 years older than you-- touch or**

**fondle your body in a sexual way or make you touch or fondle their body in a sexual way?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

Was the person a **stranger?** yes / no **friend or acquaintance?** yes / no

**parent or caregiver?** yes/ no **other relative?** yes / no

**Was threat or force used**? yes / no **Were you seriously injured**? yes / no

**Was there oral, anal, or vaginal penetration?**  yes / no

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Was it because of your sexual orientation? yes / no

[if yes:] How many times was it because of your sexual orientation? [display total number of times event was experienced and asked to indicate how many of the total were due to sexual orientation]

16.Before your 13th birthday: **Did anyone close to your age touch sexual parts of your body**

**or make you touch sexual parts of their body--against your will or without your consent?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

Was this person a **stranger?** yes / no **friend or acquaintance?** yes / no **relative?** yes / no

**Was threat or force used**? yes / no **Were you seriously injured**? yes / no

**Was there oral, anal, or vaginal penetration?**  yes / no

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Was it because of your sexual orientation? yes / no

[if yes:] How many times was it because of your sexual orientation? [display total number of times event was experienced and asked to indicate how many of the total were due to sexual orientation]

17.After your 13th birthday and before your 18th birthday: **Did anyone touch sexual parts of your body**

**or make you touch sexual parts of their body--against your will or without your consent?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

**stranger**? yes / no **friend or acquaintance**? yes / no **relative?** yes / no **intimate partner**? yes / no

**Was threat or force used**? yes / no **Were you seriously injured**? yes / no

**Was there oral, anal, or vaginal penetration?**  yes / no

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Was it because of your sexual orientation? yes / no

[if yes:] How many times was it because of your sexual orientation? [display total number of times event was experienced and asked to indicate how many of the total were due to sexual orientation]

18.After your 18th birthday: **Did anyone touch sexual parts of your body or make you touch**

**sexual parts of their body--against your will or without your consent?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

**stranger**? yes / no **friend or acquaintance**? yes / no **relative?** yes / no **intimate partner**? yes / no

**Was threat or force used**? yes / no **Were you seriously injured**? yes / no

**Was there oral, anal, or vaginal penetration?**  yes / no

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Was it because of your sexual orientation? yes / no

[if yes:] How many times was it because of your sexual orientation? [display total number of times event was experienced and asked to indicate how many of the total were due to sexual orientation]

19. **Were you ever subjected to uninvited or unwanted sexual attention?**(***other than*** sexual contact covered by items 15, 16, 17, or 18)(examples: touching, cornering, pressure for sexual favors, verbal remarks) Yes / No

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

**stranger**? yes / no **friend or acquaintance**? yes / no **relative?** yes / no **supervisor/coworker**? yes / no

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Was it because of your sexual orientation? yes / no

[if yes:] How many times was it because of your sexual orientation? [display total number of times event was experienced and asked to indicate how many of the total were due to sexual orientation]

20. **Has anyone stalked you--**in other words: **followed you or kept track of your activities--causing you**

**to feel intimidated or concerned for your safety?**

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

**stranger**? yes / no **friend or acquaintance**? yes / no **relative?** yes / no **intimate partner**? yes / no

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Was it because of your sexual orientation? yes / no

[if yes:] How many times was it because of your sexual orientation? [display total number of times event was experienced and asked to indicate how many of the total were due to sexual orientation]

23. **Have you experienced (or seen) any other events that were life threatening, caused serious injury,**

**or were highly disturbing or distressing?** (examples: lost in the wilderness; a serious animal bite;

violent death of a pet;being kidnapped or held hostage; seeing a mutilated body or body parts)

never\_\_\_\_ once\_\_\_\_ twice\_\_\_\_ 3 times\_\_\_\_ 4 times\_\_\_\_ 5 times\_\_\_\_ more than 5 times\_\_\_\_

Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*If this happened*: Did you experience intense fear, helplessness, or horror when it happened? yes / no

Were you seriously injured? yes / no

24. **The events listed below correspond to items #1 to #23 on this questionnaire. If any of these events  
happened to you, CIRCLE the number of the *ONE* event (only 1) that CAUSES YOU THE MOST DISTRESS?**

|  |  |  |
| --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| 1. Natural disaster | 9. Assaulted by acquaintance/stranger | 17. As a teen: unwanted  sexual contact |
| 2. Motor vehicle accident | 10. Witnessed severe assault  to acquaintance/stranger | 18. As an adult: unwanted  sexual contact |
| 3. “Other” kind of accident | 11. Threatened with death/serious harm | 19. Sexual harassment |
| 4. Combat or warfare | 12. Growing up: witnessed family violence | 20. Stalked |
| 5. Sudden death friend/loved one | 13. Growing up: physically punished | 23. Some “other” traumatic event |
| 6. Life-threatening/disabling event  to loved one | 14. Physically hurt by intimate partner | 24. None of these events  happened to me |
| 7. Life threatening illness | 15. Before 13: sexual contact--  someone 5 years older | 23. Some “other” traumatic event |
| 8. Robbery/weapon used | 16. Before 13: unwanted sexual contact | 24. None of these events  happened to me |
|  | | |
|  | | |

(a) When did this event (first) occur? (your age or date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) When did this event last occur? (try to be precise e.g., year, month, day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) **How much distress** (anxiety, worry, sadness, frustration, or grief) **does this event cause you?** (*Circle the best answer*)

None happened No Slight Moderate Considerable Extreme

to me Distress Distress Distress Distress Distress

NOTES:

* Added in questions about sexual orientation attribution for relevant items
* Deleted items 21 and 22 b/c they had to do with pregnancy and these are NA to the sample

# BEHAVIORAL INTERACTION TASKS

## Discrimination Stressor Discussion Topic Selection

Created by the investigators.

Below are examples of discrimination experiences related to sexual orientation.

* Laughed at/made fun of *because of your sexual orientation*
* Called a derogatory name (faggot, queer, homo, sissy, dyke) *because of your sexual orientation*
* Verbal harassment (sneered at, yelled at, jeered at, catcalled, called extra attention to) *because of your sexual orientation*
* Not offered a promotion, raise, admission to an academic program, or other career advancement *because of your sexual orientation*
* Evaluated unfairly by a superior (e.g., teacher, professor, boss, supervisor, etc.) *because of your sexual orientation*
* Denied housing or evicted *because of your sexual orientation*
* Denied medical or psychological services *because of your sexual orientation*
* Property destroyed or vandalized *because of your sexual orientation*
* Targeted by law enforcement *because of your sexual orientation*
* Received poor service at stores or restaurants or denied service at stores or restaurants *because of your sexual orientation*
* Objects thrown at you *because of your sexual orientation*
* Spat on/at *because of your sexual orientation*
* Followed by someone *because of your sexual orientation*
* Other discrimination event *because of your sexual orientation* [write-in]

Please rank the top 5 most impactful (1 being most impactful) experiences of discrimination related to your sexual orientation that have happened over the past 6 months. Please choose experiences that you would be willing to discuss with your partner. If you do not have 5 experiences, rank all that you have experienced. Your experiences could be from the list but do not have to be.

1. (most impactful)

[Next page after ranking – display the top 5 responses ranked, ask this question for each to get rating of impact:]

How much has this bothered you over the past 6 months?

0 = not at all bothered

1 = a little bit or somewhat bothered

2 = moderately bothered

3 = very bothered

4 = extremely bothered

Have you and your partner discussed this event in the past?

0 = No

1 = Yes

## General Life Stressor Discussion Topic Selection

Created by the investigators.

Below are examples of stressful life experiences.

* Fired or laid off from a job, out of work, or not working and this was not related to your sexual orientation
* Moved residences
* Had a child
* Not being paid enough or did not get an expected raise
* Problems with family members, close friends, or classmates that were not related to your sexual orientation)
* Bad accident (e.g., car accident or fall) or health problems, or were in the hospital or had an operation
* Problems with your place of residence (overcrowded, needs to be fixed up, mice or insects)
* Caught committing a crime
* A close friend or family member had a bad accident or health problems, or was in the hospital or had an operation
* A close relative or friend died
* Change in physical appearance that you did not like (acne, weight, etc.)
* Problems with roommates
* Problems with people at work or school that were not related to your sexual orientation
* Other [write-in]

Please rank the top 5 most impactful (1 being most impactful) stressful life experiences that have happened over the past 6 months. Please choose experiences that you would be willing to discuss with your partner. If you do not have 5 experiences, rank all that you have experienced. Your experiences could be from the list but do not have to be.

1. (most impactful)

[Next page after ranking – display the top 5 responses ranked, ask this question for each to get rating of impact:]

How much has this bothered you over the past 6 months?

0 = not at all bothered

1 = a little bit or somewhat bothered

2 = moderately bothered

3 = very bothered

4 = extremely bothered

Have you and your partner discussed this event in the past?

0 = No

1 = Yes

## Positive Discussion Topic Selection

Created by the investigators.

Below are examples of topics that can represent positive aspects or components of relationships.

* Love
* Support
* Caregiving
* Shared activities
* Friendship
* Commitment
* Shared beliefs, values, or interests
* Positive communication
* Connection and chemistry
* Sex
* Mutual trust
* Other [write-in]

Please rank the top 5 topics that are the most positive aspects or components of your relationship. Please choose topics that you would be willing to discuss with your partner. If you do not have 5 topics, rank all that you can. Your topic could be from the list but do not have to be.

1. (most positive)

## Post-Discussion Questionnaires – 3 items

Created by the investigators.

After each discussion:

1. Thinking about the discussion you just had, how similar was it to other discussions you’ve had with your partner about the main topic you discussed?

1 = not at all similar

2

3 = moderately similar

4

5 = exactly alike

2. Thinking about the main topic you just discussed with your partner, how important do you feel this issue is in your relationship?

1 = not at all important

2

3 = moderately important

4

5 = extremely important

3. Thinking about the main topic you just discussed with your partner, how frequent do you have similar discussions in your relationship?

1 = not at all frequent

2

3 = moderately frequent

4

5 = extremely frequent

## Positive and Negative Affect Schedule – 20 items

**Source:**

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, *54*(6), 1063–1070.

Note: completed before and after each discussion

**Instructions:** This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you feel this way right now, that is, at the present moment. Use the following scale to record your answers.

1. Very slightly or not at all (2) a little (3) moderately (4) quite a bit (5) extremely

\_\_ interested

\_\_distressed

\_\_excited

\_\_upset

\_\_strong

\_\_guilty

\_\_scared

\_\_hostile

\_\_enthusiastic

\_\_proud

\_\_irritable

\_\_alert

\_\_ashamed

\_\_inspired

\_\_nervous

\_\_determined

\_\_attentive

\_\_jittery

\_\_active

\_\_afraid

**Scoring:**

Positive Affect Score: Add the scores on items 1, 3, 5, 9, 10, 12, 14, 16, 17, and 19. Scores can range from 10 – 50, with higher scores representing higher levels of positive affect. Mean Scores: 33.3 (SD±7.2)

Negative Affect Score: Add the scores on items 2, 4, 6, 7, 8, 11, 13, 15, 18, and 20. Scores can range from 10 – 50, with lower scores representing lower levels of negative affect. Mean Score: 17.4 (SD ± 6.2)