Questionnaire Survey

Start of Block: SURVEY INTRO

landing Please let the research assistant know that you have completed the consent form before continuing. They will provide you with the information needed below.

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CoupleID Before we get started, please enter your ***COUPLE ID number*** given to you by the research assistant:

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ParticipantID Please enter your ***PARTICIPANT ID number*** given to you by the research assistant:

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landing\_intro   
Thanks again for being willing to participate in this study! This study is divided up into 4 parts, which should take about two hours in total. These parts include:   
   Survey questions about your relationship Survey questions about your mental health and general life experiences Survey questions about experiences you may have faced because of your sexual orientation Video-recorded discussions between you and your partner   
  
 Before you get started, just a couple of things to note:   
   Please do NOT exit the survey at any point - please follow directions in the survey and from the research assistant as they will both tell you when to switch to AdobeConnect with  You are allowed to refuse any questions that you do not wish to answer. The survey may prompt you to answer questions left blank as sometimes it is easy to miss one by accident, but you can always select "Continue without answering" if you left a question blank intentionally Please note that parts of this survey include questions about stressful experiences, including experiences of violence. We have included these questions because we know that sexual minority people are at increased risk for experiences of violence. We want to better understand these experiences to help prevent them and to help people cope with them. Remember, you can skip any questions that you are uncomfortable with Remember that all of your responses are kept completely confidential and are only linked with your ID number, not any of your identifying information Your partner is NOT able to see your responses at any point, so please answer honestly  **If you have any questions at any point**, the research assistant is available on AdobeConnect to help you out   
 Hit "Continue" to start the survey.

End of Block: SURVEY INTRO

Start of Block: RELATIONSHIP SECTION

section1intro The following section contains some demographic questions and questions about your relationship.

End of Block: RELATIONSHIP SECTION

Start of Block: Demographics

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Caution\_StudyName 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” (1)
* No, please refer to study as “the study at Stony Brook University” (0)

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Age How old are you?

▼ < 18 (99) ... 100 (100)

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Ethnicity Do you identify as Hispanic or Latinx?

* Yes (1)
* No (0)

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

* American Indian or Alaska Native (3)
* Asian (2)
* Black or African American (1)
* Native Hawaiian or Other Pacific Islander (4)
* White (0)
* Different race (please specify) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

▼ Alabama (1) ... U.S. Virgin Islands (57)

RecruitmentSource How did you hear about this study?

* Facebook advertisement (1)
* Instagram (2)
* Twitter (3)
* Another social media site (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* An email flier (5)
* An in-person flier (6)
* An organization listserv (7)
* Someone I know (8)
* Not listed (please specify) (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Under $12,000 (1)
* $12,000 - $23,999 (2)
* $24,000 - $44,999 (3)
* $45,000 - $74,999 (4)
* $75,000 - $119,999 (5)
* $120,000 or more (6)

Educ What is the highest grade of school you have completed?

* Less than high school (1)
* Some high school (2)
* High school diploma or GED (3)
* Some college without obtaining a degree (4)
* Associate’s degree (5)
* 4-year college degree (B.A., B.S., B.F.A.) (6)
* Some graduate school without obtaining a degree (7)
* Master’s degree (M.A., M.P.H., M.F.A.) (8)
* Advanced graduate school degree (Ph.D., M.D., J.D.) (9)

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

* Full-time (40 hours per week) (1)
* Part-time (less than 40 hours per week) (2)
* Part-time work – Full-time student (3)
* Temporary/ Occasional work (4)
* Permanently or temporarily disabled and NOT working (5)
* Permanently or temporarily disabled BUT working off the books (6)
* Unemployed – Student (7)
* Unemployed – Other (8)

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

* I am only attracted to people of a single gender (0)
* I am attracted to people of more than one gender (1)
* I am attracted to people regardless of gender (e.g., gender doesn’t influence my attractions) (2)

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SxlOrx Which of the following best describes your sexual orientation?

* Straight (0)
* Bisexual (3)
* Pansexual (4)
* Queer (5)
* Fluid (6)
* Gay (1)
* Lesbian (2)
* Unsure/questioning (8)
* Asexual (7)
* Different identity (please specify) (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Yes (1)
* No (0)

Display This Question:

If Do you use any other terms to describe your sexual orientation? = 1

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SxlOrx\_allapply What other terms to you use to describe your sexual orientation? *(select all that apply)*

* Straight (0)
* Bisexual (3)
* Pansexual (4)
* Queer (5)
* Fluid (6)
* Gay (1)
* Lesbian (2)
* Unsure/questioning (8)
* Asexual (7)
* Different identity (please specify) (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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GenderIdent Which of the following best describesyour gender identity?

* Man (1)
* Woman (0)
* Transgender man (trans man) (2)
* Transgender woman (trans woman) (3)
* Genderqueer (5)
* Gender non-conforming (4)
* Non-binary (6)
* Different identity (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Male (1)
* Female (0)
* Intersex (2)

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

* City/town (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* State (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Country (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HometownLength How long did you live there?

* Years (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Months (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LivingSit Please mark down your living situation.

* I live with my partner and we live by ourselves (1)
* I live with my partner and we live with other people (2)
* I live with my partner and we live with family (3)
* We live in the same town or region, but do not live together (4)
* We do not live in the same town or region and do not live together (6)
* None of the above (please specify) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Please mark down your living situation. = 1

Or Please mark down your living situation. = 2

Or Please mark down your living situation. = 3

CohabLength  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 (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Months (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* In a dating relationship (1)
* In a committed relationship (2)
* Engaged (3)
* Married or in a civil union (4)
* Other (please specify) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RelLength 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 (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Months (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RelLength\_predating 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 (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Months (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HowMet How did you meet your partner?

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FirstRelat Is this your first romantic relationship?

* Yes (1)
* No (0)

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

* Yes (1)
* No (0)

Skip To: Kids\_prior If Do you have any children with your partner (i.e., NOT from a previous relationship)? = 0

Kids\_num How many children do you have with your partner?

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Kids\_age How old are each of your children with your partner?

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Kids\_prior Do you have any children from a previous relationship?

* Yes (1)
* No (0)

Skip To: Breakup If Do you have any children from a previous relationship?  = 0

Kids\_prior\_num How many children do you have from a previous relationship?

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Kids\_prior\_ages How old are each of your children from a previous relationship?

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

* Yes (1)
* No (0)

Display This Question:

If Have you and your current romantic partner ever ended your relationship (i.e., broken up or stopp... = 1

Breaksup\_prior How many times have you and your partner broken up and gotten back together?

* 1 (1)
* 2 (2)
* 3 (3)
* 4+ (4)

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

* Monogamous (0)
* Non-monogamous (Polyamorous, Open Relationship, etc.) (1)
* Questioning/Exploring (2)
* Other relationship structure/orientation (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Monogamous (0)
* Open (2)
* Polyamorous (3)
* Swinger (4)
* Relationship Anarchy (5)
* Monogamish (1)
* Something else: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CNM\_IdealRelStyle How would you describe your *ideal* relationship style?

* Monogamous (0)
* Open (2)
* Polyamorous (3)
* Swinger (4)
* Relationship Anarchy (5)
* Monogamish (1)
* Something else: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CNM\_RelAgreement 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 (1)
* No (0)

Display This Question:

If A relationship agreement is a mutual understanding between you and your partner(s) based on an ex... = 1

CNM\_RelAgreeDetails 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 (1)
* We can have sex with outside partners but with some restrictions (2)
* We can have sex with outside partners without any restrictions (3)

Display This Question:

If A relationship agreement is a mutual understanding between you and your partner(s) based on an ex... = 0

CNM\_RelAgreeQual Have you ever considered making a relationship agreement or having a discussion about relationship boundaries? Why or why not?

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End of Block: Demographics

Start of Block: Couples Satisfaction Index

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CSI\_1 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)

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CSI\_2 In general, how often do you think that things between you and your partner are going well?

* All the time (5)
* Most of the time (4)
* More often than not (3)
* Occasionally (2)
* Rarely (1)
* Never (0)

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CSI Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

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|  | Not at all TRUE (0) | A little TRUE (1) | Somewhat TRUE (2) | Mostly TRUE (3) | Almost Completely TRUE (4) | Completely TRUE (5) |
| Our relationship is strong (CSI\_3) |  |  |  |  |  |  |
| My relationship with my partner makes me happy (CSI\_4) |  |  |  |  |  |  |
| I have a warm and comfortable relationship with my partner (CSI\_5) |  |  |  |  |  |  |
| I really feel like **part of a team** with my partner (CSI\_6) |  |  |  |  |  |  |

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CSI Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

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|  | Not at all (0) | A little (1) | Somewhat (2) | Mostly (3) | Almost Completely (4) | Completely (5) |
| How rewarding is your relationship with your partner? (CSI\_7) |  |  |  |  |  |  |
| How well does your partner meet your needs? (CSI\_8) |  |  |  |  |  |  |
| To what extent has your relationship met your original expectations? (CSI\_9) |  |  |  |  |  |  |
| In general, how satisfied are you with your relationship? (CSI\_10) |  |  |  |  |  |  |

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CSI 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.

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|  | 1 (0) | 2 (1) | 3 (2) | 4 (3) | 5 (4) | 6 (5) |  |
| INTERESTING |  |  |  |  |  |  | BORING |
| BAD |  |  |  |  |  |  | GOOD |
| FULL |  |  |  |  |  |  | EMPTY |
| STURDY |  |  |  |  |  |  | FRAGILE |
| DISCOURAGING |  |  |  |  |  |  | HOPEFUL |
| ENJOYABLE |  |  |  |  |  |  | MISERABLE |

End of Block: Couples Satisfaction Index

Start of Block: Communication Patterns Questionnaire

CPQ\_instructions **Instructions**: 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).

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

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|  | Very unlikely-1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) | 8 (8) | Very likely-9 (9) |
| Both my partner and I avoid discussing the problem. (CPQ\_1) |  |  |  |  |  |  |  |  |  |
| Both my partner and I try to discuss the problem. (CPQ\_2) |  |  |  |  |  |  |  |  |  |
| I try to start a discussion while my partner tries to avoid a discussion. (CPQ\_3) |  |  |  |  |  |  |  |  |  |
| My partner tries to start a discussion while I try to avoid a discussion. (CPQ\_4) |  |  |  |  |  |  |  |  |  |

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

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|  | Very unlikely-1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) | 8 (8) | Very likely-9 (9) |
| Both my partner and I blame, accuse, and criticize one another. (CPQ\_5) |  |  |  |  |  |  |  |  |  |
| Both my partner and I express our feelings to each other. (CPQ\_6) |  |  |  |  |  |  |  |  |  |
| Both my partner and I threaten one another with negative consequences. (CPQ\_7) |  |  |  |  |  |  |  |  |  |
| Both my partner and I suggest possible solutions and compromises. (CPQ\_8) |  |  |  |  |  |  |  |  |  |
| I nag and demand while my partner withdraws, becomes silent, or refuses to discuss the matter further. (CPQ\_9) |  |  |  |  |  |  |  |  |  |
| My partner nags and demands while I withdraw, become silent, or refuse to discuss the matter further. (CPQ\_10) |  |  |  |  |  |  |  |  |  |

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

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|  | Very unlikely-1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) | 8 (8) | Very likely-9 (9) |
| I criticize while my partner defends himself or herself. (CPQ\_11) |  |  |  |  |  |  |  |  |  |
| My partner criticizes while I defend myself. (CPQ\_12) |  |  |  |  |  |  |  |  |  |
| I pressure my partner to take some action or stop some action, while my partner resists. (CPQ\_13) |  |  |  |  |  |  |  |  |  |
| My partner pressures me to take some action or stop some action, while I resist. (CPQ\_14) |  |  |  |  |  |  |  |  |  |
| I express feelings while my partner offers reasons and solutions. (CPQ\_15) |  |  |  |  |  |  |  |  |  |
| My partner expresses feelings while I offer reasons and solutions. (CPQ\_16) |  |  |  |  |  |  |  |  |  |
| I threaten negative consequences and my partner gives in or backs down. (CPQ\_17) |  |  |  |  |  |  |  |  |  |
| My partner threatens negative consequences and I give in or back down. (CPQ\_18) |  |  |  |  |  |  |  |  |  |
| I call my partner names, swear at my partner, or attack my partner's character. (CPQ\_19) |  |  |  |  |  |  |  |  |  |
| My partner calls me names, swears at me, or attacks my character. (CPQ\_20) |  |  |  |  |  |  |  |  |  |
| I push, shove, slap, hit, or kick my partner. (CPQ\_21) |  |  |  |  |  |  |  |  |  |
| My partner pushes, shoves, slaps, hits, or kicks me. (CPQ\_22) |  |  |  |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very unlikely-1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) | 8 (8) | Very likely-9 (9) |
| Both my partner and I feel understood by each other. (CPQ\_23) |  |  |  |  |  |  |  |  |  |
| Both my partner and I withdraw from each other. (CPQ\_24) |  |  |  |  |  |  |  |  |  |
| Both my partner and I feel that the problem has been solved. (CPQ\_25) |  |  |  |  |  |  |  |  |  |
| Neither I nor my partner is giving to the other. (CPQ\_26) |  |  |  |  |  |  |  |  |  |
| Both my partner and I try to be especially nice to each other. (CPQ\_27) |  |  |  |  |  |  |  |  |  |
| I feel guilty for what I said or did while my partner feels hurt. (CPQ\_28) |  |  |  |  |  |  |  |  |  |
| My partner feels guilty for what they said or did while I feel hurt. (CPQ\_29) |  |  |  |  |  |  |  |  |  |
| I try to be especially nice, and act as if things are back to normal, while my partner acts distant. (CPQ\_30) |  |  |  |  |  |  |  |  |  |
| My partner tries to be especially nice, and act as if things are back to normal, while I act distant. (CPQ\_31) |  |  |  |  |  |  |  |  |  |
| I pressure my partner to apologize or promise to do better, while my partner resists. (CPQ\_32) |  |  |  |  |  |  |  |  |  |
| My partner pressures me to apologize or promise to do better, while I resist. (CPQ\_33) |  |  |  |  |  |  |  |  |  |
| I seek support from others (parent, friend, children, etc.) (CPQ\_34) |  |  |  |  |  |  |  |  |  |
| My partner seeks support from others (parent, friend, children, etc.) (CPQ\_35) |  |  |  |  |  |  |  |  |  |
| To show that you are reading these instructions, please leave this question blank. (DQS\_1) |  |  |  |  |  |  |  |  |  |

End of Block: Communication Patterns Questionnaire

Start of Block: Revised Commitment Inventory

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Disagree Somewhat (3) | Undecided (4) | Agree Somewhat (5) | Agree (6) | Strongly Agree (7) |
| My friends would not mind if my partner and I broke up. (RCI\_1) |  |  |  |  |  |  |  |
| If we ended this relationship, I would feel fine about my financial status. (RCI\_2) |  |  |  |  |  |  |  |
| The steps I would need to take to end this relationship would require a great deal of time and effort. (RCI\_3) |  |  |  |  |  |  |  |
| I could not bear the pain it would cause my partner to leave them even if I really wanted to. (RCI\_4) |  |  |  |  |  |  |  |
| It would be difficult for my friends to accept it if I ended the relationship with my partner. (RCI\_5) |  |  |  |  |  |  |  |
| It would be relatively easy to take the steps needed to end this relationship. (RCI\_6) |  |  |  |  |  |  |  |
| I would not have trouble supporting myself should this relationship end. (RCI\_7) |  |  |  |  |  |  |  |
| My family really wants this relationship to work. (RCI\_8) |  |  |  |  |  |  |  |
| I would have trouble finding a suitable partner if this relationship ended. (RCI\_9) |  |  |  |  |  |  |  |
| I believe there are many people who would be happy with me as their spouse or partner. (RCI\_10) |  |  |  |  |  |  |  |
| I have put a number of tangible, valuable resources into this relationship. (RCI\_11) |  |  |  |  |  |  |  |
| Though it might take awhile, I could find another desirable partner if I wanted or needed to. (RCI\_12) |  |  |  |  |  |  |  |
| I would not have any problem with meeting my basic financial needs for food, shelter, and clothing without my partner. (RCI\_13) |  |  |  |  |  |  |  |
| I have put very little money into this relationship. (RCI\_14) |  |  |  |  |  |  |  |
| The process of ending this relationship would require many difficult steps. (RCI\_15) |  |  |  |  |  |  |  |
| 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. (RCI\_16) |  |  |  |  |  |  |  |
| My family would not care if I ended this relationship. (RCI\_17) |  |  |  |  |  |  |  |
| My relationship with my partner is more important to me than almost anything in my life. (RCI\_18) |  |  |  |  |  |  |  |
| I want this relationship to stay strong no matter what rough times we encounter. (RCI\_19) |  |  |  |  |  |  |  |
| I like to think of my partner and me more in terms of “us” and “we” than “me” and “them” (RCI\_20) |  |  |  |  |  |  |  |
| I think a lot about what it would be like to be dating someone other than my partner. (RCI\_21) |  |  |  |  |  |  |  |
| My relationship with my partner is clearly part of my future life plans. (RCI\_22) |  |  |  |  |  |  |  |
| My career (or jobs, studies, homemaking, childrearing, etc.) is more important to me than my relationship with my partner. (RCI\_23) |  |  |  |  |  |  |  |
| I do not want to have a strong identity as a couple with my partner. (RCI\_24) |  |  |  |  |  |  |  |
| I may not want to be with my partner a few years from now. (RCI\_25) |  |  |  |  |  |  |  |

End of Block: Revised Commitment Inventory

Start of Block: Dyadic Trust Scale

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

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|  | Strongly Disagree (1) | Disagree (2) | Disagree Somewhat (3) | Undecided (4) | Agree Somewhat (5) | Agree (6) | Strongly Agree (7) |
| My partner is primarily interested in their own welfare. (DTS\_1) |  |  |  |  |  |  |  |
| There are times when my partner cannot be trusted. (DTS\_2) |  |  |  |  |  |  |  |
| My partner is perfectly honest and truthful with me. (DTS\_3) |  |  |  |  |  |  |  |
| I feel that I can trust my partner completely. (DTS\_4) |  |  |  |  |  |  |  |
| My partner is truly sincere in their promises. (DTS\_5) |  |  |  |  |  |  |  |
| I feel that my partner does not show me enough consideration. (DTS\_6) |  |  |  |  |  |  |  |
| My partner treats me fairly and justly. (DTS\_7) |  |  |  |  |  |  |  |
| I feel that my partner can be counted on to help me. (DTS\_8) |  |  |  |  |  |  |  |

End of Block: Dyadic Trust Scale

Start of Block: Positive-Negative Relationship Quality Scale

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PNRQ\_pos 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 (0) | A little TRUE (1) | Somewhat TRUE (2) | Mostly TRUE (3) | Very TRUE (4) | Completely TRUE (5) |
| Enjoyable (1) |  |  |  |  |  |  |
| Pleasant (2) |  |  |  |  |  |  |
| Strong (3) |  |  |  |  |  |  |
| Alive (4) |  |  |  |  |  |  |

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PNRQ\_neg 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 (0) | A little TRUE (1) | Somewhat TRUE (2) | Mostly TRUE (3) | Very TRUE (4) | Completely TRUE (5) |
| Miserable (1) |  |  |  |  |  |  |
| Bad (2) |  |  |  |  |  |  |
| Empty (3) |  |  |  |  |  |  |
| Lifeless (4) |  |  |  |  |  |  |

End of Block: Positive-Negative Relationship Quality Scale

Start of Block: Positive Discussion Topic Selection

PosTopic 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.

* Topic 1 (most positive): (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Topic 2: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Topic 3: (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Topic 4: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Topic 5: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PosTopic\_optout If you can NOT think of any top positive aspects or components of your relationship, please check the box below.   
  
  
Note: If you are having trouble of thinking of whether any aspects or components "count" as discrimination, you can check with the research assistant for help.

* I can NOT think of *any* top positive aspects or components of my relationship (1)

End of Block: Positive Discussion Topic Selection

Start of Block: Relationship Attribution Measure

RAM\_instructions 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 response that indicates how much you agree or disagree with each statement.

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RAM\_1 **Your partner criticizes something you say.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Disagree strongly (1) | Disagree (2) | Disagree somewhat (3) | Agree somewhat (4) | Agree (5) | Agree strongly (6) |
| My partner's behavior was due to something about them (e.g., the type of person they are, the mood they were in) (RAM\_1a) |  |  |  |  |  |  |
| The reason my partner criticized me is not likely to change (RAM\_1b) |  |  |  |  |  |  |
| The reason my partner criticized me is something that affects other areas of our relationship (RAM\_1c) |  |  |  |  |  |  |
| My partner criticized me on purpose rather than unintentionally (RAM\_1d) |  |  |  |  |  |  |
| My partner's behavior was motivated by selfish rather than unselfish concerns (RAM\_1e) |  |  |  |  |  |  |
| My partner deserves to be blamed for criticizing me (RAM\_1f) |  |  |  |  |  |  |

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RAM\_2 **Your partner begins to spend less time with you.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Disagree strongly (1) | Disagree (2) | Disagree somewhat (3) | Agree somewhat (4) | Agree (5) | Agree strongly (6) |
| My partner's behavior was due to something about them (e.g., the type of person they are, the mood they were in) (RAM\_2a) |  |  |  |  |  |  |
| The reason my partner criticized me is not likely to change (RAM\_2b) |  |  |  |  |  |  |
| The reason my partner criticized me is something that affects other areas of our relationship (RAM\_2c) |  |  |  |  |  |  |
| My partner criticized me on purpose rather than unintentionally (RAM\_2d) |  |  |  |  |  |  |
| My partner's behavior was motivated by selfish rather than unselfish concerns (RAM\_2e) |  |  |  |  |  |  |
| My partner deserves to be blamed for criticizing me (RAM\_2f) |  |  |  |  |  |  |

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RAM\_3 **Your partner does not pay attention to what you are saying.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Disagree strongly (1) | Disagree (2) | Disagree somewhat (3) | Agree somewhat (4) | Agree (5) | Agree strongly (6) |
| My partner's behavior was due to something about them (e.g., the type of person they are, the mood they were in) (RAM\_3a) |  |  |  |  |  |  |
| The reason my partner criticized me is not likely to change (RAM\_3b) |  |  |  |  |  |  |
| The reason my partner criticized me is something that affects other areas of our relationship (RAM\_3c) |  |  |  |  |  |  |
| My partner criticized me on purpose rather than unintentionally (RAM\_3d) |  |  |  |  |  |  |
| My partner's behavior was motivated by selfish rather than unselfish concerns (RAM\_3e) |  |  |  |  |  |  |
| My partner deserves to be blamed for criticizing me (RAM\_3f) |  |  |  |  |  |  |

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RAM\_4 **Your partner is cool and distant.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Disagree strongly (1) | Disagree (2) | Disagree somewhat (3) | Agree somewhat (4) | Agree (5) | Agree strongly (6) |
| My partner's behavior was due to something about them (e.g., the type of person they are, the mood they were in) (RAM\_4a) |  |  |  |  |  |  |
| The reason my partner criticized me is not likely to change (RAM\_4b) |  |  |  |  |  |  |
| The reason my partner criticized me is something that affects other areas of our relationship (RAM\_4c) |  |  |  |  |  |  |
| My partner criticized me on purpose rather than unintentionally (RAM\_4d) |  |  |  |  |  |  |
| My partner's behavior was motivated by selfish rather than unselfish concerns (RAM\_4e) |  |  |  |  |  |  |
| My partner deserves to be blamed for criticizing me (RAM\_4f) |  |  |  |  |  |  |

End of Block: Relationship Attribution Measure

Start of Block: Quality of Sex Inventory

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all TRUE (0) | A little TRUE (1) | Somewhat TRUE (2) | Mostly TRUE (3) | Very TRUE (4) | Completely TRUE (5) |
| My sex life is fulfilling (1) |  |  |  |  |  |  |
| I am happy with my sex life with my partner (2) |  |  |  |  |  |  |
| My partner really pleases me sexually (3) |  |  |  |  |  |  |
| I am satisfied with our sexual relationship (4) |  |  |  |  |  |  |
| I am happy with the quality of sexual activity in our relationship (5) |  |  |  |  |  |  |
| Sexual activity with my partner is fantastic (6) |  |  |  |  |  |  |
| Sexual activity with my partner is not fun (7) |  |  |  |  |  |  |
| Sexual activity with my partner is a turn off (8) |  |  |  |  |  |  |
| Sexual activity with my partner is not worth the time or effort (9) |  |  |  |  |  |  |
| I do NOT enjoy sexual activity with my partner (10) |  |  |  |  |  |  |
| Sexual activity with my partner leaves me empty (11) |  |  |  |  |  |  |
| Sexual activity with my partner is not very exciting (12) |  |  |  |  |  |  |

End of Block: Quality of Sex Inventory

Start of Block: Conflict Tactics Scale Revised

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CTS **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. Couples 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 indicate 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, select "Not in the past year."

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I swore at my partner. (CTS\_1) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_2) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I shouted or yelled at my partner. (CTS\_2) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_3) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I stomped out of the room or house or yard during a disagreement. (CTS\_5) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_6) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I did something to spite my partner. (CTS\_7) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_8) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I called my partner names, insulted them, or treated them disrespectfully in front of others. (CTS\_9) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_10) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I destroyed something belonging to my partner. (CTS\_11) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_12) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I accused my partner of being a lousy partner. (CTS\_13) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_14) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I threatened to hit or throw something at my partner. (CTS\_15) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_16) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I threw something at my partner that could hurt. (CTS\_17) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_18) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I twisted my partner's arm or hair. (CTS\_19) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_20) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I pushed or shoved my partner. (CTS\_21) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_22) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I grabbed my partner. (CTS\_23) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_24) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I slapped my partner. (CTS\_25) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_26) |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I used a knife or gun on my partner. (CTS\_27) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_28) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I punched or hit my partner with something that could hurt. (CTS\_29) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_30) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I choked my partner. (CTS\_31) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_32) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I slammed my partner against a wall. (CTS\_33) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_34) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I beat up my partner. (CTS\_35) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_36) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I burned or scalded my partner on purpose. (CTS\_37) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_38) |  |  |  |  |  |  |  |

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I kicked my partner. (CTS\_39) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS\_40) |  |  |  |  |  |  |  |

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CTS.SGM

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I threatened to out my partner to their friends, family, or other people in their life if they didn't do what I wanted. (CTS.SGM\_41) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS.SGM\_42) |  |  |  |  |  |  |  |

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CTS.SGM

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| 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. (CTS.SGM\_43) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS.SGM\_44) |  |  |  |  |  |  |  |

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CTS.SGM

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I threatened to turn people in the queer community against them or spread rumors about them in this community. (CTS.SGM\_45) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS.SGM\_46) |  |  |  |  |  |  |  |

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CTS.SGM

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| I outed my partner - to friends or family, at school, work, or in other social circles. (CTS.SGM\_47) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS.SGM\_48) |  |  |  |  |  |  |  |

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CTS.SGM

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|  | Once in the past year (1) | Twice in the past year (2) | 3-5 times in the past year (3) | 6-10 times in the past year (4) | 11-20 times in the past year (5) | More than 20 times in the past year (6) | Not in the past year (7) |
| 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. (CTS.SGM\_49) |  |  |  |  |  |  |  |
| My partner did this to me. (CTS.SGM\_50) |  |  |  |  |  |  |  |

End of Block: Conflict Tactics Scale Revised

Start of Block: Dyadic Coping Inventory

DCI\_instructions **Instructions:** The following questions ask about how you and your partner *generally* deal with stress. Please rate how often you and/or your partner engage in the behaviors listed below.

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DCI **This section is about how you communicate your stress with your partner.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very rarely (1) | Rarely (2) | Sometimes (3) | Often (4) | Very often (5) |
| I let my partner know that I appreciate their practical support, advice, or help. (DCI\_1) |  |  |  |  |  |
| I ask my partner to do things for me when I have too much to do. (DCI\_2) |  |  |  |  |  |
| I show my partner through my behavior when I’m not doing well or when I have problems. (DCI\_3) |  |  |  |  |  |
| I tell my partner openly how I feel and that I would appreciate their support. (DCI\_4) |  |  |  |  |  |

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DCI **This section is about what your partner does when you feel stressed.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very rarely (1) | Rarely (2) | Sometimes (3) | Often (4) | Very Often (5) |
| My partner shows empathy and understanding to me. (DCI\_5) |  |  |  |  |  |
| My partner expresses that they are on my side. (DCI\_6) |  |  |  |  |  |
| My partner blames me for not coping well enough with stress. (DCI\_7) |  |  |  |  |  |
| My partner helps me to see stressful situations in a different light. (DCI\_8) |  |  |  |  |  |
| My partner listens to me and gives me the opportunity to communicate what really bothers me. (DCI\_9) |  |  |  |  |  |
| My partner does not take my stress seriously. (DCI\_10) |  |  |  |  |  |
| My partner provides support, but does so unwillingly or unmotivated. (DCI\_11) |  |  |  |  |  |
| My partner takes on things that I normally do in order to help me out. (DCI\_12) |  |  |  |  |  |
| My partner helps me analyze the situation so that I can better face the problem. (DCI\_13) |  |  |  |  |  |
| When I am too busy, my partner helps me out. (DCI\_14) |  |  |  |  |  |
| When I am stressed, my partner tends to withdraw. (DCI\_15) |  |  |  |  |  |

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DCI **This section is about how your partner communicates when they are feeling stressed.**

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|  | Very rarely (1) | Rarely (2) | Sometimes (3) | Often (4) | Very Often (5) |
| My partner lets me know that they appreciate my practical support, advice, or help. (DCI\_16) |  |  |  |  |  |
| My partner asks me to do things for them when they have too much to do. (DCI\_17) |  |  |  |  |  |
| My partner shows me through their behavior when they are not doing well or when they have problems. (DCI\_18) |  |  |  |  |  |
| My partner tells me openly how they feel and that they would appreciate my support. (DCI\_19) |  |  |  |  |  |

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DCI **This section is about what you do when your partner communicates their stress.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very rarely (1) | Rarely (2) | Sometimes (3) | Often (4) | Very Often (5) |
| I show empathy and understanding to my partner. (DCI\_20) |  |  |  |  |  |
| I express to my partner that I am on their side. (DCI\_21) |  |  |  |  |  |
| I blame my partner for not coping well enough with stress. (DCI\_22) |  |  |  |  |  |
| I tell my partner that their stress is not that bad and help them to see the situation in a different light. (DCI\_23) |  |  |  |  |  |
| I listen to my partner and give them space and time to communicate what really bothers them. (DCI\_24) |  |  |  |  |  |
| I do not take my partner’s stress seriously. (DCI\_25) |  |  |  |  |  |
| When my partner is stressed I tend to withdraw. (DCI\_26) |  |  |  |  |  |
| I provide support, but I do it so unwillingly and unmotivated because I think that they should cope with their problems on their own. (DCI\_27) |  |  |  |  |  |
| I take on things that my partner normally does in order to help them out. (DCI\_28) |  |  |  |  |  |
| I try to analyze the situation together with my partner in an objective manner and help them understand how to change the problem. (DCI\_29) |  |  |  |  |  |
| When my partner feels they have too much to do, I help them out. (DCI\_30) |  |  |  |  |  |
| Please skip this question. (DQS\_2) |  |  |  |  |  |

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DCI **This section is about what you and your partner do when you both are feeling stressed.**

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|  | Very rarely (1) | Rarely (2) | Sometimes (3) | Often (4) | Very Often (5) |
| We try to cope with the problem together and search for ascertained solutions. (DCI\_31) |  |  |  |  |  |
| We engage in a serious discussion about the problem and think through what has to be done. (DCI\_32) |  |  |  |  |  |
| We help one another to put the problem in perspective and see it in a new light. (DCI\_33) |  |  |  |  |  |
| We help each other relax with such things like massage, taking a bath together, or listening to music together. (DCI\_34) |  |  |  |  |  |
| We are affectionate to each other, make love and try that way to cope with stress. (DCI\_35) |  |  |  |  |  |

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DCI **This section is about how you evaluate your coping as a couple.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very rarely (1) | Rarely (2) | Sometimes (3) | Often (4) | Very Often (5) |
| I am satisfied with the support I receive from my partner and the way we deal with stress together. (DCI\_36) |  |  |  |  |  |
| 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. (DCI\_37) |  |  |  |  |  |

End of Block: Dyadic Coping Inventory

Start of Block: Support in Intimate Relationships Rating Scale

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SIRRS **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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never (1) | Rarely (2) | Sometimes (3) | Often (4) |
| Gave me suggestions about how to handle a situation (SIRRS\_1) |  |  |  |  |
| Told me what to do to solve a problem or deal with a situation (SIRRS\_2) |  |  |  |  |
| Helped me think about a situation in a new way (SIRRS\_3) |  |  |  |  |
| Taught me or showed me how to do something (SIRRS\_4) |  |  |  |  |
| Shared facts or information with me about a situation I was facing (SIRRS\_5) |  |  |  |  |
| Hugged me or cuddled with me (SIRRS\_6) |  |  |  |  |
| Kissed me (SIRRS\_7) |  |  |  |  |
| Held my hand (SIRRS\_8) |  |  |  |  |
| Patted or stroked me affectionately (SIRRS\_9) |  |  |  |  |
| Shared a personal experience that was similar to my situation (SIRRS\_10) |  |  |  |  |
| Restated what I had told them about a situation (SIRRS\_11) |  |  |  |  |
| Inferred how I was feeling about a situation (SIRRS\_12) |  |  |  |  |
| Told me everything would be OK (SIRRS\_13) |  |  |  |  |
| Said they thought I handled a situation well (SIRRS\_14) |  |  |  |  |
| Expressed confidence in my ability to handle a situation (SIRRS\_15) |  |  |  |  |
| Said good things about me (SIRRS\_16) |  |  |  |  |
| Said it was OK to feel the way I was feeling (SIRRS\_17) |  |  |  |  |
| Took my side when discussing a situation (SIRRS\_18) |  |  |  |  |
| Said they would feel the same way in my situation (SIRRS\_19) |  |  |  |  |
| Said I was not at fault for my situation (SIRRS\_20) |  |  |  |  |
| Offered to do something to help me directly with my situation (e.g. help me with a problem or task at work) (SIRRS\_21) |  |  |  |  |
| Did something to help me directly (e.g. helped with a problem from work) (SIRRS\_22) |  |  |  |  |
| Offered to help me indirectly (e.g. offered to do my chores) (SIRRS\_23) |  |  |  |  |
| Did something to help me indirectly (e.g. did my chores) (SIRRS\_24) |  |  |  |  |
| Offered to do something to help me feel better (e.g. offered to go jogging/ go to dinner together) (SIRRS\_25) |  |  |  |  |

End of Block: Support in Intimate Relationships Rating Scale

Start of Block: Interpersonal Reactivity Index for Couples

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IRIC **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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 0 - Does not describe me well (0) | 1 (1) | 2 (2) | 3 (3) | 4 - Describes me very well (4) |
| I often have tender, concerned feelings for my partner when they are less fortunate than me. (IRIC\_1) |  |  |  |  |  |
| Sometimes I don’t feel very sorry for my partner when they are having problems. (IRIC\_2) |  |  |  |  |  |
| I try to look at my partner’s side of a disagreement before I make a decision. (IRIC\_3) |  |  |  |  |  |
| When I see my partner being taken advantage of, I feel kind of protective towards them. (IRIC\_4) |  |  |  |  |  |
| I sometimes try to understand my partner better by imagining how things look from their perspective. (IRIC\_5) |  |  |  |  |  |
| My partner’s misfortunes do not usually disturb me a great deal. (IRIC\_6) |  |  |  |  |  |
| If I’m sure I’m right about something, I don’t waste much time listening to my partner’s arguments. (IRIC\_7) |  |  |  |  |  |
| When I see my partner being treated unfairly, I sometimes don’t feel very much pity for them. (IRIC\_8) |  |  |  |  |  |
| I am often quite touched by things I see happen in my relationship. (IRIC\_9) |  |  |  |  |  |
| In my relationship, I believe that there are two sides to every question and try to look at them both. (IRIC\_10) |  |  |  |  |  |
| In my relationship with my partner, I would describe myself as a pretty soft-hearted person. (IRIC\_11) |  |  |  |  |  |
| When I’m upset at my partner, I usually try to “put myself in their shoes” for a while. (IRIC\_12) |  |  |  |  |  |
| Before criticizing my partner, I try to imagine how I would feel if I were in their place. (IRIC\_13) |  |  |  |  |  |

End of Block: Interpersonal Reactivity Index for Couples

Start of Block: Fear of Intimacy Scale

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all characteristic of me (1) | Slightly characteristic of me (2) | Moderately characteristic of me (3) | Very characteristic of me (4) | Extremely characteristic of me (5) |
| I feel uncomfortable telling my partner about things in the past that I have felt ashamed of. (FIS\_1) |  |  |  |  |  |
| I feel uneasy talking with my partner about something that has hurt me deeply. (FIS\_2) |  |  |  |  |  |
| I feel comfortable expressing my true feelings to my partner. (FIS\_3) |  |  |  |  |  |
| If my partner is upset I am sometimes afraid of showing that I care. (FIS\_4) |  |  |  |  |  |
| I am afraid to confide my innermost feelings to my partner. (FIS\_5) |  |  |  |  |  |
| I feel at ease telling my partner that I care about them. (FIS\_6) |  |  |  |  |  |
| I have a feeling of complete togetherness with my partner. (FIS\_7) |  |  |  |  |  |
| I am comfortable discussing significant problems with my partner. (FIS\_8) |  |  |  |  |  |
| A part of me is afraid to make a long-term commitment to my partner. (FIS\_9) |  |  |  |  |  |
| I feel comfortable telling my experiences, even sad ones, to my partner. (FIS\_10) |  |  |  |  |  |
| I feel nervous showing my partner strong feelings of affection. (FIS\_11) |  |  |  |  |  |
| I find it difficult being open with my partner about my personal thoughts. (FIS\_12) |  |  |  |  |  |
| I feel uneasy with my partner depending on me for emotional support. (FIS\_13) |  |  |  |  |  |
| I am not afraid to share with my partner what I dislike about myself. (FIS\_14) |  |  |  |  |  |
| I am afraid to take the risk of being hurt in order to establish a closer relationship with my partner. (FIS\_15) |  |  |  |  |  |
| I feel comfortable keeping very personal information to myself. (FIS\_16) |  |  |  |  |  |
| I am not nervous about being spontaneous with my partner. (FIS\_17) |  |  |  |  |  |
| I feel comfortable telling my partner things that I do not tell other people. (FIS\_18) |  |  |  |  |  |
| I feel comfortable trusting my partner with my deepest thoughts and feelings. (FIS\_19) |  |  |  |  |  |
| I sometimes feel uneasy if my partner tells me about very personal matters. (FIS\_20) |  |  |  |  |  |
| I am comfortable revealing to my partner what I feel are my shortcomings and handicaps. (FIS\_21) |  |  |  |  |  |
| I am comfortable with having a close emotional tie between us. (FIS\_22) |  |  |  |  |  |
| I am afraid of sharing my private thoughts with my partner. (FIS\_23) |  |  |  |  |  |
| I am afraid that I might not always feel close to my partner. (FIS\_24) |  |  |  |  |  |
| I am comfortable telling my partner what my needs are. (FIS\_25) |  |  |  |  |  |
| I am afraid that my partner is more invested in the relationship than I am. (FIS\_26) |  |  |  |  |  |
| I am comfortable having open and honest communication with my partner. (FIS\_27) |  |  |  |  |  |
| I sometimes feel uncomfortable listening to my partner 's personal problems. (FIS\_28) |  |  |  |  |  |
| I feel at ease to completely be myself around my partner. (FIS\_29) |  |  |  |  |  |
| I feel relaxed being together and talking about our personal goals. (FIS\_30) |  |  |  |  |  |

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FIS Respond to the following statements ***as they apply to your past relationships***.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all characteristic of me (1) | Slightly characteristic of me (2) | Moderately characteristic of me (3) | Very characteristic of me (4) | Extremely characteristic of me (5) |
| I have shied away from opportunities to be close to someone. (FIS\_31) |  |  |  |  |  |
| I have held back my feelings in previous relationships. (FIS\_32) |  |  |  |  |  |
| There are people who think that I am afraid to get close to them. (FIS\_33) |  |  |  |  |  |
| There are people who think that I am not an easy person to get to know. (FIS\_34) |  |  |  |  |  |
| I have done things in previous relationships to keep me from developing closeness. (FIS\_35) |  |  |  |  |  |

End of Block: Fear of Intimacy Scale

Start of Block: MENTAL HEALTH & LIFE EXPERIENCES SECTION

section2intro You're doing great so far! Now on to part 2 of the survey. This section will ask you some questions about your mental health and general life experiences.

End of Block: MENTAL HEALTH & LIFE EXPERIENCES SECTION

Start of Block: Patient Health Questionnaire

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PHQ9 **Instructions**: Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (0) | Several days (1) | More than half the days (2) | Nearly every day (3) |
| Little interest or pleasure in doing things (PHQ9\_1) |  |  |  |  |
| Feeling down, depressed or hopeless (PHQ9\_2) |  |  |  |  |
| Trouble falling or staying asleep, or sleeping too much (PHQ9\_3) |  |  |  |  |
| Feeling tired or having little energy (PHQ9\_4) |  |  |  |  |
| Poor appetite or overeating (PHQ9\_5) |  |  |  |  |
| Feeling bad about yourself - or that you are a failure or have let yourself or your family down (PHQ9\_6) |  |  |  |  |
| Trouble concentrating on things, such as reading the newspaper or watching television (PHQ9\_7) |  |  |  |  |
| 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 (PHQ9\_8) |  |  |  |  |
| Thoughts that you would be better off dead or of hurting yourself in some way (PHQ9\_9) |  |  |  |  |

End of Block: Patient Health Questionnaire

Start of Block: Generalized Anxiety Disorder 7-item Measure

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GAD7 Instructions: Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (0) | Several days (1) | More than half the days (2) | Nearly every day (3) |
| Feeling nervous, anxious, or on edge (GAD7\_1) |  |  |  |  |
| Not being able to stop/control worrying (GAD7\_2) |  |  |  |  |
| Worrying too much about different things (GAD7\_3) |  |  |  |  |
| Trouble relaxing (GAD7\_4) |  |  |  |  |
| Being so restless it's hard to sit still (GAD7\_5) |  |  |  |  |
| Becoming easily annoyed/irritable (GAD7\_6) |  |  |  |  |
| Feeling as if something awful might happen (GAD7\_7) |  |  |  |  |

End of Block: Generalized Anxiety Disorder 7-item Measure

Start of Block: Alcohol, Smoking and Substance Involvement Screening Test

ASSIST\_instructions **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. Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For these questions, do **not** count 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 indicate so. 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.

|  |
| --- |
|  |

ASSIST\_1 In your life, which of the following substances have you ever used?

* a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) (1)
* b. Alcoholic beverages (beer, wine, spirits, etc.) (2)
* c. Cannabis (marijuana, pot, grass, hash, etc.) (3)
* d. Cocaine (coke, crack, etc.) (4)
* e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) (5)
* f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) (6)
* g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) (7)
* h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) (8)
* i. Opioids (heroin, morphine, methadone, codeine, etc.) (9)
* j. Other - specify: (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I have not used any substances in my life. (11)

Skip To: End of Block If In your life, which of the following substances have you ever used? = 11

Carry Forward Selected Choices from "In your life, which of the following substances have you ever used?"

|  |  |
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ASSIST\_2 **In the past three months**, how often have you use the following substances?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (0) | Once or twice (2) | Monthly (3) | Weekly (4) | Daily or almost daily (6) |
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) (ASSIST\_2.tobac) |  |  |  |  |  |
| b. Alcoholic beverages (beer, wine, spirits, etc.) (ASSIST\_2.alc) |  |  |  |  |  |
| c. Cannabis (marijuana, pot, grass, hash, etc.) (ASSIST\_2.weed) |  |  |  |  |  |
| d. Cocaine (coke, crack, etc.) (ASSIST\_2.coke) |  |  |  |  |  |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) (ASSIST\_2.amphet) |  |  |  |  |  |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) (ASSIST\_2.inhale) |  |  |  |  |  |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) (ASSIST\_2.sedat) |  |  |  |  |  |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) (ASSIST\_2.halluc) |  |  |  |  |  |
| i. Opioids (heroin, morphine, methadone, codeine, etc.) (ASSIST\_2.opiates) |  |  |  |  |  |
| j. Other - specify: (ASSIST\_2.other) |  |  |  |  |  |
| I have not used any substances in my life. (x11) |  |  |  |  |  |

Carry Forward Selected Choices from "In your life, which of the following substances have you ever used?"

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ASSIST\_3 During the **past three months**, how often have you had a strong desire or urge to use the following substances?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (0) | Once or twice (2) | Monthly (3) | Weekly (4) | Daily or almost daily (6) |
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) (ASSIST\_3.tobac) |  |  |  |  |  |
| b. Alcoholic beverages (beer, wine, spirits, etc.) (ASSIST\_3.alc) |  |  |  |  |  |
| c. Cannabis (marijuana, pot, grass, hash, etc.) (ASSIST\_3.weed) |  |  |  |  |  |
| d. Cocaine (coke, crack, etc.) (ASSIST\_3.coke) |  |  |  |  |  |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) (ASSIST\_3.amphet) |  |  |  |  |  |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) (ASSIST\_3.inhale) |  |  |  |  |  |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) (ASSIST\_3.sedat) |  |  |  |  |  |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) (ASSIST\_3.halluc) |  |  |  |  |  |
| i. Opioids (heroin, morphine, methadone, codeine, etc.) (ASSIST\_3.opiates) |  |  |  |  |  |
| j. Other - specify: (ASSIST\_3.other) |  |  |  |  |  |
| I have not used any substances in my life. (x11) |  |  |  |  |  |

Carry Forward Selected Choices from "In your life, which of the following substances have you ever used?"

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ASSIST\_4 During the **past three months**, how often has your use of the following substances led to health, social, legal, or financial problems?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (0) | Once or twice (2) | Monthly (3) | Weekly (4) | Daily or almost daily (6) |
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) (ASSIST\_4.tobac) |  |  |  |  |  |
| b. Alcoholic beverages (beer, wine, spirits, etc.) (ASSIST\_4.alc) |  |  |  |  |  |
| c. Cannabis (marijuana, pot, grass, hash, etc.) (ASSIST\_4.weed) |  |  |  |  |  |
| d. Cocaine (coke, crack, etc.) (ASSIST\_4.coke) |  |  |  |  |  |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) (ASSIST\_4.amphet) |  |  |  |  |  |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) (ASSIST\_4.inhale) |  |  |  |  |  |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) (ASSIST\_4.sedat) |  |  |  |  |  |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) (ASSIST\_4.halluc) |  |  |  |  |  |
| i. Opioids (heroin, morphine, methadone, codeine, etc.) (ASSIST\_4.opiates) |  |  |  |  |  |
| j. Other - specify: (ASSIST\_4.other) |  |  |  |  |  |
| I have not used any substances in my life. (x11) |  |  |  |  |  |

Carry Forward Selected Choices from "In your life, which of the following substances have you ever used?"

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ASSIST\_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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (0) | Once or twice (2) | Monthly (3) | Weekly (4) | Daily or almost daily (6) |
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) (ASSIST\_5.tobac) |  |  |  |  |  |
| b. Alcoholic beverages (beer, wine, spirits, etc.) (ASSIST\_5.alc) |  |  |  |  |  |
| c. Cannabis (marijuana, pot, grass, hash, etc.) (ASSIST\_5.weed) |  |  |  |  |  |
| d. Cocaine (coke, crack, etc.) (ASSIST\_5.coke) |  |  |  |  |  |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) (ASSIST\_5.amphet) |  |  |  |  |  |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) (ASSIST\_5.inhale) |  |  |  |  |  |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) (ASSIST\_5.sedat) |  |  |  |  |  |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) (ASSIST\_5.halluc) |  |  |  |  |  |
| i. Opioids (heroin, morphine, methadone, codeine, etc.) (ASSIST\_5.opiates) |  |  |  |  |  |
| j. Other - specify: (ASSIST\_5.other) |  |  |  |  |  |
| I have not used any substances in my life. (x11) |  |  |  |  |  |

Carry Forward Selected Choices from "In your life, which of the following substances have you ever used?"

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ASSIST\_6 Has a friend or relative or anyone else **ever** expressed concern about your use of the following substances?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No, never (0) | Yes, in the past 3 months (6) | Yes, but not in the past 3 months (3) |
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) (ASSIST\_6.tobac) |  |  |  |
| b. Alcoholic beverages (beer, wine, spirits, etc.) (ASSIST\_6.alc) |  |  |  |
| c. Cannabis (marijuana, pot, grass, hash, etc.) (ASSIST\_6.weed) |  |  |  |
| d. Cocaine (coke, crack, etc.) (ASSIST\_6.coke) |  |  |  |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) (ASSIST\_6.amphet) |  |  |  |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) (ASSIST\_6.inhale) |  |  |  |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) (ASSIST\_6.sedat) |  |  |  |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) (ASSIST\_6.halluc) |  |  |  |
| i. Opioids (heroin, morphine, methadone, codeine, etc.) (ASSIST\_6.opiates) |  |  |  |
| j. Other - specify: (ASSIST\_6.other) |  |  |  |
| I have not used any substances in my life. (x11) |  |  |  |

Carry Forward Selected Choices from "In your life, which of the following substances have you ever used?"

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ASSIST\_7 Have you **ever** tried or failed to control, cut down, or stop using the following substances?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No, never (0) | Yes, in the past 3 months (6) | Yes, but not in the past 3 months (3) |
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) (ASSIST\_7.tobac) |  |  |  |
| b. Alcoholic beverages (beer, wine, spirits, etc.) (ASSIST\_7.alc) |  |  |  |
| c. Cannabis (marijuana, pot, grass, hash, etc.) (ASSIST\_7.weed) |  |  |  |
| d. Cocaine (coke, crack, etc.) (ASSIST\_7.coke) |  |  |  |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) (ASSIST\_7.amphet) |  |  |  |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) (ASSIST\_7.inhale) |  |  |  |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) (ASSIST\_7.sedat) |  |  |  |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) (ASSIST\_7.halluc) |  |  |  |
| i. Opioids (heroin, morphine, methadone, codeine, etc.) (ASSIST\_7.opiates) |  |  |  |
| j. Other - specify: (ASSIST\_7.other) |  |  |  |
| I have not used any substances in my life. (x11) |  |  |  |

Carry Forward Selected Choices from "In your life, which of the following substances have you ever used?"

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| --- | --- |
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ASSIST\_8 Have you **ever** used any drug by injection?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No, never (0) | Yes, in the past 3 months (6) | Yes, but not in the past 3 months (3) |
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) (ASSIST\_8.tobac) |  |  |  |
| b. Alcoholic beverages (beer, wine, spirits, etc.) (ASSIST\_8.alc) |  |  |  |
| c. Cannabis (marijuana, pot, grass, hash, etc.) (ASSIST\_8.weed) |  |  |  |
| d. Cocaine (coke, crack, etc.) (ASSIST\_8.coke) |  |  |  |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) (ASSIST\_8.amphet) |  |  |  |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) (ASSIST\_8.inhale) |  |  |  |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) (ASSIST\_8.sedat) |  |  |  |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) (ASSIST\_8.halluc) |  |  |  |
| i. Opioids (heroin, morphine, methadone, codeine, etc.) (ASSIST\_8.opiates) |  |  |  |
| j. Other - specify: (ASSIST\_8.other) |  |  |  |
| I have not used any substances in my life. (x11) |  |  |  |

End of Block: Alcohol, Smoking and Substance Involvement Screening Test

Start of Block: Difficulties in Emotion Regulation Scale- Short Form

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Almost Never (0-10%) (1) | Sometimes (11-35%) (2) | About Half the Time (36-65%) (3) | Most of the Time (66-90%) (4) | Almost Always (91-100%) (5) |
| I pay attention to how I feel. (DERS\_1) |  |  |  |  |  |
| This is a control question. Leave this question blank. (DQS\_3) |  |  |  |  |  |
| I have no idea how I am feeling. (DERS\_2) |  |  |  |  |  |
| I have difficulty making sense out of my feelings. (DERS\_3) |  |  |  |  |  |
| I care about what I am feeling. (DERS\_4) |  |  |  |  |  |
| I am confused about how I feel. (DERS\_5) |  |  |  |  |  |
| When I’m upset, I acknowledge my emotions. (DERS\_6) |  |  |  |  |  |
| When I’m upset, I become embarrassed for feeling that way. (DERS\_7) |  |  |  |  |  |
| When I’m upset, I have difficulty getting work done. (DERS\_8) |  |  |  |  |  |
| When I’m upset, I become out of control. (DERS\_9) |  |  |  |  |  |
| When I'm upset, I believe that I'll end up feeling very depressed. (DERS\_10) |  |  |  |  |  |
| When I'm upset, I have difficulty focusing on other things. (DERS\_11) |  |  |  |  |  |
| When I'm upset, I feel guilty for feeling that way. (DERS\_12) |  |  |  |  |  |
| When I'm upset, I have difficulty concentrating. (DERS\_13) |  |  |  |  |  |
| When I'm upset, I have difficulty controlling my behaviors. (DERS\_14) |  |  |  |  |  |
| When I'm upset, I believe there is nothing I can do to make myself feel better. (DERS\_15) |  |  |  |  |  |
| When I'm upset, I become irritated with myself for feeling that way. (DERS\_16) |  |  |  |  |  |
| When I'm upset, I lose control over my behaviors. (DERS\_17) |  |  |  |  |  |
| When I'm upset, it takes me a long time to feel better. (DERS\_18) |  |  |  |  |  |

End of Block: Difficulties in Emotion Regulation Scale- Short Form

Start of Block: Ruminative Responses Scale

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RRS **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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Almost Never (1) | Sometimes (2) | Often (3) | Almost Always (4) |
| Think “what am I doing to deserve this?” (RRS\_1) |  |  |  |  |
| Think “why do I always react this way?” (RRS\_2) |  |  |  |  |
| Think about a recent situation, wishing it had gone better (RRS\_3) |  |  |  |  |
| Think “why do I have problems other people don’t have?” (RRS\_4) |  |  |  |  |
| Think “why can’t I handle things better?” (RRS\_5) |  |  |  |  |

End of Block: Ruminative Responses Scale

Start of Block: Behavioral Inhibition/Activation Scale

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BIS **Instructions:**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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very true for me (1) | Somewhat true for me (2) | Somewhat false for me (3) | Very false for me (4) |
| A person's family is the most important thing in life. (BISBAS\_1) |  |  |  |  |
| Even if something bad is about to happen to me, I rarely experience fear or nervousness. (BISBAS\_2) |  |  |  |  |
| I go out of my way to get things I want. (BISBAS\_3) |  |  |  |  |
| When I'm doing well at something I love to keep at it. (BISBAS\_4) |  |  |  |  |
| I'm always willing to try something new if I think it will be fun. (BISBAS\_5) |  |  |  |  |
| How I dress is important to me. (BISBAS\_6) |  |  |  |  |
| When I get something I want, I feel excited and energized. (BISBAS\_7) |  |  |  |  |
| Criticism or scolding hurts me quite a bit. (BISBAS\_8) |  |  |  |  |
| When I want something I usually go all-out to get it. (BISBAS\_9) |  |  |  |  |
| I will often do things for no other reason than that they might be fun. (BISBAS\_10) |  |  |  |  |
| It's hard for me to find the time to do things such as get a haircut. (BISBAS\_11) |  |  |  |  |
| If I see a chance to get something I want I move on it right away. (BISBAS\_12) |  |  |  |  |
| I feel pretty worried or upset when I think or know somebody is angry at me. (BISBAS\_13) |  |  |  |  |
| When I see an opportunity for something I like I get excited right away. (BISBAS\_14) |  |  |  |  |
| I often act on the spur of the moment. (BISBAS\_15) |  |  |  |  |
| If I think something unpleasant is going to happen I usually get pretty "worked up." (BISBAS\_16) |  |  |  |  |
| I often wonder why people act the way they do. (BISBAS\_17) |  |  |  |  |
| When good things happen to me, it affects me strongly. (BISBAS\_18) |  |  |  |  |
| I feel worried when I think I have done poorly at something important. (BISBAS\_19) |  |  |  |  |
| I crave excitement and new sensations. (BISBAS\_20) |  |  |  |  |
| When I go after something I use a "no holds barred" approach. (BISBAS\_21) |  |  |  |  |
| I have very few fears compared to my friends. (BISBAS\_22) |  |  |  |  |
| It would excite me to win a contest. (BISBAS\_23) |  |  |  |  |
| I worry about making mistakes. (BISBAS\_24) |  |  |  |  |

End of Block: Behavioral Inhibition/Activation Scale

Start of Block: Life Events List

LEL\_instructions **Instructions:** Next are some 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.

|  |
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|  |

LEL\_1 1. Have you moved during the last 6 months?

* No (0)
* Yes (1)

Skip To: LEL\_2 If 1. Have you moved during the last 6 months? = 0

LEL\_1a Would you say that you moved to a neighborhood that is better, worse, or about the same as where you were living?

* Same (1)
* Better (2)
* Worse (3)

LEL\_1b Overall, would you say that your moving was a good or bad experience?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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| Page Break |  |

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LEL\_2 2. Have you broken off an engagement to be married or ended an intimate relationship during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_3 If 2. Have you broken off an engagement to be married or ended an intimate relationship during the l... = 0

LEL\_2a How would you rate your feelings about breaking up?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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LEL\_3 3. Did you get married during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_4 If 3. Did you get married during the last 6 months? = 0

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LEL\_3a Did you want to get married?

* No (0)
* Yes (1)

LEL\_3b Overall, would you rate getting married as a good or bad experience?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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LEL\_4 4. Did someone you were close to die during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_5 If 4. Did someone you were close to die during the last 6 months?  = 0

LEL\_4a Who died during the last 6 months?

* Spouse or intimate friend (1)
* Parent (2)
* Spouse's parent (3)
* Brother or sister (4)
* Child (5)
* Other relatives (6)
* Friend (7)
* Other (8)

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LEL\_5 5. Were you separated or divorced during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_6 If 5. Were you separated or divorced during the last 6 months? = 0

|  |
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LEL\_5a Did you want to get separated or divorced?

* No (0)
* Yes (1)

LEL\_5b Overall, would you rate your separation or divorce as a good or bad experience?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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LEL\_6 6. Did you break up with a close friend during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_7 If 6. Did you break up with a close friend during the last 6 months? = 0

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LEL\_6a Did you want to break up with this friend?

* No (0)
* Yes (1)

LEL\_6b Overall, would you rate your breaking up as a good or bad experience?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

|  |
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|  |

LEL\_6c Was the break up with this friend related to your sexual orientation?

* No (0)
* Yes (1)

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LEL\_7 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 the last question)?

* No (0)
* Yes (1)

Skip To: LEL\_8 If 7. Have you had any important relationship, for example, with your spouse, a close friend, your b... = 0

LEL\_7a With whom did an important relationship become significantly worse? (check all that apply)

* Boss (1)
* Spouse (2)
* Friend (3)
* Child (4)
* Parent (5)
* Other family member (6)

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LEL\_8 8. Did you have a child or adopt a child during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_9 If 8. Did you have a child or adopt a child during the last 6 months? = 0

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LEL\_8a Is this a first child?

* No (0)
* Yes (1)

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LEL\_8b Did you plan to have this child?

* No (0)
* Yes (1)

LEL\_8c Would you rate having a child and adjusting to having a child as a good or bad experience?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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LEL\_9 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 (0)
* Yes (1)

Skip To: LEL\_10 If 9. Have you, a very close friend, or close family member had an accident that required emergency... = 0

LEL\_9a Who had an accident that required emergency medical treatment during the last 6 months? (select all that apply)

* You (1)
* Spouse/Partner (2)
* Child (3)
* Parent (4)
* Spouse's Parent (5)
* Brother or Sister (6)
* Friend (7)
* Other (please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LEL\_10 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 (0)
* Yes (1)

Skip To: LEL\_11 If 10. Have you, a very close friend, or close family member been hospitalized for a serious (life-... = 0

LEL\_10a Who was hospitalized during the last 6 months? (select all that apply)

* You (1)
* Spouse/partner (2)
* Child (3)
* Parent (4)
* Spouse's parent (5)
* Brother or sister (6)
* Friend (7)
* Other (please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LEL\_11 11. Have/has you, your partner, or a surrogate been pregnant during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_132 If 11. Have/has you, your partner, or a surrogate been pregnant during the last 6 months? = 0

LEL\_11a How would you rate being pregnant?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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LEL\_13 12. Have/has you, your partner, or a surrogate had a miscarriage or stillbirth during the **last 6 months**?

* No (0)
* Yes (1)

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LEL\_14 13. Have you or your spouse/partner lost or changed jobs or been involuntarily unemployed during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_15 If 13. Have you or your spouse/partner lost or changed jobs or been involuntarily unemployed during... = 0

LEL\_14a Who lost or changed jobs or was involuntarily unemployed in the last 6 months?

* You (1)
* Spouse/partner (2)
* Both (3)

LEL\_14b Why did you (or spouse) leave? (answer only for you if both lost or changed jobs)

* On strike (1)
* Temporarily laid off (2)
* Fired (3)
* Found better job (4)
* Plant or business closing or reorganizing (5)
* Retired (6)
* Other (7)

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LEL\_14c Could you (or spouse) have stayed in your old job if you wanted?

* No (0)
* Yes (1)

LEL\_14d How would you rate your feelings about leaving your job? (or your spouse leaving his/her job)?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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LEL\_14e Was leaving your job because of issues related to your sexual orientation?

* No (0)
* Yes (1)

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LEL\_15 14. 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 (0)
* Yes (1)

Skip To: LEL\_16 If 14. During the last 6 months, have you or your spouse/partner suffered a significant business or... = 0

LEL\_15a Who suffered a significant business or investment loss or owns a business that failed?

* You (1)
* Spouse/partner (2)
* Both (3)

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LEL\_16  15. 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.)?

* No (0)
* Yes (1)

Skip To: LEL\_17 If  15. During the last 6 months, have you or your spouse/partner had any serious problems or disapp... = 0

LEL\_16a Who had serious problems or disappointment at school or in an educational course?

* You (1)
* Spouse/partner (2)
* Both (3)

LEL\_16b What was the disappointment? (answer only for you if both had disappointments)

* Demoted (1)
* Failed to get raise or promotion (2)
* Failed a course (3)
* Trouble with boss or coworkers (4)
* Put on academic probation (5)
* Failed to get into an educational course (college, training program, etc.) (6)
* Other (7)

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LEL\_16c Were the disappointments related to your sexual orientation?

* No (0)
* Yes (1)

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LEL\_17 16. 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 (0)
* Yes (1)

Skip To: LEL\_18 If 16. Have you or your spouse/partner had significant success at work or in an educational course (... = 0

LEL\_17a Who had significant success at work or in an educational course during the last 6 months?

* You (1)
* Spouse/partner (2)
* Both (3)

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LEL\_18 17. Has there been a significant change in your personal finances during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_19 If 17. Has there been a significant change in your personal finances during the last 6 months?  = 0

LEL\_18a Has the change in personal finances been for the better or worse?

* Better (1)
* Worse (2)

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LEL\_19 18. Has your house been broken into and/or burgled during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_20 If 18. Has your house been broken into and/or burgled during the last 6 months?  = 0

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LEL\_19a Was the break-in/burglary related to your sexual orientation?

* No (0)
* Yes (1)

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LEL\_20 19. Have you or your spouse/partner or other member of your immediate family been assaulted or mugged during the **last 6 months**?

* No (0)
* Yes (1)

Skip To: LEL\_21 If 19. Have you or your spouse/partner or other member of your immediate family been assaulted or mu... = 0

LEL\_20a Who was assaulted or mugged during the last 6 months? (select all that apply)

* You (1)
* Spouse/partner (2)
* Child (3)
* Parent (4)
* Brother or sister (5)
* Other (please specify) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LEL\_20b Was the assault/mugging related to your sexual orientation?

* No (0)
* Yes (1)

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LEL\_21 20. Has the behavior of any member of your family been a significant problem for you during the **last 6 months**?

* No (1)
* Yes (2)

Skip To: LEL\_22 If 20. Has the behavior of any member of your family been a significant problem for you during the l... = 1

LEL\_21a Who was a significant problem for you during the last 6 months? (select all that apply)

* Spouse/partner (1)
* Child (2)
* Parent (3)
* Brother or sister (4)
* Other (please specify) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LEL\_21b Were the problems related to your sexual orientation?

* No (0)
* Yes (1)

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LEL\_22 21. 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 (1)
* Yes (2)

Skip To: LEL\_23 If 21. Have you or your spouse/partner had to appear in court during the last 6 months as a defendan... = 1

LEL\_22a Who had to appear in court?

* You (1)
* Spouse/partner (2)
* Both (3)

LEL\_22b How would you rate the court experience?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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LEL\_23 22. 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 (0)
* Yes (1)

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LEL\_24 23. 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 (0)
* Yes (1)

Skip To: End of Block If 23. Other than the events we have already asked about, have any other important things happened t... = 0

LEL\_24a You can list up to three (3) events. Please do not feel obliged to include an additional event or events unless they were significant!

* No additional events (1)
* Event 1: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Event 2: (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Event 3: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LEL\_24event1 The following questions refer to event 1: ${LEL\_24a/ChoiceTextEntryValue/2}

LEL\_24event1a To whom?

* You (1)
* Spouse/partner (2)
* Child (3)
* Parent (4)
* Spouse's parent (5)
* Brother or sister (6)
* Friend (7)
* Other (please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEL\_24event1b What happened?

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LEL\_24event1c Did you want the event to happen?

* No (0)
* Yes (1)

LEL\_24event1d How would you rate your feelings about this event?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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LEL\_24event1e Was the event related to your sexual orientation?

* No (0)
* Yes (1)

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LEL\_24event2 The following questions refer to event 2: ${LEL\_24a/ChoiceTextEntryValue/3}

LEL\_24event2a To whom?

* You (1)
* Spouse/partner (2)
* Child (3)
* Parent (4)
* Spouse's parent (5)
* Brother or sister (6)
* Friend (7)
* Other (please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEL\_24event2b What happened?

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LEL\_24event2c Did you want the event to happen?

* No (0)
* Yes (1)

LEL\_24event2d How would you rate your feelings about this event?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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LEL\_24event2e Was the event related to your sexual orientation?

* No (0)
* Yes (1)

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LEL\_24event3 The following questions refer to event 3: ${LEL\_24a/ChoiceTextEntryValue/4}

LEL\_24event3a To whom?

* You (1)
* Spouse/partner (2)
* Child (3)
* Parent (4)
* Spouse's parent (5)
* Brother or sister (6)
* Friend (7)
* Other (please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEL\_24event3b What happened?

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LEL\_24event3c Did you want the event to happen?

* No (0)
* Yes (1)

LEL\_24event3d How would you rate your feelings about this event?

* Very good (1)
* Moderately good (2)
* Slightly good (3)
* Slightly bad (4)
* Moderately bad (5)
* Very bad (6)

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LEL\_24event3e Was the event related to your sexual orientation?

* No (0)
* Yes (1)

End of Block: Life Events List

Start of Block: General Life Stressor Topic Selection

StressorTopic 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** (since ${date://OtherDate/FL/-6%20month}) that are ***NOT*** *directly related to your sexual orientation*. 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.

* Experience 1 (most impactful): (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Experience 2: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Experience 3: (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Experience 4: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Experience 5 (least impactful): (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

StressorTopic\_optout If you did NOT have *any* stressful life experiences over the past 6 months, please check the box below.   
  
  
Note: If you are having trouble figuring out whether any experiences "count" as stressful life experiences, you can check with the research assistant for help.

* I did NOT have *any* stressful life experiences over the past 6 months (1)

Skip To: End of Block If If you did NOT have any stressful life experiences over the past 6 months, please check the box b... = 1

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Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 1 (most impactful): Is Not Empty

Or Or Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 2: Is Not Empty

Or Or Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 3: Is Not Empty

Or Or Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 4: Is Not Empty

Or Or Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 5 (least impactful): Is Not Empty

Q544 Next, please answer the following questions related to the experiences you previously ranked.

Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 1 (most impactful): Is Not Empty

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StressorExp1\_rating   
**Experience 1: ${StressorTopic/ChoiceTextEntryValue/1}**  
  
  
How much has this bothered you **over the past 6 months**?

* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 1 (most impactful): Is Not Empty

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StressorExp1\_prior   
Have you and your partner talked about this experience (experience 1) before?

* No (0)
* Yes (1)

Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 2: Is Not Empty

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StressorExp2\_rating   
**Experience 2: ${StressorTopic/ChoiceTextEntryValue/2}**  
  
  
How much has this bothered you **over the past 6 months**?

* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 2: Is Not Empty

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StressorExp2\_prior Have you and your partner talked about this experience (experience 2) before?

* No (0)
* Yes (1)

Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 3: Is Not Empty

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StressorExp3\_rating   
**Experience 3: ${StressorTopic/ChoiceTextEntryValue/3}**  
  
  
How much has this bothered you **over the past 6 months**?

* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 3: Is Not Empty

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StressorExp3\_prior Have you and your partner talked about this experience (experience 3) before?

* No (0)
* Yes (1)

Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 4: Is Not Empty

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StressorExp4\_rating   
**Experience 4: ${StressorTopic/ChoiceTextEntryValue/4}**  
  
  
How much has this bothered you **over the past 6 months**?

* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 4: Is Not Empty

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StressorExp4\_prior Have you and your partner talked about this experience (experience 4) before?

* No (0)
* Yes (1)

Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 5 (least impactful): Is Not Empty

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StressorExp5\_rating   
**Experience 5: ${StressorTopic/ChoiceTextEntryValue/5}**  
  
  
How much has this bothered you **over the past 6 months**?

* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

Display This Question:

If If Below are examples of stressful life experiences. <o:p></o:p> Fired or laid off from a job, out of work, or not working and this was not&nbsp;related to your sexual orientation<o:p></o:p> Move... Experience 5 (least impactful): Is Not Empty

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StressorExp5\_prior Have you and your partner talked about this experience (experience 5) before?

* No (0)
* Yes (1)

End of Block: General Life Stressor Topic Selection

Start of Block: Traumatic Life Events Questionnaire

TLEQ\_instructions **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.

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TLEQ\_1 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)?

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

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

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 2

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 3

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 4

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 5

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 6

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TLEQ\_1a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

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

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 2

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 3

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 4

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 5

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 6

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TLEQ\_1b Were you seriously injured?

* Yes (1)
* No (0)

Display This Question:

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

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 2

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 3

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 4

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 5

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 6

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TLEQ\_1c Was someone you cared about or close by seriously injured or killed?

* Yes (1)
* No (0)

Display This Question:

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

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 2

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 3

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 4

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 5

Or 1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)? = 6

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TLEQ\_1d Did you think you or a loved one was in danger of being killed by the disaster?

* Yes (1)
* No (0)

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TLEQ\_2 2. Were you involved in a motor vehicle accident for which you received medical attention or that badly injured or killed someone?

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 2. Were you involved in a motor vehicle accident for which you received medical attention or that... = 1

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

Or 2. Were you involved in a motor vehicle accident for which you received medical attention or that... = 3

Or 2. Were you involved in a motor vehicle accident for which you received medical attention or that... = 4

Or 2. Were you involved in a motor vehicle accident for which you received medical attention or that... = 5

Or 2. Were you involved in a motor vehicle accident for which you received medical attention or that... = 6

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TLEQ\_2a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 2. Were you involved in a motor vehicle accident for which you received medical attention or that... = 1

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

Or 2. Were you involved in a motor vehicle accident for which you received medical attention or that... = 3

Or 2. Were you involved in a motor vehicle accident for which you received medical attention or that... = 4

Or 2. Were you involved in a motor vehicle accident for which you received medical attention or that... = 5

Or 2. Were you involved in a motor vehicle accident for which you received medical attention or that... = 6

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TLEQ\_2b Were you seriously injured?

* Yes (1)
* No (0)

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TLEQ\_3 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 3. Have you been involved in any other kind of accident where you or someone else was badly hurt?... = 1

Or 3. Have you been involved in any other kind of accident where you or someone else was badly hurt?... = 2

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

Or 3. Have you been involved in any other kind of accident where you or someone else was badly hurt?... = 4

Or 3. Have you been involved in any other kind of accident where you or someone else was badly hurt?... = 5

Or 3. Have you been involved in any other kind of accident where you or someone else was badly hurt?... = 6

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TLEQ\_3a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 3. Have you been involved in any other kind of accident where you or someone else was badly hurt?... = 1

Or 3. Have you been involved in any other kind of accident where you or someone else was badly hurt?... = 2

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

Or 3. Have you been involved in any other kind of accident where you or someone else was badly hurt?... = 4

Or 3. Have you been involved in any other kind of accident where you or someone else was badly hurt?... = 5

Or 3. Have you been involved in any other kind of accident where you or someone else was badly hurt?... = 6

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TLEQ\_3b Were you seriously injured?

* Yes (1)
* No (0)

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TLEQ\_4a 4. Have you lived, worked, or had military service in a war zone?

* Yes (1)
* No (0)

Skip To: TLEQ\_5 If 4. Have you lived, worked, or had military service in a war zone? = 0

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TLEQ\_4b 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 1

Or Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 2

Or Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 3

Or Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 4

Or Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 5

Or Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 6

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TLEQ\_4c Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 1

Or Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 2

Or Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 3

Or Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 4

Or Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 5

Or Were you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or p... = 6

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TLEQ\_4d Were you seriously injured or wounded?

* Yes (1)
* No (0)

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TLEQ\_5 5. Have you experienced the sudden and unexpected death of a close friend or loved one?

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 5. Have you experienced the sudden and unexpected death of a close friend or loved one? = 1

Or 5. Have you experienced the sudden and unexpected death of a close friend or loved one? = 2

Or 5. Have you experienced the sudden and unexpected death of a close friend or loved one? = 3

Or 5. Have you experienced the sudden and unexpected death of a close friend or loved one? = 4

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

Or 5. Have you experienced the sudden and unexpected death of a close friend or loved one? = 6

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TLEQ\_5 Due to:

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|  | Yes (1) | No (0) |
| Accident? (TLEQ\_5a) |  |  |
| Illness? (TLEQ\_5b) |  |  |
| Suicide? (TLEQ\_5c) |  |  |
| Murder? (TLEQ\_5d) |  |  |

Display This Question:

If 5. Have you experienced the sudden and unexpected death of a close friend or loved one? = 1

Or 5. Have you experienced the sudden and unexpected death of a close friend or loved one? = 2

Or 5. Have you experienced the sudden and unexpected death of a close friend or loved one? = 3

Or 5. Have you experienced the sudden and unexpected death of a close friend or loved one? = 4

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

Or 5. Have you experienced the sudden and unexpected death of a close friend or loved one? = 6

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TLEQ\_5e Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

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TLEQ\_6 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 6. Has a loved one ever survived a life threatening or permanently disabling accident, assault, o... = 1

Or 6. Has a loved one ever survived a life threatening or permanently disabling accident, assault, o... = 2

Or 6. Has a loved one ever survived a life threatening or permanently disabling accident, assault, o... = 3

Or 6. Has a loved one ever survived a life threatening or permanently disabling accident, assault, o... = 4

Or 6. Has a loved one ever survived a life threatening or permanently disabling accident, assault, o... = 5

Or 6. Has a loved one ever survived a life threatening or permanently disabling accident, assault, o... = 6

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TLEQ\_6a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

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TLEQ\_7 7. Have you ever had a life threatening illness?

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 7. Have you ever had a life threatening illness? = 1

Or 7. Have you ever had a life threatening illness? = 2

Or 7. Have you ever had a life threatening illness? = 3

Or 7. Have you ever had a life threatening illness? = 4

Or 7. Have you ever had a life threatening illness? = 5

Or 7. Have you ever had a life threatening illness? = 6

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TLEQ\_7a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

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TLEQ\_8 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a weapon?

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 1

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 2

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 3

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 4

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 5

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 6

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TLEQ\_8a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 1

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 2

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 3

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 4

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 5

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 6

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TLEQ\_8b Were you seriously injured?

* Yes (1)
* No (0)

Display This Question:

If 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 1

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 2

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 3

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 4

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 5

Or 8. Have you been robbed or been present during a robbery--where the robber(s) used or displayed a... = 6

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TLEQ\_8c Was it because of your sexual orientation?

* Yes (please specify: how many times?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_9 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 1

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 2

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 3

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 4

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 5

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 6

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TLEQ\_9a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 1

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 2

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 3

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 4

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 5

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 6

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TLEQ\_9b Were you seriously injured?

* Yes (1)
* No (0)

Display This Question:

If 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 1

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 2

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 3

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 4

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 5

Or 9. Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn’t know... = 6

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TLEQ\_9c Was it because of your sexual orientation?

* Yes (please specify: how many times?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_10   
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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 10. Have you seen a stranger (or someone you didn’t know very well) attack or beat up someone and... = 1

Or 10. Have you seen a stranger (or someone you didn’t know very well) attack or beat up someone and... = 2

Or 10. Have you seen a stranger (or someone you didn’t know very well) attack or beat up someone and... = 3

Or 10. Have you seen a stranger (or someone you didn’t know very well) attack or beat up someone and... = 4

Or 10. Have you seen a stranger (or someone you didn’t know very well) attack or beat up someone and... = 5

Or 10. Have you seen a stranger (or someone you didn’t know very well) attack or beat up someone and... = 6

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TLEQ\_10a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

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TLEQ\_11 11. Has anyone threatened to kill you or cause you serious physical harm?

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 11. Has anyone threatened to kill you or cause you serious physical harm? = 1

Or 11. Has anyone threatened to kill you or cause you serious physical harm? = 2

Or 11. Has anyone threatened to kill you or cause you serious physical harm? = 3

Or 11. Has anyone threatened to kill you or cause you serious physical harm? = 4

Or 11. Has anyone threatened to kill you or cause you serious physical harm? = 5

Or 11. Has anyone threatened to kill you or cause you serious physical harm? = 6

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TLEQ\_11a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 11. Has anyone threatened to kill you or cause you serious physical harm? = 1

Or 11. Has anyone threatened to kill you or cause you serious physical harm? = 2

Or 11. Has anyone threatened to kill you or cause you serious physical harm? = 3

Or 11. Has anyone threatened to kill you or cause you serious physical harm? = 4

Or 11. Has anyone threatened to kill you or cause you serious physical harm? = 5

Or 11. Has anyone threatened to kill you or cause you serious physical harm? = 6

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TLEQ\_11b Was it because of your sexual orientation?

* Yes (please specify: how many times?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_12 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts, or broken bones?

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 1

Or 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 2

Or 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 3

Or 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 4

Or 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 5

Or 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 6

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TLEQ\_12a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 1

Or 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 2

Or 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 3

Or 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 4

Or 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 5

Or 12. While growing up, were you physically punished in a way that resulted in bruises, burns, cuts... = 6

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TLEQ\_12b Was it because of your sexual orientation?

* Yes (please specify: how many times?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_13 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 13. While growing up, did you see or hear family violence? (such as your father hitting your moth... = 1

Or 13. While growing up, did you see or hear family violence? (such as your father hitting your moth... = 2

Or 13. While growing up, did you see or hear family violence? (such as your father hitting your moth... = 3

Or 13. While growing up, did you see or hear family violence? (such as your father hitting your moth... = 4

Or 13. While growing up, did you see or hear family violence? (such as your father hitting your moth... = 5

Or 13. While growing up, did you see or hear family violence? (such as your father hitting your moth... = 6

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TLEQ\_13a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

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TLEQ\_14 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 1

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 2

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 3

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 4

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 5

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 6

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TLEQ\_14a Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 1

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 2

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 3

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 4

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 5

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 6

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TLEQ\_14b Were you seriously injured?

* Yes (1)
* No (0)

Display This Question:

If 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 1

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 2

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 3

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 4

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 5

Or 14. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your... = 6

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TLEQ\_14c Has more than one intimate partner physically hurt you?

* Yes (please specify: how many hurt you?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_15 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 1

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 2

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 3

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 4

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

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 6

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TLEQ\_15 Was this person a....

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (0) |
| stranger? (TLEQ\_15a) |  |  |
| friend or acquaintance? (TLEQ\_15b) |  |  |
| parent or caregiver? (TLEQ\_15c) |  |  |
| other relative? (TLEQ\_15d) |  |  |

Display This Question:

If 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 1

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 2

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 3

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 4

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

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 6

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TLEQ\_15e Was threat or force used?

* Yes (1)
* No (0)

Display This Question:

If 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 1

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 2

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 3

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 4

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

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 6

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TLEQ\_15f Were you seriously injured?

* Yes (1)
* No (0)

Display This Question:

If 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 1

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 2

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 3

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 4

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

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 6

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TLEQ\_15g Was there oral, anal, or vaginal penetration?

* Yes (1)
* No (0)

Display This Question:

If 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 1

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 2

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 3

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 4

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

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 6

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TLEQ\_15h Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 1

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 2

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 3

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 4

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

Or 15. Before your 13th birthday: Did anyone -- who was at least 5 years older than you -- touch or... = 6

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TLEQ\_15i Was it because of your sexual orientation?

* Yes (please specify: how many times?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_16 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 1

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 2

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 3

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 4

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 5

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 6

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TLEQ\_16 Was this person a....

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (0) |
| stranger? (TLEQ\_16a) |  |  |
| friend or acquaintance? (TLEQ\_16b) |  |  |
| relative? (TLEQ\_16c) |  |  |

Display This Question:

If 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 1

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 2

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 3

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 4

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 5

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 6

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TLEQ\_16d Was threat or force used?

* Yes (1)
* No (0)

Display This Question:

If 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 1

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 2

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 3

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 4

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 5

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 6

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TLEQ\_16e Were you seriously injured?

* Yes (1)
* No (0)

Display This Question:

If 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 1

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 2

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 3

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 4

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 5

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 6

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TLEQ\_16f Was there oral, anal, or vaginal penetration?

* Yes (1)
* No (0)

Display This Question:

If 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 1

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 2

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 3

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 4

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 5

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 6

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TLEQ\_16g Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 1

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 2

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 3

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 4

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 5

Or 16. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or ma... = 6

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TLEQ\_16h Was it because of your sexual orientation?

* Yes (please specify: how many times?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_17 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 1

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 2

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 3

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 4

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 5

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 6

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TLEQ\_17 Was this person a....

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (0) |
| stranger? (TLEQ\_17a) |  |  |
| friend or acquaintance? (TLEQ\_17b) |  |  |
| relative? (TLEQ\_17c) |  |  |
| intimate partner? (TLEQ\_17d) |  |  |

Display This Question:

If 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 1

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 2

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 3

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 4

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 5

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 6

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TLEQ\_17e Was threat or force used?

* Yes (1)
* No (0)

Display This Question:

If 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 1

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 2

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 3

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 4

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 5

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 6

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TLEQ\_17f Were you seriously injured?

* Yes (1)
* No (0)

Display This Question:

If 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 1

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 2

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 3

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 4

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 5

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 6

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TLEQ\_17g Was there oral, anal, or vaginal penetration?

* Yes (1)
* No (0)

Display This Question:

If 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 1

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 2

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 3

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 4

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 5

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 6

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TLEQ\_17h Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 1

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 2

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 3

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 4

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 5

Or 17. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your... = 6

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TLEQ\_17i Was it because of your sexual orientation?

* Yes (please specify: how many times?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_18 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 1

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 2

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 3

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 4

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 5

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 6

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TLEQ\_18 Was this person a....

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (0) |
| stranger? (TLEQ\_18a) |  |  |
| friend or acquaintance? (TLEQ\_18b) |  |  |
| relative? (TLEQ\_18c) |  |  |
| intimate partner? (TLEQ\_18d) |  |  |

Display This Question:

If 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 1

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 2

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 3

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 4

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 5

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 6

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TLEQ\_18e Was threat or force used?

* Yes (1)
* No (0)

Display This Question:

If 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 1

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 2

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 3

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 4

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 5

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 6

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TLEQ\_18f Were you seriously injured?

* Yes (1)
* No (0)

Display This Question:

If 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 1

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 2

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 3

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 4

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 5

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 6

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TLEQ\_18g Was there oral, anal, or vaginal penetration?

* Yes (1)
* No (0)

Display This Question:

If 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 1

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 2

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 3

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 4

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 5

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 6

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TLEQ\_18h Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 1

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 2

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 3

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 4

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 5

Or 18. After your 18th birthday: Did anyone  touch sexual parts of your body or make you touch sexua... = 6

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TLEQ\_18i Was it because of your sexual orientation?

* Yes (please specify: how many times?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_19 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)

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 1

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 2

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 3

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 4

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 5

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 6

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TLEQ\_19 Was this person a....

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (0) |
| stranger? (TLEQ\_19a) |  |  |
| friend or acquaintance? (TLEQ\_19b) |  |  |
| relative? (TLEQ\_19c) |  |  |
| supervisor/coworker? (TLEQ\_19d) |  |  |

Display This Question:

If 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 1

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 2

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 3

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 4

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 5

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 6

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TLEQ\_19e Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 1

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 2

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 3

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 4

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 5

Or 19. Were you ever subjected to uninvited or unwanted sexual attention? (other than sexual contact... = 6

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TLEQ\_19f Was it because of your sexual orientation?

* Yes (please specify: how many times?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_20 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 1

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 2

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 3

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 4

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 5

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 6

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TLEQ\_20 Was this person a....

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (0) |
| stranger? (TLEQ\_20a) |  |  |
| friend or acquaintance? (TLEQ\_20b) |  |  |
| relative? (TLEQ\_20c) |  |  |
| intimate partner? (TLEQ\_20d) |  |  |

Display This Question:

If 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 1

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 2

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 3

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 4

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 5

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 6

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TLEQ\_20e Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 1

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 2

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 3

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 4

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 5

Or 20. Has anyone stalked you -- in other words: followed you or kept track of your activities -- ca... = 6

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TLEQ\_20f Was it because of your sexual orientation?

* Yes (please specify: how many times?) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

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TLEQ\_23 21. 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 (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* More than 5 times (6)

Display This Question:

If 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 1

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 2

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 3

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 4

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 5

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 6

TLEQ\_23a Please describe:

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

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Display This Question:

If 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 1

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 2

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 3

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 4

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 5

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 6

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TLEQ\_23b Did you experience intense fear, helplessness, or horror when it happened?

* Yes (1)
* No (0)

Display This Question:

If 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 1

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 2

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 3

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 4

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 5

Or 21. Have you experienced (or seen) any other events that were life threatening, caused serious in... = 6

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TLEQ\_23c Were you seriously injured?

* Yes (1)
* No (0)

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TLEQ\_24 22. The events listed below correspond to the events you answered about in this questionnaire.  If any of these events happened to you, SELECT the number of the **ONE** event (only 1) that **causes you the MOST distress**?

* Natural disaster (1)
* Motor vehicle accident (2)
* "Other" kind of accident (3)
* Combat or warfare (4)
* Sudden death of friend/loved one (5)
* Life-threatening/disabling event to loved one (6)
* Robbery/weapon used (7)
* Assaulted by acquaintance or stranger (8)
* Witnessed severe assault to acquaintance or stranger (9)
* Threatened with death or serious harm (10)
* Growing up: witnessed family violence (11)
* Growing up: physically punished (12)
* Physically hurt by intimate partner (13)
* Before 13: sexual contact - someone 5 years older (14)
* Before 13: unwanted sexual contact (15)
* As a teen: unwanted sexual contact (16)
* As an adult: unwanted sexual contact (17)
* Sexual harassment (18)
* Stalked (19)
* Some "other" traumatic event (20)
* None of these events happened to me (21)

Skip To: End of Block If 22. The events listed below correspond to the events you answered about in this questionnaire.  I... = 21

TLEQ\_24anchor You indicated that the event that causes you the MOST distress was: **${TLEQ\_24/ChoiceGroup/SelectedChoices}**.   
  
  
Please answer the following questions about that event.

TLEQ\_24a When did this event (first) occur? (your age or date):

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

TLEQ\_24b When did this event last occur? (try to be precise  e.g., year, month, day):

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

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TLEQ\_24c How much distress (anxiety, worry, sadness, frustration, or grief) does this event cause you?

* No distress (0)
* Slight distress (1)
* Moderate distress (2)
* Considerable distress (3)
* Extreme distress (4)

End of Block: Traumatic Life Events Questionnaire

Start of Block: Negative Emotionality Scale

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

|  |  |  |
| --- | --- | --- |
|  | True (1) | False (0) |
| I often find myself worrying about something (NES\_1) |  |  |
| Some people go out of their way to keep me from getting ahead (NES\_2) |  |  |
| My feelings are rather easily hurt. (NES\_3) |  |  |
| I am easily "rattled" at critical moments. (NES\_4) |  |  |
| Many people try to push me around. (NES\_5) |  |  |
| Often I get irritated at little annoyances. (NES\_6) |  |  |
| I suffer from nervousness. (NES\_7) |  |  |
| I am usually happier when I am alone. (NES\_8) |  |  |
| When I get angry I am often ready to hit someone. (NES\_9) |  |  |
| I often find it difficult to sleep at night. (NES\_10) |  |  |
| My mood often goes up and down. (NES\_11) |  |  |
| I am more of a "loner" than most people. (NES\_12) |  |  |
| I have personal enemies who would like to harm me. (NES\_13) |  |  |
| Often I have feelings of unworthiness. (NES\_14) |  |  |
| Occasionally I experience strong emotions -- anxiety, anger -- without really knowing what causes them. (NES\_15) |  |  |
| People often say mean things about me. (NES\_16) |  |  |
| I am often nervous for no reason. (NES\_17) |  |  |
| 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. (NES\_18) |  |  |
| I feel that life has handed me a raw deal. (NES\_19) |  |  |
| I often feel fed-up. (NES\_20) |  |  |
| People rarely try to take advantage of me. (NES\_21) |  |  |
| Minor setbacks irritate me too much. (NES\_22) |  |  |
| Please skip this question. (DQS\_4) |  |  |
| My "friends" have often betrayed me. (NES\_23) |  |  |
| I worry about terrible things that might happen. (NES\_24) |  |  |
| I have often been lied to. (NES\_25) |  |  |
| When people insult me, I try to get even. (NES\_26) |  |  |
| There are days when I'm "on edge" all the time. (NES\_27) |  |  |
| At times I somehow feel the presence of someone who is not physically there. (NES\_28) |  |  |
| Sometimes I just like to hit someone. (NES\_29) |  |  |
| Sometimes people oppose me for no good reason. (NES\_30) |  |  |

End of Block: Negative Emotionality Scale

Start of Block: Affective Control Scale

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very strongly disagree (1) | Strongly disagree (2) | Disagree (3) | Neutral (4) | Agree (5) | Strongly agree (6) | Very strongly agree (7) |
| I am concerned that I will say things I'll regret when I get angry. (1) |  |  |  |  |  |  |  |
| I can get too carried away when I am really happy. (2) |  |  |  |  |  |  |  |
| Depression could really take me over, so it is important to fight off sad feelings. (3) |  |  |  |  |  |  |  |
| If I get depressed, I am quite sure that I'll bounce right back. (4) |  |  |  |  |  |  |  |
| I get so rattled when I am nervous that I cannot think clearly. (5) |  |  |  |  |  |  |  |
| Being filled with joy sounds great, but I am concerned that I could lose control over my actions if I get too excited. (6) |  |  |  |  |  |  |  |
| It scares me when I feel "shaky" (trembling). (7) |  |  |  |  |  |  |  |
| I am afraid that I will hurt someone if I get really furious. (8) |  |  |  |  |  |  |  |
| I feel comfortable that I can control my level of anxiety. (9) |  |  |  |  |  |  |  |
| Having an orgasm is scary for me because I am afraid of losing control. (10) |  |  |  |  |  |  |  |
| If people were to find out how angry I sometimes feel, the consequences might be pretty bad. (11) |  |  |  |  |  |  |  |
| When I feel good, I let myself go and enjoy it to the fullest. (12) |  |  |  |  |  |  |  |
| I am afraid that I could go into a depression that would wipe me out. (13) |  |  |  |  |  |  |  |
| When I feel really happy, I go overboard, so I don't like getting overly ecstatic. (14) |  |  |  |  |  |  |  |
| When I get nervous, I think that I am going to go crazy. (15) |  |  |  |  |  |  |  |
| I feel very comfortable in expressing angry feelings. (16) |  |  |  |  |  |  |  |
| I am able to prevent myself from becoming overly anxious. (17) |  |  |  |  |  |  |  |
| No matter how happy I become, I keep my feet firmly on the ground. (18) |  |  |  |  |  |  |  |
| I am afraid that I might try to hurt myself if I get too depressed. (19) |  |  |  |  |  |  |  |
| It scares me when I am nervous. (20) |  |  |  |  |  |  |  |
| Being nervous isn't pleasant, but I can handle it. (21) |  |  |  |  |  |  |  |
| I love feeling excited -- it is a great feeling. (22) |  |  |  |  |  |  |  |
| I worry about losing self-control when I am on cloud nine. (23) |  |  |  |  |  |  |  |
| There is nothing I can do to stop anxiety once it has started. (24) |  |  |  |  |  |  |  |
| When I start feeling "down," I think I might let the sadness go too far. (25) |  |  |  |  |  |  |  |
| Once I get nervous, I think that my anxiety might get out of hand. (26) |  |  |  |  |  |  |  |
| Being depressed is not so bad because I know it will soon pass. (27) |  |  |  |  |  |  |  |
| I would be embarrassed to death if I lost my temper in front of other people. (28) |  |  |  |  |  |  |  |
| When I get 'the blues,' I worry that they will pull me down too far. (29) |  |  |  |  |  |  |  |
| When I get angry, I don't particularly worry about losing my temper. (30) |  |  |  |  |  |  |  |
| Whether I am happy or not, my self-control stays about the same. (31) |  |  |  |  |  |  |  |
| When I get really excited about something, I worry that my enthusiasm will get out of hand. (32) |  |  |  |  |  |  |  |
| When I get nervous, I feel as if I am going to scream. (33) |  |  |  |  |  |  |  |
| I get nervous about being angry because I am afraid I will go too far, and I'll regret it later. (34) |  |  |  |  |  |  |  |
| I am afraid that I will babble or talk funny when I am nervous. (35) |  |  |  |  |  |  |  |
| Getting really ecstatic about something is a problem for me because sometimes being too happy clouds my judgment. (36) |  |  |  |  |  |  |  |
| Depression is scary to me -- I am afraid that I could get depressed and never recover. (37) |  |  |  |  |  |  |  |
| I don't really mind feeling nervous; I know it's just a passing thing. (38) |  |  |  |  |  |  |  |
| I am afraid that letting myself feel really angry about something could lead me into an unending rage. (39) |  |  |  |  |  |  |  |
| When I get nervous, I am afraid that I will act foolish. (40) |  |  |  |  |  |  |  |
| I am afraid that I'll do something dumb if I get carried away with happiness. (41) |  |  |  |  |  |  |  |
| I think my judgment suffers when I get really happy. (42) |  |  |  |  |  |  |  |

End of Block: Affective Control Scale

Start of Block: Coping Flexibility Scale

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CFS **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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very Applicable (3) | Applicable (2) | Somewhat Applicable (1) | Not Applicable (0) |
| When a stressful situation has not improved, I try to think of other ways to cope with it. (CFS\_1) |  |  |  |  |
| I only use certain ways to cope with stress. (CFS\_2) |  |  |  |  |
| When stressed, I use several ways to cope and make the situation better. (CFS\_3) |  |  |  |  |
| When I haven’t coped with a stressful situation well, I use other ways to cope with that situation. (CFS\_4) |  |  |  |  |
| If a stressful situation has not improved, I use other ways to cope with that situation. (CFS\_5) |  |  |  |  |
| I am aware of how successful or unsuccessful my attempts to cope with stress have been. (CFS\_6) |  |  |  |  |
| I fail to notice when I have been unable to cope with stress. (CFS\_7) |  |  |  |  |
| If I feel that I have failed to cope with stress, I change the way in which I deal with stress. (CFS\_8) |  |  |  |  |
| After coping with stress, I think about how well my ways of coping with stress worked or did not work. (CFS\_9) |  |  |  |  |
| This is a control question. Mark "Very Applicable" and move on. (DQS\_5) |  |  |  |  |
| If I have failed to cope with stress, I think of other ways to cope. (CFS\_10) |  |  |  |  |

End of Block: Coping Flexibility Scale

Start of Block: MINORITY STRESS SECTION

section3intro Look at you go! Half-way done already. This is the last part of the survey questions. These questions will ask you about various experiences you may have faced due to your sexual orientation.

End of Block: MINORITY STRESS SECTION

Start of Block: Sexual Orientation-Related Discrimination Inventory

SORDI\_instructions **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.

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SORDI\_1a **1. In the past 6 months (since ${date://OtherDate/FL/-6%20month}), has someone shielded a child from you or taken a child from you *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_1b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_2a **2.**   **In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), 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*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_2b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_3a **3.** **In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone stared at you *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_3b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_4a **4.**   **In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone given you a dirty look *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_4b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_5a **5.**     **In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone taken pictures of you to single you out *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_5b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_6a **6.**     **In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone laughed at you or made fun of you *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_6b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_7a **7.**     **In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone called you a derogatory name in a negative way (e.g., faggot, sissy, homo, queer, dyke, pervert) *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_7b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_8a **8.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), 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*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_8b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_9a **9.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone not offered you a job position or interview *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_9b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_10a **10.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), 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*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_10b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_11a **11.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been paid less than a straight coworker of equal standing for doing the same work?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_11b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_12a **12.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been denied housing *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_12b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_13a **13.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been evicted *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_13b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_14a **14.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you received inadequate medical services (e.g., a professional disregarded your complaints, did not provide proper treatment, etc.) *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_14b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_15a **15.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), 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*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_15b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_16a **16.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you received inadequate social services from government agencies *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_16b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_17a **17.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been denied or unable to receive medical services *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_17b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_18a **18.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been denied or unable to receive psychological or mental health services *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_18b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_19a **19.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been denied or unable to receive social services from government agencies *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_19b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_20a **20.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been dismissed or “written off” by law enforcement *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_20b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_21a **21.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been negatively targeted by law enforcement *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_21b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_22a **22.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has your property been destroyed or vandalized *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_22b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_23a **23.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been evaluated unfairly by a superior** **(e.g., teacher, professor, boss, supervisor, etc.) *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_23b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_24a **24.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been told NOT to bring a partner to a work event even though straight coworkers were able to?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_24b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_25a **25.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone tampered with your materials at work or at school *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_25b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_26a **26.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you received poor service at stores or restaurants *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_26b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_27a **27.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been denied service at stores or restaurants *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_27b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_28a **28.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone thrown objects at you *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_28b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_29a **29.**     In the past 6 months (since ${date://OtherDate/FL/-6%20month}), has someone spat on you or spat at you because of your sexual orientation?

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_29b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_30a **30.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone followed you *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_30b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_31a **31.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone stalked you *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_31b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_32a **32.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone threatened you with death or serious physical harm *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_32b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_33a **33.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), have you been pushed, shoved, slapped, punched, hit, kicked, beaten, choked, or assaulted with a weapon *because of your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_33b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_34a **34.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone sexually fondled or groped your genital area WITHOUT your consent *to discriminate against you* *based on your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_34b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

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SORDI\_35a **35.     In the past 6 months (since**${date://OtherDate/FL/-6%20month}**), has someone had oral, anal, or vaginal/frontal sex with you WITHOUT your consent *to discriminate against you based on your sexual orientation*?**

* Never (0)
* Once (1)
* Twice (2)
* 3 times (3)
* 4 times (4)
* 5 times (5)
* 6 times (6)
* 7 times (7)
* 8 times (8)
* 9 times (9)
* 10 times (10)
* 10+ times (11)

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SORDI\_35b How much has this bothered you?

* Not applicable (-999)
* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

End of Block: Sexual Orientation-Related Discrimination Inventory

Start of Block: Discrimination Topic Selection

DiscrimTopic 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** (since ${date://OtherDate/FL/-6%20month}). 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.

* Experience 1 (most impactful): (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Experience 2: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Experience 3: (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Experience 4: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Experience 5 (least impactful): (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DiscrimTopic\_optout If you did NOT have *any* experiences of discrimination over the past 6 months, please check the box below.   
  
  
Note: If you are having trouble figuring out whether any experiences "count" as discrimination, you can check with the research assistant for help.

* I did NOT have *any* experiences of discrimination over the past 6 months (1)

Skip To: End of Block If If you did NOT have any experiences of discrimination over the past 6 months, please check the bo... = 1

|  |  |
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| Page Break |  |

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 1 (most impactful): Is Not Empty

Or Or Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 2: Is Not Empty

Or Or Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 3: Is Not Empty

Or Or Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 4: Is Not Empty

Or Or Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 5 (least impactful): Is Not Empty

DiscrimExp\_instruct Next, please answer the following questions related to the experiences you previously ranked.

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 1 (most impactful): Is Not Empty

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DiscrimExp1\_rating   
**Experience 1: ${DiscrimTopic/ChoiceTextEntryValue/1}**  
  
  
How much has this bothered you **over the past 6 months**?

* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 1 (most impactful): Is Not Empty

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DiscrimExp1\_prior Have you and your partner talked about this experience (experience 1) before?

* No (0)
* Yes (1)

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 2: Is Not Empty

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DiscrimExp2\_rating   
**Experience 2: ${DiscrimTopic/ChoiceTextEntryValue/2}**  
  
  
How much has this bothered you **over the past 6 months**?

* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 2: Is Not Empty

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DiscrimExp2\_prior Have you and your partner talked about this experience (experience 2) before?

* No (0)
* Yes (1)

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 3: Is Not Empty

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DiscrimExp3\_rating   
**Experience 3: ${DiscrimTopic/ChoiceTextEntryValue/3}**  
  
  
How much has this bothered you **over the past 6 months**?

* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 3: Is Not Empty

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DiscrimExp3\_prior Have you and your partner talked about this experience (experience 3) before?

* No (0)
* Yes (1)

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 4: Is Not Empty

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DiscrimExp4\_rating   
**Experience 4: ${DiscrimTopic/ChoiceTextEntryValue/4}**  
  
  
How much has this bothered you **over the past 6 months**?

* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 4: Is Not Empty

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DiscrimExp4\_prior Have you and your partner talked about this experience (experience 4) before?

* No (0)
* Yes (1)

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 5 (least impactful): Is Not Empty

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DiscrimExp5\_rating   
**Experience 5: ${DiscrimTopic/ChoiceTextEntryValue/5}**  
  
  
How much has this bothered you **over the past 6 months**?

* Not at all bothered (0)
* A little bit or somewhat bothered (1)
* Moderately bothered (2)
* Very bothered (3)
* Extremely bothered (4)

Display This Question:

If If Below are examples of discrimination experiences related to sexual orientation.&nbsp; <o:p></o:p> Laughed at/made fun of because of your sexual orientation<o:p></o:p> Called a derogatory name ... Experience 5 (least impactful): Is Not Empty

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DiscrimExp5\_prior Have you and your partner talked about this experience (experience 5) before?

* No (0)
* Yes (1)

End of Block: Discrimination Topic Selection

Start of Block: Nebraska Outness Scale

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NOSD **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.)?**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0% (0) | 10% (1) | 20% (2) | 30% (3) | 40% (4) | 50% (5) | 60% (6) | 70% (7) | 80% (8) | 90% (9) | 100% (10) |
| Members of your immediate family (e.g., parents and siblings) (NOSD\_1) |  |  |  |  |  |  |  |  |  |  |  |
| Members of your extended family (e.g., aunts, uncles, grandparents, cousins) (NOSD\_2) |  |  |  |  |  |  |  |  |  |  |  |
| People you socialize with (e.g., friends and acquaintances) (NOSD\_3) |  |  |  |  |  |  |  |  |  |  |  |
| People at your work/school (e.g., coworkers, supervisors, instructors, students (NOSD\_4) |  |  |  |  |  |  |  |  |  |  |  |
| Strangers (e.g., someone you have a casual conversation with in line at the store) (NOSD\_5) |  |  |  |  |  |  |  |  |  |  |  |

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NOSC **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?**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0 - Never (0) | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 - Half the Time (5) | 6 (6) | 7 (7) | 8 (8) | 9 (9) | 10 - Always (10) |
| Members of your immediate family (e.g., parents and siblings) (NOSC\_1) |  |  |  |  |  |  |  |  |  |  |  |
| Members of your extended family (e.g., aunts, uncles, grandparents, cousins) (NOSC\_2) |  |  |  |  |  |  |  |  |  |  |  |
| People you socialize with (e.g., friends and acquaintances) (NOSC\_3) |  |  |  |  |  |  |  |  |  |  |  |
| People at your work/school (e.g., coworkers, supervisors, instructors, students) (NOSC\_4) |  |  |  |  |  |  |  |  |  |  |  |
| Strangers (e.g., someone you have a casual conversation with in line at the store) (NOSC\_5) |  |  |  |  |  |  |  |  |  |  |  |

End of Block: Nebraska Outness Scale

Start of Block: Everyday Discrimination Scale

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never (1) | Less than once a year (2) | A few times a year (3) | A few times a month (4) | At least once a week (5) | Almost every day (6) |
| You are treated with less courtesy than other people. (EDS\_1) |  |  |  |  |  |  |
| You are treated with less respect than other people. (EDS\_2) |  |  |  |  |  |  |
| You receive poorer service than other people at restaurants or stores. (EDS\_3) |  |  |  |  |  |  |
| This is an extra line. Leave this question blank. (DQS\_6) |  |  |  |  |  |  |
| People act as if they think you are not smart. (EDS\_4) |  |  |  |  |  |  |
| People act as if they are afraid of you. (EDS\_5) |  |  |  |  |  |  |
| People act as if they think you are dishonest. (EDS\_6) |  |  |  |  |  |  |
| People act as if they're better than you are. (EDS\_7) |  |  |  |  |  |  |
| You are called names or insulted. (EDS\_8) |  |  |  |  |  |  |
| You are threatened or harassed. (EDS\_9) |  |  |  |  |  |  |

End of Block: Everyday Discrimination Scale

Start of Block: Internalized Homophobia Scale

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IHS **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**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never (1) | Rarely (2) | Sometimes (3) | Often (4) |
| You felt it best to avoid personal or social involvement with other people who are LGBQ+. (IHS\_1) |  |  |  |  |
| You have tried to stop being attracted to the same sex/gender. (IHS\_2) |  |  |  |  |
| If someone offered you the chance to be completely heterosexual this past year, you would have accepted the offer. (IHS\_3) |  |  |  |  |
| You have wished you weren't LGBQ+. (IHS\_4) |  |  |  |  |
| You have felt alienated from yourself because of being LGBQ+. (IHS\_5) |  |  |  |  |
| You have wished that you could develop more erotic feelings towards the opposite sex/gender. (IHS\_6) |  |  |  |  |
| You have felt that being LGBQ+ is a personal shortcoming. (IHS\_7) |  |  |  |  |
| You would have liked to get professional help in order to change your sexual orientation from LGBQ+ to straight. (IHS\_8) |  |  |  |  |
| You have tried to become more sexually attracted to the opposite sex/gender. (IHS\_9) |  |  |  |  |

End of Block: Internalized Homophobia Scale

Start of Block: Heterosexist Harassment, Rejection, and Discrimination Scale

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never happened to you (1) | Once in awhile (less than 10% of the time) (2) | Sometimes (10–25% of the time) (3) | A lot (26–49% of the time) (4) | Most of the time (50–70% of the time) (5) | Almost all of the time (more than 70% of the time) (6) |
| How many times have you been treated unfairly by teachers or professors because you are lesbian, gay, bisexual, transgender or questioning? (HHRDS\_1) |  |  |  |  |  |  |
| How many times have you been treated unfairly by your employer, boss, or supervisors because you are lesbian, gay, bisexual, transgender or questioning? (HHRDS\_2) |  |  |  |  |  |  |
| 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? (HHRDS\_3) |  |  |  |  |  |  |
| 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? (HHRDS\_4) |  |  |  |  |  |  |
| How many times have you been treated unfairly by strangers because you are lesbian, gay, bisexual, transgender and questioning? (HHRDS\_5) |  |  |  |  |  |  |
| 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? (HHRDS\_6) |  |  |  |  |  |  |
| 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? (HHRDS\_7) |  |  |  |  |  |  |
| How many times have you been treated unfairly by your family because you are lesbian, gay, bisexual, transgender or questioning? (HHRDS\_8) |  |  |  |  |  |  |
| How many times have you been called a HETEROSEXIST name like dyke, fag, or other derogatory names? (HHRDS\_9) |  |  |  |  |  |  |
| 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? (HHRDS\_10) |  |  |  |  |  |  |
| How many times have you been rejected by family members because you are lesbian, gay, bisexual, transgender or questioning? (HHRDS\_11) |  |  |  |  |  |  |
| How many times have you been rejected by friends because you are lesbian, gay, bisexual, transgender or questioning? (HHRDS\_12) |  |  |  |  |  |  |
| How many times have you heard ANTI-LGBTQ remarks from family members? (HHRDS\_13) |  |  |  |  |  |  |
| How many times have you been verbally insulted because you are lesbian, gay, bisexual, transgender, or questioning? (HHRDS\_14) |  |  |  |  |  |  |

End of Block: Heterosexist Harassment, Rejection, and Discrimination Scale

Start of Block: Coping with Discrimination Scale

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never like me (1) | A little like me (2) | Sometimes like me (3) | Often like me (4) | Usually like me (5) | Always like me (6) |
| I try to educate people so that they are aware of discrimination. (CDS\_1) |  |  |  |  |  |  |
| I do not talk with others about my feelings. (CDS\_2) |  |  |  |  |  |  |
| I try to stop thinking about it by taking alcohol or drugs. (CDS\_3) |  |  |  |  |  |  |
| I respond by attacking others’ ignorant beliefs. (CDS\_4) |  |  |  |  |  |  |
| I wonder if I did something to provoke this incident. (CDS\_5) |  |  |  |  |  |  |
| I educate myself to be better prepared to deal with discrimination. (CDS\_6) |  |  |  |  |  |  |
| I’ve stopped trying to do anything. (CDS\_7) |  |  |  |  |  |  |
| I use drugs or alcohol to take my mind off things. (CDS\_8) |  |  |  |  |  |  |
| I get into an argument with the person. (CDS\_9) |  |  |  |  |  |  |
| I wonder if I did something to offend others. (CDS\_10) |  |  |  |  |  |  |
| I try to stop discrimination at the societal level. (CDS\_11) |  |  |  |  |  |  |
| It’s hard for me to seek emotional support from other people. (CDS\_12) |  |  |  |  |  |  |
| I do not use drugs or alcohol to help me forget about discrimination. (CDS\_13) |  |  |  |  |  |  |
| I do not directly challenge the person. (CDS\_14) |  |  |  |  |  |  |
| I wonder if I did something wrong. (CDS\_15) |  |  |  |  |  |  |
| I help people to be better prepared to deal with discrimination. (CDS\_16) |  |  |  |  |  |  |
| I do not have anyone to turn to for support. (CDS\_17) |  |  |  |  |  |  |
| I do not use alcohol or drugs to help me deal with it. (CDS\_18) |  |  |  |  |  |  |
| I try not to fight with the person who offended me. (CDS\_19) |  |  |  |  |  |  |
| I believe I may have triggered the incident. (CDS\_20) |  |  |  |  |  |  |
| I educate others about the negative impact of discrimination. (CDS\_21) |  |  |  |  |  |  |
| I have no idea what to do. (CDS\_22) |  |  |  |  |  |  |
| I use drugs or alcohol to numb my feelings. (CDS\_23) |  |  |  |  |  |  |
| I directly challenge the person who offended me. (CDS\_24) |  |  |  |  |  |  |
| I do not think that I caused this event to happen. (CDS\_25) |  |  |  |  |  |  |

End of Block: Coping with Discrimination Scale

Start of Block: Daily Heterosexist Experiences Questionnaire

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DHHQ 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**?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Did not happen/not applicable to me (0) | It happened, and it bothered me NOT AT ALL (1) | It happened, and it bothered me A LITTLE BIT (2) | It happened, and it bothered me MODERATELY (3) | It happened, and it bothered me QUITE A BIT (4) | It happened, and it bothered me EXTREMELY (5) |
| Being called names such as “fag” or “dyke” (DHHQ\_15) |  |  |  |  |  |  |
| People staring at you when you are out in public because you are LGBTQ+ (DHHQ\_29) |  |  |  |  |  |  |
| Being verbally harassed by strangers because you are LGBTQ+ (DHHQ\_44) |  |  |  |  |  |  |
| Being verbally harassed by people you know because you are LGBTQ+ (DHHQ\_45) |  |  |  |  |  |  |
| Being treated unfairly in stores or restaurants because you are LGBTQ+ (DHHQ\_46) |  |  |  |  |  |  |
| This is a control question. Mark "It happened, and it bothered me EXTREMELY" and move on. (DQS\_7) |  |  |  |  |  |  |
| People laughing at you or making jokes at your expense because you are LGBTQ+ (DHHQ\_49) |  |  |  |  |  |  |
| Being punched, hit, kicked, or beaten because you are LGBTQ+ (DHHQ\_76) |  |  |  |  |  |  |
| Being assaulted with a weapon because you are LGBTQ+ (DHHQ\_77) |  |  |  |  |  |  |
| Being raped or sexually assaulted because you are LGBTQ+ (DHHQ\_78) |  |  |  |  |  |  |
| Having objects thrown at you because you are LGBTQ+ (DHHQ\_79) |  |  |  |  |  |  |
| Being sexually harassed because you are LGBTQ+ (DHHQ\_80) |  |  |  |  |  |  |

End of Block: Daily Heterosexist Experiences Questionnaire

Start of Block: Gay-Related Rejection Sensitivity

Q381 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.

GRRS\_1 **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.**

GRRS\_1anx How **concerned** or **anxious** would you be that they don't talk to you because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_1likely How likely is it that they didn’t talk to you because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_2 **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.**

GRRS\_2anx How **concerned** or **anxious** would you be that the mom took him away because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_2likely How likely is it that the mom took him away because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_3 **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.**

GRRS\_3anx How **concerned** or **anxious** would you be that the invite was addressed only to you because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_3likely How likely is it that the invite was addressed only to you because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_4 **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.**

GRRS\_4anx How **concerned** or **anxious** would you be that you didn't get the job because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_4likely How likely is it that you didn't get the job because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_5 **5. You are going to have surgery, and the doctor tells you that he would like to give you an HIV test.**

GRRS\_5anx How **concerned** or **anxious** would you be that he gave you an HIV test because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_5likely How likely is it that he gave you an HIV test because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_6 **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?"**

GRRS\_6anx How **concerned** or **anxious** would you be that she asked her co-worker to draw your blood because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_6likely How likely is it that she asked her co-worker to draw your blood because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_7 **7. You go to get an STI checkup, and the man taking your sexual history is rude towards you.**

GRRS\_7anx How **concerned** or **anxious** would you be that he is rude towards you because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_7likely How likely is it that he is rude towards you because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_8 **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.**

GRRS\_8anx How **concerned** or **anxious** would you be that you were seated there because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_8likely How likely is it that you were seated there because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_9 **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.**

GRRS\_9anx How **concerned** or **anxious** would you be that she lied to you because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_9likely How likely is it that she lied to you because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_10 **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.**

GRRS\_10anx How **concerned** or **anxious** would you be that no one talks to you because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_10likely How likely is it that no one talks to you because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_11 **11. You are in a locker room in a straight gym. One person nearby moves to another area to change clothes.**

GRRS\_11anx How **concerned** or **anxious** would you be that the person moved to another area to change because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_11likely How likely is it that the person moved to another area to change because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

GRRS\_12 **12. Your colleagues are celebrating a co-worker's birthday at a restaurant. You are not invited.**

GRRS\_12anx How **concerned** or **anxious** would you be that they did not invite you because of your sexual orientation?

* 1 - Very Unconcerned (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Concerned (6)

GRRS\_12likely How likely is it that they did not invite you because of your sexual orientation?

* 1 - Very Unlikely (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 - Very Likely (6)

End of Block: Gay-Related Rejection Sensitivity

Start of Block: Pre Discussion 1 (PANAS)

PANASpre\_prompt You're almost ready to participate in the discussions with your partner. Before that starts, please answer the questionnaire below.

|  |
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PANAS1 **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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very slightly or not at all (1) | A little (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
| interested (PANAS1\_1) |  |  |  |  |  |
| distressed (PANAS1\_2) |  |  |  |  |  |
| excited (PANAS1\_3) |  |  |  |  |  |
| upset (PANAS1\_4) |  |  |  |  |  |
| strong (PANAS1\_5) |  |  |  |  |  |
| guilty (PANAS1\_6) |  |  |  |  |  |
| scared (PANAS1\_7) |  |  |  |  |  |
| hostile (PANAS1\_8) |  |  |  |  |  |
| enthusiastic (PANAS1\_9) |  |  |  |  |  |
| proud (PANAS1\_10) |  |  |  |  |  |
| irritable (PANAS1\_11) |  |  |  |  |  |
| alert (PANAS1\_12) |  |  |  |  |  |
| ashamed (PANAS1\_13) |  |  |  |  |  |
| inspired (PANAS1\_14) |  |  |  |  |  |
| nervous (PANAS1\_15) |  |  |  |  |  |
| determined (PANAS1\_16) |  |  |  |  |  |
| attentive (PANAS1\_17) |  |  |  |  |  |
| jittery (PANAS1\_18) |  |  |  |  |  |
| active (PANAS1\_19) |  |  |  |  |  |
| afraid (PANAS1\_20) |  |  |  |  |  |

End of Block: Pre Discussion 1 (PANAS)

Start of Block: DISCUSSIONS SECTION

PreDisc1 Wonderful! You are now finished with the survey questions. **Please leave this window/tab open.** You can now let the research assistant know that you are finished and are ready for the discussions.

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PreDisc1\_PW Password from research assistant to continue:

End of Block: DISCUSSIONS SECTION

Start of Block: Post Discussion 1 & Pre Discussion 2 (PANAS + post-discussions ?'s)

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PANAS2 **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.

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| --- | --- | --- | --- | --- | --- |
|  | Very slightly or not at all (1) | A little (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
| interested (PANAS2\_1) |  |  |  |  |  |
| distressed (PANAS2\_2) |  |  |  |  |  |
| excited (PANAS2\_3) |  |  |  |  |  |
| upset (PANAS2\_4) |  |  |  |  |  |
| strong (PANAS2\_5) |  |  |  |  |  |
| guilty (PANAS2\_6) |  |  |  |  |  |
| scared (PANAS2\_7) |  |  |  |  |  |
| hostile (PANAS2\_8) |  |  |  |  |  |
| enthusiastic (PANAS2\_9) |  |  |  |  |  |
| proud (PANAS2\_10) |  |  |  |  |  |
| irritable (PANAS2\_11) |  |  |  |  |  |
| alert (PANAS2\_12) |  |  |  |  |  |
| ashamed (PANAS2\_13) |  |  |  |  |  |
| inspired (PANAS2\_14) |  |  |  |  |  |
| nervous (PANAS2\_15) |  |  |  |  |  |
| determined (PANAS2\_16) |  |  |  |  |  |
| attentive (PANAS2\_17) |  |  |  |  |  |
| jittery (PANAS2\_18) |  |  |  |  |  |
| active (PANAS2\_19) |  |  |  |  |  |
| afraid (PANAS2\_20) |  |  |  |  |  |

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Post1\_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 (1)
* 2 (2)
* 3 - Moderately similar (3)
* 4 (4)
* 5 - Exactly alike (5)

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Post1\_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 (1)
* 2 (2)
* 3 - Moderately important (3)
* 4 (4)
* 5 - Extremely important (5)

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Post1\_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 (1)
* 2 (2)
* 3 - Moderately frequent (3)
* 4 (4)
* 5 - Extremely frequent (5)

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| Page Break |  |

PreDisc2 Thank you! **Please leave this window/tab open.** You can now let the research assistant know that you are finished and are ready for the next discussion.

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PreDisc2\_PW Password from research assistant to continue:

End of Block: Post Discussion 1 & Pre Discussion 2 (PANAS + post-discussions ?'s)

Start of Block: Post Discussion 2 & Pre Discussion 3 (PANAS + post-discussions ?'s)

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PANAS3 **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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very slightly or not at all (1) | A little (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
| interested (PANAS3\_1) |  |  |  |  |  |
| distressed (PANAS3\_2) |  |  |  |  |  |
| excited (PANAS3\_3) |  |  |  |  |  |
| upset (PANAS3\_4) |  |  |  |  |  |
| strong (PANAS3\_5) |  |  |  |  |  |
| guilty (PANAS3\_6) |  |  |  |  |  |
| scared (PANAS3\_7) |  |  |  |  |  |
| hostile (PANAS3\_8) |  |  |  |  |  |
| enthusiastic (PANAS3\_9) |  |  |  |  |  |
| proud (PANAS3\_10) |  |  |  |  |  |
| irritable (PANAS3\_11) |  |  |  |  |  |
| alert (PANAS3\_12) |  |  |  |  |  |
| ashamed (PANAS3\_13) |  |  |  |  |  |
| inspired (PANAS3\_14) |  |  |  |  |  |
| nervous (PANAS3\_15) |  |  |  |  |  |
| determined (PANAS3\_16) |  |  |  |  |  |
| attentive (PANAS3\_17) |  |  |  |  |  |
| jittery (PANAS3\_18) |  |  |  |  |  |
| active (PANAS3\_19) |  |  |  |  |  |
| afraid (PANAS3\_20) |  |  |  |  |  |

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Post2\_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 (1)
* 2 (2)
* 3 - Moderately similar (3)
* 4 (4)
* 5 - Exactly alike (5)

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Post2\_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 (1)
* 2 (2)
* 3 - Moderately important (3)
* 4 (4)
* 5 - Extremely important (5)

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Post2\_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 (1)
* 2 (2)
* 3 - Moderately frequent (3)
* 4 (4)
* 5 - Extremely frequent (5)

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| Page Break |  |

PreDisc3 Thank you! **Please leave this window/tab open.** You can now let the research assistant know that you are finished and are ready for the next discussion.

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PreDisc3\_PW Password from research assistant to continue:

End of Block: Post Discussion 2 & Pre Discussion 3 (PANAS + post-discussions ?'s)

Start of Block: Post Discussion 3 (PANAS + post-discussions ?'s)

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PANAS4 **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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very slightly or not at all (1) | A little (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
| interested (PANAS4\_1) |  |  |  |  |  |
| distressed (PANAS4\_2) |  |  |  |  |  |
| excited (PANAS4\_3) |  |  |  |  |  |
| upset (PANAS4\_4) |  |  |  |  |  |
| strong (PANAS4\_5) |  |  |  |  |  |
| guilty (PANAS4\_6) |  |  |  |  |  |
| scared (PANAS4\_7) |  |  |  |  |  |
| hostile (PANAS4\_8) |  |  |  |  |  |
| enthusiastic (PANAS4\_9) |  |  |  |  |  |
| proud (PANAS4\_10) |  |  |  |  |  |
| irritable (PANAS4\_11) |  |  |  |  |  |
| alert (PANAS4\_12) |  |  |  |  |  |
| ashamed (PANAS4\_13) |  |  |  |  |  |
| inspired (PANAS4\_14) |  |  |  |  |  |
| nervous (PANAS4\_15) |  |  |  |  |  |
| determined (PANAS4\_16) |  |  |  |  |  |
| attentive (PANAS4\_17) |  |  |  |  |  |
| jittery (PANAS4\_18) |  |  |  |  |  |
| active (PANAS4\_19) |  |  |  |  |  |
| afraid (PANAS4\_20) |  |  |  |  |  |

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Post3\_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 (1)
* 2 (2)
* 3 - Moderately similar (3)
* 4 (4)
* 5 - Exactly alike (5)

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Post3\_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 (1)
* 2 (2)
* 3 - Moderately important (3)
* 4 (4)
* 5 - Extremely important (5)

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Post3\_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 (1)
* 2 (2)
* 3 - Moderately frequent (3)
* 4 (4)
* 5 - Extremely frequent (5)

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| Page Break |  |

VideoConsent **Project Title**: Stress and Support Among Sexual Minority Couples   **Principal Investigators**: K. Daniel O’Leary, Ph.D. (Faculty) **Co-Investigator**: Joanne Davila, Ph.D. (Faculty); Timothy Sullivan, B.A. (Graduate Student) **Departmen**t: Psychology   We are seeking your permission to use clips from the video-recorded portion of this study in ways beyond those indicated in the initial consent form. You have already agreed for your video recordings to be used for research purposes. We are now asking whether you give permission for your video recordings to be shown to others outside of our research team as part of professional training, teaching, and presentation at scientific meetings.   Your decision to grant permission for use of your video recordings on this form will not influence your participation in the study and it will not impact compensation that you will receive for participation. **We will only use video recordings for additional purposes if both you and your partner grant permission by selecting the “Yes” box below.**   **Do you give permission for video recordings to be used for professional training, teaching, and presentations at scientific meetings?** Please select an option to indicate that you understand and agree to the statement.

* Yes, I grant permission to use video recordings of me and my partner for research purposes AND professional training, teaching, and presentations at scientific meetings. (1)
* No, I grant permission to use video recordings of me and my partner for research purposes only. (2)

End of Block: Post Discussion 3 (PANAS + post-discussions ?'s)