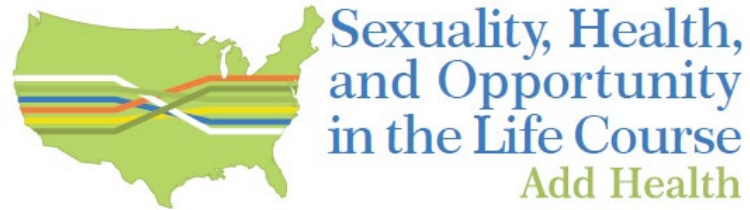


2023

Add Health Documentation



Report prepared by

Kerith J. Conron

Dana R. Burshell

Carolyn T. Halpern

Sexual Orientation/ Gender Identity, Socioeconomic Status, and Health across the Life Course (SOGI-SES) Survey with Specifications



CAROLINA POPULATION CENTER | CAROLINA SQUARE - SUITE 210 | 123 WEST FRANKLIN STREET | CHAPEL HILL, NC 27516

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Tips to Use This Survey

SOGI-SES used an online survey; there was no paper survey option. The programmed survey uses extensive skip patterns to simplify content flow and decrease burden for respondents. All survey questions, skip logic, and programmer notes are included below. For data analysis purposes, we recommend using this document in combination with the study's Codebooks, Index (located at the end of the Restricted-Use Codebook) and associated User Guide available at Add Health's website - <https://addhealth.cpc.unc.edu/>.

Note that some sections and variables do not have a number and are not included in the Codebooks or Index. Questions given the QNA (Question Not Available) designation are not included in the Codebooks due to confidentiality issues, or because they are for internal use only. Examples include, but are not limited to, questions related to identity confirmation, geography, write-ins, and contact information.

Below are some general guidelines to better understand the respondent's online survey experience.

- Respondents were permitted to leave a question blank to indicate a DK/REF response, except for questions that are noted as *REQUIRED*.
- For all radio button questions, a "clear" option was available, allowing respondents to reset the response options after initially choosing a response.
- Skip logic and programmer notes are indicated by brackets []. S#Q# is used when referring to a different survey section
- "Next" and "Back" buttons were displayed on every survey screen as appropriate.
- **Blue** indicates that the users could access a clickable definition from the glossary.
- Items usually appeared one question per screen. Tables were presented as tables when respondents were using a computer screen but appeared as individual questions on mobile platforms.

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Introduction

[PROGRAMMER NOTE: RANDOMIZE MOTIVATIONAL MESSAGING MOTIV1 AND MOTIV2. EACH RESPONDENT SHOULD RECEIVE MOTIV1 OR MOTIV2.]

MOTIV1 We appreciate your time and willingness to answer our questions.

If you need to log into the survey more than one time, please use the same username and password.

If you are having difficulties with the survey, please contact us at 1-866-382-6814 or at addhealth@rti.org, and we will work to accommodate you as best we can.

MOTIV2 We appreciate your time and willingness to answer our questions.

We know that your time is important and that you are juggling many commitments.

Thank you for making time to complete this survey.

If you need to log into the survey more than one time, please use the same username and password.

If you are having difficulties with the survey, please contact us at 1-866-382-6814 or at addhealth@rti.org, and we will work to accommodate you as best we can.

Identity Verification

QNA1 It is important that only the Add Health sample member complete this survey.

To confirm you are the correct Add Health participant, please indicate your date of birth and school you attended in 1994-1995.

[PROGRAMMER NOTE: THIS QUESTION IS REQUIRED]

QNA2 What is your date of birth?

- __ Month (*drop down menu, range 1-12*)
- __ Day (*drop down menu, range 1-31*)
- __ Year (*drop down menu, range 1974-1983*)

Soft check if blank: Please enter your date of to confirm that you are the correct Add Health participant.

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DEFINE CALCAGE:

CALCAGE = AGE CALCULATED BY "SUBTRACTING" DATE OF BIRTH FROM DATE OF INTERVIEW.

QNA3 What school did you attend during the 1994-1995 school year? **REQUIRED**

- ___ School name (write in)
- ___ City (write in)
- ___ State (drop down menu)

Soft check if blank: Please enter the school you went to between 1994-1995 to confirm that you are the correct Add Health participant. Please click the 'Close' button to return to the survey and provide an answer.

Soft check if blank after first soft check: In order to continue on with the survey you must enter a response. This information helps us to confirm that you are the correct respondent. If you choose not to complete this question, the survey will close.

[IF BLANK AFTER ALL SOFT CHECKS: [GO TO RESOURCES]]

Section 1: Education (ED)

Q1 What is the highest level of education that you have achieved?

- | | |
|---|---|
| ○ 8 th grade or less | ○ Some graduate school |
| ○ Some high school | ○ Completed a master's degree |
| ○ High school diploma | ○ Some graduate training beyond a master's degree |
| ○ GED | ○ Completed a doctoral degree |
| ○ Some vocational/technical training (after high school) | ○ Some post baccalaureate professional education (such as law school, medical school, nursing school) |
| ○ Some community college | ○ Completed a post baccalaureate professional degree (such as law, medicine, nursing) |
| ○ Completed vocational/technical training (after high school) | |
| ○ Associate or junior college degree | |
| ○ Some college | |
| ○ Completed college (bachelor's degree) | |

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Geography

QNA1 What state do you live in?

_____ (drop down)

[PROGRAMMER NOTE: INCLUDE “Any US territory” and “Outside the US” AT THE END OF THE DROP DOWN]

Section 2: COVID-19 (CO)

INTRO1 Many people have experienced financial and personal difficulties because of COVID-19 (coronavirus).

Q1 Did you or other adult household family members have any of the following experiences because of COVID-19 (coronavirus)? *Select all that apply.*

	You (a)	Other Adult Household Family Members (b)	Neither or Not Applicable (c)
A. Less paid work because an employer reduced your hours, including being put on leave (furloughed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Less paid work if <u>self- employed</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Less paid work because you had to provide care to children, elders, or other dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Job loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[PROGRAMMER NOTE: IF RESPONDENT CHOOSES YOU AND/OR OTHER, DO NOT ALLOW THE NEITHER/NOT APPLICABLE OPTION]

Q2 Were you, a family member or close friend hospitalized because of COVID-19 (coronavirus)?

- No
- Yes

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Q3 Has a family member or close friend died from complications related to COVID-19 (coronavirus)?

- No
- Yes

Section 3: Employment (EM)

Q1 These next questions are about your employment experiences.
Are you currently working for pay?

- Yes
- No, but I have worked for pay in the past
- No, I have never worked for pay

[PROGRAMMER NOTE: IF DID NOT ANSWER Q1, SKIP TO SECTION 4]

Q2 [Q1 = YES]
On how many jobs are you currently working for pay?

- _____ Jobs *Number from 1 to 20*

Soft Check if more than 5 jobs: You have reported you have [NUMBER] jobs. Please review the previous roster response and change if needed. Then click Close to close this message.

Q3 [IF Q2 = 1]
How many total hours a week do you usually spend at your job?

[IF Q2 > 1]
How many total hours a week do you usually spend at all your jobs?

- ____ Total hours *Number from 1 to 168*

Soft Check if more than 100 hours: There are 168 hours in a week. Please review the previous response and change if needed. Then click Close to close this message.

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Q4 [IF Q2 = 1]
How long have you been at your **current** job?

[IF Q2 > 1]

If you have more than one job, think about the one job where you work the most hours. How long have you been at your **current** job?

- Less than one year
- 1-2 years
- 3-5 years
- Over 5 years

Q5 [IF Q1 = YES]

Which one of the following best describes your **current** chief job activity or business?

- Active duty military
- An employee of a private for-profit company or business, or of an individual, for wages, salary, or commissions
- An employee of a private not-for-profit, tax-exempt, or charitable organization
- A local government employee (such as city, county)
- A state government employee
- A federal government employee
- Self-employed

Q6 [IF Q1 = NO, BUT I HAVE WORKED FOR PAY IN THE PAST]

In what month and year did you **last** work?

- _____ Month *Number from 1 to 12*
- _____ Year *Number from 1980 to 2021*

Q7 [IF Q1 = NO, BUT I HAVE WORKED FOR PAY IN THE PAST]

Which one of the following best describes your chief job activity or business **when you last worked**?

- Active duty military
- An employee of a private for-profit company or business, or of an individual, for wages, salary, or commissions
- An employee of a private not-for-profit, tax-exempt, or charitable organization
- A local government employee (such as city, county)
- A state government employee
- A federal government employee
- Self-employed

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Q8 [IF Q1 = NO, BUT I HAVE WORKED FOR PAY IN THE PAST]
Which one of the following categories best describes what you are doing right now?

- Temporarily laid off
- On sick leave or temporarily disabled
- On family (maternity/paternity) leave
- Permanently disabled
- Unemployed and looking for work
- Unemployed and not looking for work
- Student
- Raising a family or caregiving
- Retired
- Working without pay in family business or farm
- Other

Q9 [IF Q1 = NO, I HAVE NEVER WORKED FOR PAY]
Which one of the following categories best describes what you are doing right now?

- Permanently disabled
- Unemployed and looking for work
- Unemployed and not looking for work
- Student
- Raising a family or caregiving
- Working without pay in family business or farm
- Other

Glossary

There may be terms in the survey you may not be familiar with. Below is a list of words and their meanings. To view these while completing the survey, click on the [icon/underlined word].

Cisgender/non-transgender. The term *cisgender* describes a person whose gender identity is the same as their birth sex. For example, a person born into a male body who identifies as a man.

Gender identity. *Gender identity* is a person’s internal sense of gender (such as being a man, a woman, or a gender non-binary/genderqueer person).

Gender non-binary/genderqueer. These terms are used by some people to describe a gender identity that is not exclusively male or female and extends beyond the categories of man and woman.

Transgender. The term *transgender* describes a person whose gender identity is different from their birth sex (often called the sex that they were *assigned at birth*.) For example, a person born into a male body,


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but who feels female and may live as a woman. Some individuals who fit this definition may use the term transgender to describe their gender identity, while others do not.

Sex and sex assigned at birth. Sex refers to biological differences between males and females. The information recorded on a birth certificate by a doctor or nurse is often called *sex assigned at birth*.

Sexual orientation. A term used to describe sexual and romantic attractions, whether a person has sex with men, women, gender non-binary people, or no one, and/or their identity (such as straight, gay, lesbian, bisexual, queer, same-gender loving, asexual).

[PROGRAMMER NOTE: MAKE EACH TERM CLICKABLE FOR DEFINITION THROUGHOUT THE SURVEY BY CLICKING THIS ICON  NEXT TO EACH QUESTION WITH THE TERM.]

Section 4: Gender Identity (GI)

Gender Identity and Sex Assigned at Birth

Q1 These next questions ask about different aspects of sexuality and gender.

What is your current **gender identity**? *Select all that apply*

[PROGRAMMER NOTE: REQUIRED]

- Male
- Female
- Transgender
- Gender non-binary/genderqueer
- I am not sure of my gender identity (I am “questioning” my gender identity)
- I do not know what this question is asking

Soft check: Your response to this question is important to our research and is needed for you to complete the survey. Please provide an answer.

Soft check if blank after first soft check: There are a few questions in this survey that are needed to make sure we only ask questions that apply to you and your experience. Please consider answering this question. If you choose not to complete this question, the survey will close.

[IF BLANK AFTER ALL SOFT CHECKS: [GO TO RESOURCES]]

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Q2 What **sex were you assigned at birth**, on your original birth certificate?

[PROGRAMMER NOTE: REQUIRED]

- Male
- Female

Soft check: Your response to this question is important to our research and is needed for you to complete the survey. Please provide an answer.

Soft check if blank after first soft check: There are a few questions in this survey that are needed to make sure we only ask questions that apply to you and your experience. Please consider answering this question. If you choose not to complete this question, the survey will close.

[IF BLANK AFTER ALL SOFT CHECKS: [GO TO RESOURCES]]

DEFINE GENDERFILL

IF Q1 = MALE, THEN "male"

IF Q1 = FEMALE, THEN "female"

IF Q1 = TRANSGENDER, THEN "transgender"

IF Q1 = GENDER NON-BINARY/GENDERQUEER, THEN "gender non-binary or genderqueer"

IF Q1 = I AM NOT SURE OF MY GENDER IDENTITY (I AM "QUESTIONING" MY GENDER IDENTITY), THEN "not sure of or questioning your gender identity"

IF Q1 = MORE THAN ONE RESPONSE OPTION, THEN FILL ALL RESPONSES IN ORDER SEPERATED BY COMMAS AND INCLUDE "and" BEFORE LAST RESPONSE.

NO FILL FOR I DO NOT KNOW WHAT THIS QUESTION IS ASKING

DEFINE SEXFILL

IF Q2 = MALE, THEN "male"

IF Q2 = FEMALE, THEN "female"

QNA1 [IF Q1 NE **ONLY** I DO NOT KNOW WHAT THIS QUESTION IS ASKING]

Just to confirm, you were assigned [SEXFILL] at birth and currently describe yourself as [GENDERFILL].

Is that correct?

- No, that is not correct
- Yes, that is correct

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QNA2 [IF QNA1 = NO, THAT IS NOT CORRECT]

What is your current **gender identity**? *Select all that apply*

[PROGRAMMER NOTE: REQUIRED]

- Male
- Female
- Transgender
- Gender non-binary/genderqueer
- I am not sure of my gender identity (I am “questioning” my gender identity)
- I do not know what this question is asking

Soft check: Your response to this question is important to our research and is needed for you to complete the survey. Please provide an answer.

Soft check if blank after first soft check: There are a few questions in this survey that are needed to make sure we only ask questions that apply to you and your experience. Please consider answering this question. If you choose not to complete this question, the survey will close.

QNA3 [IF QNA1 = NO, THAT IS NOT CORRECT]

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

[PROGRAMMER NOTE: REQUIRED]

- Male
- Female

Soft check: Your response to this question is important to our research and is needed for you to complete the survey. Please provide an answer.

Soft check if blank after first soft check: There are a few questions in this survey that are needed to make sure we only ask questions that apply to you and your experience. Please consider answering this question. If you choose not to complete this question, the survey will close.

Timing of Gender Identity Milestones

DEFINE CISFLAG

IF (Q1 = ONLY I DO NOT KNOW WHAT THIS QUESTION IS ASKING)

OR

(Q3 = YES, THAT IS CORRECT AND ((Q1 = ONLY MALE AND Q2 = MALE) OR (Q1 = ONLY FEMALE AND Q2 = FEMALE)))

OR

(Q3 = YES, THAT IS CORRECT AND ((Q1 = I AM NOT SURE OF MY GENDER IDENTITY (I AM “QUESTIONING” MY GENDER IDENTITY)) OR (Q1 = I DO NOT KNOW WHAT THIS QUESTION IS ASKING)))

OR

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(Q3 = NO, THAT IS NOT CORRECT AND ((QNA1 = ONLY MALE AND QNA2 = MALE) OR (QNA1 = ONLY FEMALE AND QNA2 = FEMALE)))

OR

(Q3 = NO, THAT IS NOT CORRECT AND ((QNA1 = I AM NOT SURE OF MY GENDER IDENTITY (I AM “QUESTIONING” MY GENDER IDENTITY)) OR (QNA1 = I DO NOT KNOW WHAT THIS QUESTION IS ASKING)))

THEN CISFLAG = 1

ELSE CISFLAG = 0

Q3 [IF (CISFLAG = 1) These next questions are about how you think of yourself.

Have you ever felt that your gender was different from your assigned birth sex (the sex that a doctor or nurse put on your birth certificate)?

- No
- Yes

[PROGRAMMER NOTE: IF Q3 = NO OR EMPTY, GO TO SECTION 5]

Q4 [IF CISFLAG = 0] These next questions are about how you think of yourself.

[IF CISFLAG = 0 OR Q3 = YES]

About how old were you when you **first** felt that your gender was different from your assigned birth sex?

- 5 and under
- 6 to 10
- 11 to 14
- 15 or 16
- 17 or 18
- 19 to 25
- Over the age of 25

Q5 [IF Q3 = YES]

Have you **ever** thought of yourself as **transgender** or **gender non-binary/genderqueer** (even if you did not know the words or did not use those words to describe your **gender identity**)?

- No
- Yes

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- Q6** [IF Q5 = YES]
About how old were you when you started to think of yourself as **transgender** or **gender non-binary/genderqueer**?
- 5 and under
 - 6 to 10
 - 11 to 14
 - 15 or 16
 - 17 or 18
 - 19 to 25
 - Over the age of 25
- Q7** [IF CISFLAG = 0 OR Q3 = YES]
Have you **ever** lived full-time in a gender that is different from the one assigned to you at birth?
- No
 - Yes
- Q8** [IF Q7 = YES]
About how old were you when you started to live full-time in a gender that is different from the one assigned to you at birth?
- 5 and under
 - 6 to 10
 - 11 to 14
 - 15 or 16
 - 17 or 18
 - 19 to 25
 - Over the age of 25
- Q9** [IF CISFLAG = 0 OR Q5 = YES OR EMPTY]
Have you **ever** told others you were **transgender** or **gender non-binary/genderqueer** (even if you did not use those words)?
- No
 - Yes

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Q10 [IF Q9 = YES]

About how old were you when you **first** told others that you were **transgender** or **gender non-binary/genderqueer** (even if you did not use those words)?

- 5 and under
- 6 to 10
- 11 to 14
- 15 or 16
- 17 or 18
- 19 to 25
- Over the age of 25

Section 5: Sexual Orientation (SO)

Sexual Orientation

INTRO1 We are testing different questions that measure **sexual orientation**. You are going to see two similar questions. For each question, please select the response that fits you best.

[PROGRAMMER NOTE: RANDOMIZE Q1-Q2 AND Q3-Q4. EACH RESPONDENT SHOULD RECEIVE BOTH SETS OF QUESTIONS IN RANDOM ORDER.]

Q1 Please choose the description that best fits how you think about yourself.

[PROGRAMMER NOTE: REQUIRED]

- 100% heterosexual (straight)
- Mostly heterosexual (straight), but somewhat attracted to people of your own sex
- Bisexual, that is, attracted to men and women equally
- Mostly homosexual (gay), but somewhat attracted to people of the opposite sex
- 100% homosexual (gay)
- Not sexually attracted to either males or females

Soft check: Your response to this question is important to our research and is needed for you to complete the survey. Please click the 'Close' button to return to the survey and provide an answer.

Soft check if blank after first soft check: There are a few questions in this survey that are needed to make sure we only ask questions that apply to you and your experience. Please consider answering this question. If you choose not to complete this question, the survey will close.

[IF BLANK AFTER ALL SOFT CHECKS: [GO TO RESOURCES]]

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DEFINE AHSOFILL

IF Q1 = 100% HETEROSEXUAL (STRAIGHT), THEN “100% heterosexual (straight)”

IF Q1 = MOSTLY HETEROSEXUAL (STRAIGHT), BUT SOMEWHAT ATTRACTED TO PEOPLE OF YOUR OWN SEX, THEN “mostly heterosexual (straight)”

IF Q1 = BISEXUAL, THAT IS, ATTRACTED TO MEN AND WOMEN EQUALLY, THEN “bisexual”

IF Q1 = MOSTLY HOMOSEXUAL (GAY), BUT SOMEWHAT ATTRACTED TO PEOPLE OF THE OPPOSITE SEX, THEN “mostly homosexual (gay)”

IF Q1 = 100% HOMOSEXUAL (GAY), THEN “100% homosexual (gay)”

IF Q1 = NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES, THEN “not sexually attracted to either males or females”

[PROGRAMMER NOTE: IF Q1 ASKED BEFORE Q3, ASK QNA1 and QNA2 TO ALL RESPONDENTS. IF Q3 ASKED BEFORE Q1, DO NOT ASK QNA1 and QNA2 IF Q1 AND Q3 = BISEXUAL]

QNA1 Why did you select [AHSOFILL] to describe yourself?

- _____ (ALLOW 500 CHARACTERS)

Q2 Do you ever describe yourself as [AHSOFILL] to others?

- No
- Yes

Q3 Which of the following best represents how you think of yourself?

- Gay or lesbian
- Straight, that is, not gay, lesbian, or bisexual
- Bisexual
- Something else
- I am not sure of my sexuality (I am “questioning” my sexuality)
- I am not sure what this question is asking

DEFINE NHISSOFILL

IF Q3 = GAY OR LESBIAN, THEN “gay or lesbian”

IF Q3 = STRAIGHT, THAT IS, NOT GAY, LESBIAN, OR BISEXUAL, THEN “straight, that is, not gay, lesbian, or bisexual”

IF Q3 = BISEXUAL, THEN “bisexual”

IF Q3 = SOMETHING ELSE, THEN “something else”

IF Q3 = I AM NOT SURE OF MY SEXUALITY (I AM “QUESTIONING” MY SEXUALITY), THEN “I am not sure of my sexuality (I am “questioning” my sexuality)”

NO FILL FOR I AM NOT SURE WHAT THIS QUESTION IS ASKING

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QNA2 [IF Q3 = SOMETHING ELSE]

What do you mean by something else?

- _____ (ALLOW 500 CHARACTERS)

[PROGRAMMER NOTE: IF Q3 ASKED BEFORE Q1, ASK QNA3 AND Q4 TO ALL RESPONDENTS. IF Q1 ASKED BEFORE Q3, DO NOT ASK QNA3 AND Q4 IF Q1 AND Q3 = BISEXUAL]

QNA3 [IF Q3 = (GAY OR LESBIAN) OR (STRAIGHT, THAT IS, NOT GAY, LESBIAN, OR BISEXUAL) OR (BISEXUAL) OR (SOMETHING ELSE) OR (I AM NOT SURE OF MY SEXUALITY (I AM QUESTIONING MY SEXUALITY))]

Why did you select [NHISSEOFILL] to describe yourself?

- _____ (ALLOW 500 CHARACTERS)

Q4 [IF Q3 = (GAY OR LESBIAN) OR (STRAIGHT, THAT IS, NOT GAY, LESBIAN, OR BISEXUAL) OR (BISEXUAL) OR (SOMETHING ELSE) OR (I AM NOT SURE OF MY SEXUALITY (I AM QUESTIONING MY SEXUALITY))]

Do you ever describe yourself as [NHISSEOFILL] to others?

- No
- Yes

Q5 [IF Q1 = BISEXUAL, THAT IS, ATTRACTED TO MEN AND WOMEN EQUALLY OR Q3 = BISEXUAL) AND (Q2 = YES OR Q4 = YES)]

Thinking of the people in your life who know that you are not completely heterosexual/straight, how many of them know that you are bisexual?

- All
- Most
- Some
- None
- I'm not sure

Timing of Sexual Orientation Identity Milestones

Q6 [IF Q1 = 100% HETEROSEXUAL (STRAIGHT)]

These next questions are about sexuality.

Have you ever thought of yourself as something other than completely heterosexual/straight (even if you do not currently think of yourself this way)?

- No
- Yes

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Q7 [IF Q1 NE 100% HETEROSEXUAL (STRAIGHT)]
These next questions are about sexuality. Earlier you identified as something other than 100% heterosexual (straight). For this survey, you will be asked questions that reference being “not completely heterosexual/straight.”

[IF Q1 NE 100% HETEROSEXUAL (STRAIGHT) OR Q6 = YES]
About how old were you when you **first** thought of yourself as something other than completely heterosexual/straight?

- __ Age Number from 1-99
- Don't know

Q8 [IF Q7 = DON'T KNOW]
What is your best estimate? Is it...?

- 10 and under
- 11 to 14
- 15 or 16
- 17 or 18
- 19 to 25
- Over the age of 25

Q9 [IF (Q1 NE 100% HETEROSEXUAL (STRAIGHT) AND Q2 = BLANK) OR Q6 = YES]
Did you **ever** tell someone else that you did not think of yourself as completely heterosexual/straight?

- No
- Yes

Q10 [IF Q1 = 100% HETEROSEXUAL (STRAIGHT) and Q9=97, SKIP Q10, ELSE IF Q9 = YES OR Q2 = YES]
About how old were you when you **first** told someone that you did not think of yourself as completely heterosexual/straight?

- 10 and under
- 11 to 14
- 15 or 16
- 17 or 18
- 19 to 25
- Over the age of 25

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Section 6: Gender Expression (GE)

Gender Expression

Q1 This question asks about your **recent experience as an adult**.

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

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

Recalled Childhood Gender Nonconformity

Q2 When I was a child, **up to age 12**, the characters on TV or in the movies I imitated or admired were...

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

Q3 When I was a child, **up to age 12**, in pretend play, I took the role...

- Always of girls or women
- Usually of girls or women
- Girls/women and boys/men equally
- Usually of boys or men
- Always of boys or men
- I did not do this type of pretend play.

Q4 When I was a child, **up to age 12**, in pretend play, I wanted to take the role...

- Always of girls or women
- Usually of girls or women
- Girls/women and boys/men equally
- Usually of boys or men
- Always of boys or men
- I did not do this type of pretend play.

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Q5 When I was a child, **up to age 12**, my favorite toys and games were...

- Always feminine
- Usually feminine
- Equally feminine and masculine
- Usually masculine
- Always masculine
- Neither feminine nor masculine

Q6 When I was a child, **up to age 12**, I felt...

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

Section 7: Household Roster (HR)

Q1 These next questions are about your living arrangements.

Where do you live now - that is, where do you stay most often?

- Your own place (such as apartment, house, trailer)
- Your parents' home
- Another person's home
- Group quarters (such as dormitory, barracks, group home, hospital, communal home)
- Homeless - that is, you have no regular place to stay
- Other

Q2 Does anyone live in your household besides you? If someone usually lives with you, but is away temporarily, include them. For example, include a child away at college or a child for whom you have part-time custody.

[IF Q1 = GROUP QUARTERS OR HOMELESS]

By household, we mean family, romantic partners, or close non-relatives currently living or staying with you.

- No
- Yes

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Q3 [IF Q2 = YES]

Not including yourself, how many other people live in your household? If someone usually lives with you, but is away temporarily, include them.

- ____ Number of other people living in my household: *Number from 1 to 12*

Q3a [IF Q2 = EMPTY OR (Q2=YES AND Q3 NE ANY NUMBER)]

Do you have a spouse or partner who lives with you?

- No
- Yes

Q3b [IF Q2 = EMPTY OR (Q2 = YES AND Q3 NE ANY NUMBER)]

Do you have any children?

- No
- Yes

[PROGRAMMER NOTE: IF Q3b = YES, GO TO SECTION 8:NON-HOUSEHOLD CHILD ROSTER QNA1]

[IF Q3b = NO, GO TO SECTION 10: ROMANTIC PARTNER SECTION]

QNA1 [IF Q3 = 1]

The next questions are about the other person living in your household. What is the first name or initials of the other person in your household?

[IF Q3 > 1]

The next questions are about the other people living in your household, starting with the oldest and ending with the youngest.

[IF Q3 > 1 AND FIRST HOUSEHOLD ROSTER ENTRY]

Not including yourself, what is the first name or initials of the oldest person in your household?

[IF Q3 > 1 AND NOT FIRST HOUSEHOLD ROSTER ENTRY]

Not including yourself, what is the first name or initials of the next oldest person in your household?

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Entering the household member name or initials is to help you keep track of household members as you answer these questions. Names or initials will not be recorded by the study.

- _____ Name or Initials (ALLOW 10 CHARACTERS)
- **There are no additional people in my household**

[PROGRAMMER NOTE: IF THERE ARE NO ADDITIONAL PEOPLE IN MY HOUSEHOLD SELECTED, GO TO QNA5]

DEFINE ROSNAME1-ROSNAME12 (ROS=Roster)

IF Q3a = YES, THEN ROSNAME1 = your spouse or partner

IF QNA1 NE BLANK, THEN ROSNAME1 = QNA1

IF QNA1 = BLANK, THEN ROSNAME1 = this person

BEGIN WITH ROSNAME1 AND ADD 1 FOR EACH ROSTER MEMBER (ROSNAME2, ROSNAME3, ETC)

Q4 [IF Q3 > 0]

What is [ROSNAME1]'s relationship to you?

- Husband/Wife/Spouse
- Boyfriend/Girlfriend/Partner
- Biological Son/Daughter/Child
- Stepson/Stepdaughter/Stepchild
- Adopted Son/Daughter/Child
- Foster Son/Daughter/Child
- Brother/Sister/Sibling
- Father/Mother/Parent
- Stepfather/Stepmother/Stepparent
- Father-in-law/Mother-in-law
- Grandfather/Grandmother/Grandparent
- Uncle/Aunt
- Cousin
- Nephew/Niece
- Other relative
- Non-relative

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Q5 [IF (Q4 = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD) OR Q3a = YES]
How old is [ROSNOME1] in years? Please make your best estimate.

[IF Q4 = BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD]
For infants under 12 months, record 0.

- ____ Age in years *Number from 0 to 105*

Soft Check: [IF ((Q4 = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR Q3a = YES) AND Q5 < 18) OR (Q4 = BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD) AND Q5 > CALCAGE] *Please confirm your answer before pressing Next. Click Close to close this message.*

Soft Check: [IF (Q4 = BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD) AND Q5 NE ANY NUMBER] *The answer to this question is important to us. If you are unsure of [ROSNOME1]'s age, please make your best estimate. Click Close to close this message.*

Q6 [IF Q4 = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR Q3a = YES]
What is [ROSNOME1]'s current **gender identity**? *Select all that apply.*

- Male
- Female
- Transgender
- Gender non-binary/genderqueer
- They are not sure of their gender identity (they are “questioning” their gender identity)
- I do not know what this question is asking
- I do not know the answer

Q7 [IF Q4 = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD OR Q3a = YES]
What is [ROSNOME1]'s sex? By sex we mean, the **sex they were assigned at birth**, on their original birth certificate.

- Male
- Female

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DEFINE ROSGEN1

IF Q6 = MALE, THEN “male”

IF Q6 = FEMALE, THEN “female”

IF Q6 = TRANSGENDER, THEN “transgender”

IF Q6 = GENDER NON-BINARY/GENDERQUEER, THEN “gender non-binary or genderqueer”

IF Q6 = THEY ARE NOT SURE OF THEIR GENDER IDENTITY, THEN “not sure of or questioning their gender identity”

IF Q6 = MORE THAN ONE RESPONSE OPTION, THEN FILL ALL RESPONSES IN ORDER SEPERATED BY COMMAS AND INCLUDE “and” BEFORE LAST RESPONSE.

NO FILL FOR I DO NOT KNOW WHAT THIS QUESTION IS ASKING OR I DO NOT KNOW THE ANSWER BEGIN WITH ROSGEN1 AND ADD 1 FOR EACH ROSTER MEMBER (ROSGEN2, ROSGEN3, ETC)

DEFINE ROSSEX1

IF Q7 = MALE, THEN “male”

IF Q7 = FEMALE, THEN “female”

BEGIN WITH ROSSEX1 AND ADD 1 FOR EACH ROSTER MEMBER (ROSSEX2, ROSSEX3, ETC)

QNA2 [IF (Q4 = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR Q3A = YES) AND Q6 NE ONLY I DO NOT KNOW WHAT THE QUESTION IS ASKING AND/OR I DO NOT KNOW THE ANSWER]

Just to confirm, [ROSGEN1] was assigned [ROSSEX1] at birth and currently describes themself as [ROSGEN1].

Is that correct?

- No, that is not correct
- Yes, that is correct

QNA3 [IF QNA2 = NO, THAT IS NOT CORRECT]

What is [ROSGEN1]’s current **gender identity**? *Select all that apply.*

- Male
- Female
- Transgender
- Gender non-binary/genderqueer
- They are not sure of their gender identity (they are “questioning” their gender identity)
- I do not know what this question is asking
- I do not know the answer

QNA4 [IF QNA2 = NO, THAT IS NOT CORRECT]

What is [ROSGEN1]’s sex? By sex we mean, the **sex they were assigned at birth**, on their original birth certificate.

- Male
- Female

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[PROGRAMMER NOTE: REPEAT QNA1 – QNA4 FOR EACH HOUSEHOLD MEMBER THEN FOLLOW SKIP INSTRUCTIONS BELOW.]

DEFINE ROSAGE1

IF Q5 NE BLANK, THEN ROSAGE1 = Q5

IF Q5 = BLANK, THEN ROSAGE1 = “unknown”

BEGIN WITH ROSAGE1 AND ADD 1 FOR EACH ROSTER MEMBER (ROSAGE2, ROSAGE3, ETC)

DEFINE ROSREL1

IF Q4 = HUSBAND/WIFE/SPOUSE, THEN “husband, wife or spouse”

IF Q4 = BOYFRIEND/GIRLFRIEND/PARTNER, THEN “boyfriend, girlfriend, or partner”

IF Q4 = BIOLOGICAL SON/DAUGHTER/CHILD, THEN “biological son, biological daughter, or biological child”

IF Q4 = STEPSON/STEPDAUGHTER/STEPCHILD, THEN “stepson, stepdaughter, or stepchild”

IF Q4 = ADOPTED SON/DAUGHTER/CHILD, THEN “adopted son, adopted daughter, or adopted child”

IF Q4 = FOSTER SON/DAUGHTER/CHILD, THEN “foster son, foster daughter, or foster child”

IF Q4 = BROTHER/SISTER/SIBLING, THEN “brother, sister, or sibling”

IF Q4 = FATHER/MOTHER/PARENT, THEN “father, mother, or parent”

IF Q4 = STEPFATHER/STEPMOTHER/STEPPARENT, THEN “stepfather, stepmother, or stepparent”

IF Q4 = FATHER-IN-LAW/MOTHER-IN-LAW, THEN “father-in-law or mother-in-law”

IF Q4 = GRANDFATHER/GRANDMOTHER/GRANDPARENT, THEN “grandfather, grandmother, or grandparent”

IF Q4 = UNCLE/AUNT, THEN “uncle or aunt”

IF Q4 = COUSIN, THEN “cousin”

IF Q4 = NEPHEW/NIECE, THEN “nephew or niece”

IF Q4 = OTHER RELATIVE, THEN “other relative”

IF Q4 = NON-RELATIVE, THEN “non-relative”

BEGIN WITH ROSREL1 AND ADD 1 FOR EACH ROSTER MEMBER (ROSREL2, ROSRELE3, ETC)

QNA5 [IF Q4 NE BLANK FOR LAST ROSTER MEMBER]

Is the following information about who lives in your household correct?

ROSNAME1 is your [IF AGE ASKED: ROSAGE1 year old] ROSREL1

ROSNAME2 is your [IF AGE ASKED: ROSAGE2 year old] ROSREL2

ROSNAME3 is your [IF AGE ASKED: ROSAGE2 year old] ROSREL3

[PROGRAMMER NOTE: INCLUDE A ROW FOR EACH ROSTER MEMBER]

- No, that is not correct
- Yes, that is correct

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QNA6 [IF QNA5 = NO THAT IS NOT CORRECT]

What do you need to change? *Select all that apply.*

- I need to add someone to my household
- I need to remove someone from my household
- I need to change someone’s information

[PROGRAMMER NOTE: IF QNA6 = I NEED TO ADD SOMEONE TO MY HOUSEHOLD, THEN GO BACK TO QNA1 – QNA2OR ADDITIONAL ROSTER MEMBER]

QNA7 [IF QNA6 = I NEED TO REMOVE SOMEONE FROM MY HOUSEHOLD]

Who do you need to remove? *Select all that apply.*

- ROSNAME1
- ROSNAME2
- ROSNAME3

[PROGRAMMER NOTE: INCLUDE EACH ROSTER MEMBER]

[PROGRAMMER NOTE: REMOVE SELECTED ROSTER MEMBER AND GO BACK TO QNA5]

QNA8 [IF QNA6 = I NEED TO CHANGE SOMEONE’S INFORMATION]

Whose information do you need to change?

- ROSNAME1
- ROSNAME2
- ROSNAME3

[PROGRAMMER NOTE: INCLUDE EACH ROSTER MEMBER]

[PROGRAMMER NOTE: GO BACK TO QNA1 – QNA2 FOR SELECTED ROSTER MEMBER, THEN ROUTE TO QNA5]

Section 8: Non-Household Child Roster (CR)

Q1 [IF S7Q2 = NO OR (S7Q2 = YES AND S7Q3 > 0 AND S7QNA5 = YES)]

Do you have any children who do not live in your household that you did not report in the previous section?

- No
- Yes

Q2 [IF Q1 = YES]

How many children do you have who do not live in your household?

- ___ Number of children *Number from 1 to 12*

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QNA1 [IF Q1 = YES AND Q2 = 1]

What is the first name or initials of your child who does not live in your household?

[IF Q1 = YES AND Q2 > 1 AND FIRST NON-HOUSEHOLD CHILD ENTRY]

What is the first name or initials of your oldest child who does not live in your household?

[IF Q3b = YES AND FIRST NON-HOUSEHOLD CHILD ENTRY ENTRY]

What is the first name or initials of your oldest child?

[IF Q1 = YES AND Q2 >1 AND NOT FIRST NON-HOUSEHOLD CHILD ENTRY ENTRY]

What is the first name or initials of your next oldest child who does not live in your household?

[IF Q3b = YES AND NOT FIRST NON-HOUSEHOLD CHILD ENTRY ENTRY]

What is the first name or initials of your next oldest child?

Entering the household member name or initials is to help you keep track of your family members as you answer these questions. Names or initials will not be recorded by the study.

- _____ Name or Initials (ALLOW 10 CHARACTERS)
- [IF Q1 = YES] I have no other children who live outside of my household.
- [IF Q3b = YES] I have no other children.

[PROGRAMMER NOTE: IF I HAVE NO OTHER CHILDREN WHO LIVE OUTSIDE MY HOUSEHOLD OR I HAVE NO OTHER CHILDREN SELECTED, GO TO QNA2]

DEFINE NONHHCHLD1

IF QNA1 NE BLANK, THEN NONHHCHLD1 = QNA1

IF QNA1 = BLANK, THEN NONHHCHLD1 = "this child"

BEGIN WITH NONHHCHLD1 AND ADD 1 FOR EACH CHILD (NONHHCHLD2, NONHHCHLD3, ETC)

Q3 [IF Q1 = YES OR S7Q3b = YES]

What is [NONHHCHLD1]'s relationship to you?

- Biological Son/Daughter/Child
- Stepson/Stepdaughter/Stepchild
- Adopted Son/Daughter/Child
- Foster Son/Daughter/Child

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Q4 [IF Q1 = YES OR S7Q3b = YES]
How old is [NONHHCHLD1] in years? Please make your best estimate. *For infants under 12 months, record 0.*

- ____ Age in years *Number from 0 to 105*

Soft Check: [IF Q4 > CALCAGE] Please confirm your answer before pressing Next.

Soft Check: [IF Q4 = BLANK] The answer to this question is important to us. If you're unsure of [NONHHCHLD]'s age, please make your best estimate. Click Close to close this message.

Q5 [IF Q1 = YES OR S7Q3b = YES]
What is [NONHHCHLD1]'s sex? By sex we mean, the **sex they were assigned at birth**, on their original birth certificate.

- Male
- Female

Q6 [IF S7Q3b = YES]
Does [NONHHCHLD1] live with you?

- No
- Yes

[PROGRAMMER NOTE: REPEAT QNA1 – Q6 FOR EACH NON-HOUSEHOLD CHILD, THEN FOLLOW SKIP INSTRUCTIONS BELOW]

DEFINE NONHHCHLDAGE1

IF Q4 NE BLANK, THEN NONHHCHLDAGE1 = Q4

IF Q4 = BLANK, THEN NONHHCHLDAGE1 = "unknown"

BEGIN WITH NONHHCHLDAGE1 AND ADD 1 FOR EACH NON-HOUSEHOLD CHILD (NONHHCHLDAGE2, NONHHCHLDAGE3, ETC)

DEFINE NONHHCHLDREL1

IF Q5 = BIOLOGICAL SON/DAUGHTER/CHILD, THEN "biological son, biological daughter, or biological child"

IF Q5 = STEPSON/STEPDAUGHTER/STEPCHILD, THEN "stepson, stepdaughter, or stepchild"

IF Q5 = ADOPTED SON/DAUGHTER/CHILD, THEN "adopted son, adopted daughter, or adopted child"

IF Q5 = FOSTER SON/DAUGHTER/CHILD, THEN "foster son, foster daughter, or foster child"

BEGIN WITH NONHHCHLDREL1 AND ADD 1 FOR EACH NON-HOUSEHOLD CHILD (NONHHCHLDREL2, NONHHCHLDRELE3, ETC)

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QNA2 [IF Q5 NE BLANK FOR LAST NON-HOUSEHOLD CHILD]

Is the following information about your children correct?

NONHHCHLD1 is your NONHHCHLDAGE1 year old NONHHCHLDREL1

NONHHCHLD2 is your NONHHCHLDAGE2 year old NONHHCHLDREL2

NONHHCHLD3 is your NONHHCHLDAGE3 year old NONHHCHLDREL3

[PROGRAMMER NOTE: INCLUDE A ROW FOR EACH NON-HOUSEHOLD CHILD]

- No, that is not correct
- Yes, that is correct

QNA3 [IF QNA2 = NO THAT IS NOT CORRECT]

What do you need to change? *Select all that apply.*

- I need to add a child
- I need to remove a child
- I need to change someone's information

[PROGRAMMER NOTE: IF QNA3 = I NEED TO ADD A CHILD, THEN GO BACK TO Q1 – Q5 FOR ADDITIONAL NON-HOUSEHOLD CHILD]

QNA4 [IF QNA3 = I NEED TO REMOVE A CHILD]

Who do you need to remove? *Select all that apply.*

- NONHHCHLD1
- NONHHCHLD2
- NONHHCHLD3

[PROGRAMMER NOTE: INCLUDE EACH NON-HOUSEHOLD CHILD]

[PROGRAMMER NOTE: REMOVE SELECTED NON-HOUSEHOLD CHILD AND GO BACK TO QNA2]

QNA5 [IF QNA3 = I NEED TO CHANGE SOMEONE'S INFORMATION]

Whose information do you need to change?

- NONHHCHLD1
- NONHHCHLD2
- NONHHCHLD3

[PROGRAMMER NOTE: INCLUDE EACH NON-HOUSEHOLD CHILD]

[PROGRAMMER NOTE: GO BACK TO QNA1 – Q5 FOR SELECTED CHILD, THEN ROUTE TO QNA2]

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Section 9: Children's Healthcare Needs (CH)

Healthcare Needs (<22 years old)

- Q1a** [IF (S7Q3b = YES OR S8Q1 = YES) AND ALL S8Q4 NE ANY NUMBER) OR (S7Q4 = BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD AND S7Q5 NE ANY NUMBER)]
Do you have any children **under the age of 22**?
- No
 - Yes

- Q1** [IF (ANY ROSREL = BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD AND ROSAGE < 22) OR ANY NONHHCHLDAGE < 22 OR Q1a = YES]
Do any of your children **under the age of 22** have ANY medical, behavioral, or other health condition that has lasted or is expected to last 12 months or longer?
- No
 - Yes

- Q2** [IF ((ANY ROSREL = BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD AND ROSAGE < 22) AND Q1 = YES) OR (ANY NONHHCHLDAGE < 22 OR Q1 = YES)]
Which of your children below have ANY medical, behavioral, or other health condition that has lasted or is expected to last 12 months or longer? *Select all that apply.*
- ROSNAME1
 - ROSNAME2
 - NONHHCHLD1

[PROGRAMMER NOTE: LIST ALL BIOLOGICAL SON/DAUGHTER/CHILD AND STEPSON/STEPDAUGHTER/STEPCHILD AND ADOPTED SON/DAUGHTER/CHILD AND FOSTER SON/DAUGHTER/CHILD AND NONHHCHLD WHO ARE < 22 YEARS OLD]

- Q3** [IF Q2 NE BLANK]
Does [ROSDNAME/NONHHCHLD] need or use medicine prescribed by a doctor?
- No
 - Yes
 - Don't know

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- Q4** [IF Q2 NE BLANK]
Does [ROSNONE/NONHHCHLD] need or use more medical care than is usual for most children the same age?
- No
 - Yes
 - Don't know
- Q5** [IF Q2 NE BLANK]
Does [ROSNONE/NONHHCHLD] need or get physical, occupational, or speech therapy?
- No
 - Yes
 - Don't know
- Q6** [IF Q2 NE BLANK]
Does [ROSNONE/NONHHCHLD] have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?
- No
 - Yes
 - Don't know
- Q7** [IF Q2 NE BLANK]
Does [ROSNONE/NONHHCHLD] get special education services or have an "IEP" (Individualized Education Program) at school?
- No
 - Yes
 - Don't know
- Q8** [IF Q2 NE BLANK]
Does [ROSNONE/NONHHCHLD] get other accommodations at school or have a "504 plan"?
- No
 - Yes
 - Don't know

[PROGRAMMER NOTE: REPEAT Q3 – Q8 FOR EACH CHILD SELECTED IN Q2, THEN FOLLOW SKIP INSTRUCTIONS BELOW]

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Household Children (≥13 years old): LGBTQ

Q9 [IF (ANY ROSREL = BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD AND ROSAGE ≥ 13) OR (ANY NONHHCHLDREL = BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD AND ROSAGE ≥ 13 AND S8Q6 = YES)]

To your knowledge, are any of your children in the household who are **aged 13 years or older** lesbian, gay, bisexual, **transgender** or questioning their sexuality or **gender identity**?

- No
- Yes
- Don't know

Section 10: Romantic Partner (P)

Household Roster Spouse/Partner

DEFINE HHPARTNER

IF ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER, THEN HHPARTNER = ROSNAME OF HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER;
IF ROSREL = HUSBAND/WIFE/SPOUSE AND ONLY ONE ROSREL BOYFRIEND/GIRLFRIEND/PARTNER, THEN HHPARTNER = ROSNAME OF HUSBAND/WIFE/SPOUSE;

INTRO1[IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]

The next questions are about [HHPARTNER], the partner who you live with, and your relationship with [HHPARTNER].

Q1 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]

How long have you been in a relationship with [HHPARTNER]? *Please make your best estimate.*

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

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Q2 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]

What is [HHPARTNER]'s race or ethnic origin? *Select all that apply.*

- White
- Black, African American
- Hispanic – *Please specify*
 - Mexican, Mexican American, Chicano/Chicana
 - Puerto Rican
 - Cuban
 - Other Hispanic, Latino/Latina, or Spanish origin
 - ____ Specify other Hispanic origin
- Asian - *Please specify*
 - Indian
 - Chinese
 - Filipino/Filipina
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
 - ____ Specify other Asian origin, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on
- Pacific Islander - *Please specify*
 - Native Hawaiian
 - Samoan
 - Guamanian or Chamorro/Chamorra
 - Other Pacific Islander
 - _____ Specify other Pacific Islander origin, for example, Fijian, Tonga, and so on
- American Indian or Alaska Native
- Some other race or origin
 - _____ Specify other race or origin

Q3 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]

Which of the following best represents how [HHPARTNER] thinks of himself?

- Gay or lesbian
- Straight, that is, not gay, lesbian, or bisexual
- Bisexual
- Something else
- They are not sure of their sexuality (they are “questioning” their sexuality)
- I do not know the answer

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QNA1 [IF Q3 = SOMETHING ELSE]

What do you mean by something else?

- _____ (write-in) [ALLOW 500 CHARACTERS]

Q4 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]

Is [HHPARTNER] currently working for pay?

- Yes
- No, but has worked for pay in the past
- No, has never worked for pay

Q5 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]

In general, how happy are you in your relationship with [HHPARTNER]?

- Very Happy
- Fairly happy
- Not too happy

Q6 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]

In general, how satisfied are you with your sex life with [HHPARTNER]?

- Very satisfied
- Fairly satisfied
- Not too satisfied

Intimate Partner Violence (IPV) and Relationship Quality (Current Partner)

INTRO2 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]

No matter how well a couple gets along, there are times when they disagree or fight. Couples have many ways of settling their differences. How often have the following happened with [HHPARTNER]?

Q7 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]

In the past year, how often has [HHPARTNER] slapped, hit or kicked you?

- This did not happen in the past year, but it did happen before then
- Never
- Once
- Twice
- 3-5 times
- More than 5 times

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Q8 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]
In the past year, how often has [HHPARTNER] insisted on or made you have sex with them when you did not want to? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- This did not happen in the last year, but it did happen before then
- Never
- Once
- Twice
- 3 to 5 times
- More than 5 times

Q9 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]
In the past year, how often have you slapped, hit or kicked [HHPARTNER]?

- This did not happen in the past year, but it did happen before then
- Never
- Once
- Twice
- 3-5 times
- More than 5 times

Q10 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]
In the past year, how often have you insisted on or made [HHPARTNER] have sex with you when they did not want to? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- This did not happen in the last year, but it did happen before then
- Never
- Once
- Twice
- 3 to 5 times
- More than 5 times

Q11 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]
Other than [HHPARTNER] do you have any other romantic or sexual partners?

- No, [HHPARTNER] is your only romantic or sexual partner
- Yes, you have at least one romantic or sexual partner other than [HHPARTNER]

Q12 [IF Q11 = YES, I HAVE AT LEAST ONE ROMANTIC OR SEXUAL PARTNER OTHER THAN [HHPARTNER]]
How many **other** current romantic or sexual partners do you have?

- _____ *drop-down (limit of 15)*

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No Household Roster Spouse/Partner

Q13 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER]
The next questions are about romantic or sexual partners.

Do you have a current romantic or sexual partner?

- Yes, I have one romantic or sexual partner
- Yes, I have more than one romantic or sexual partner
- No, but I have had at least one romantic or sexual relationship in my lifetime.
- No, I have never had a romantic or sexual relationship.

Q14 [IF Q13 = YES, I HAVE MORE THAN ONE ROMANTIC OR SEXUAL PARTNER]
How many **total current** romantic or sexual partners do you have?

- _____ *drop-down (limit of 15)*

Current Partner

QNA1 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]
What is the first name or initials of your partner? *Entering their name or initials is to help you answer these questions. Names or initials will not be recorded by the study.*

- _____ *Name or Initials [ALLOW 10 CHARACTERS]*

DEFINE INT

IF QNA1 NE BLANK, THEN INT = QNA1

IF QNA1 = BLANK, THEN INT = "this person"

Q15 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]
In this relationship with [INT] are you:

- Married
- Engaged
- Separated
- Dating exclusively
- Dating, not exclusively
- Only having sex

Q16 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]
How long have you been in a relationship with [INT]? *Please make your best estimate.*

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

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Q17 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

About how old is [INT] **now**?

- _____ Age in years

Q18 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

What is [INT]'s race or ethnic origin? *Select all that apply.*

- White
- Black, African American
- Hispanic – *Please specify*
 - Mexican, Mexican American, Chicano/Chicana
 - Puerto Rican
 - Cuban
 - Other Hispanic, Latino/Latina, or Spanish origin
 - _____ Specify other Hispanic origin
- Asian - *Please specify*
 - Indian
 - Chinese
 - Filipino/Filipina
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
 - _____ Specify other Asian origin, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on
- Pacific Islander - *Please specify*
 - Native Hawaiian
 - Samoan
 - Guamanian or Chamorro/Chamorra
 - Other Pacific Islander
 - _____ Specify other Pacific Islander origin, for example, Fijian, Tonga, and so on
- American Indian or Alaska Native
- Some other race or origin
 - _____ Specify other race or origin

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Q19 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

What is [INT]'s current **gender identity**? *Select all that apply.*

- Male
- Female
- Transgender
- Gender non-binary/genderqueer
- They are not sure of their gender identity (they are “questioning” their gender identity)
- I do not know what this question is asking
- I do not know the answer

Q20 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

What is [INT]'s sex? By sex we mean, the **sex they were assigned at birth**, on their original birth certificate.

- Male
- Female

DEFINE INTGENDER

IF Q19 = MALE, THEN “male”

IF Q19 = FEMALE, THEN “female”

IF Q19 = TRANSGENDER, THEN “transgender”

IF Q19 = GENDER NON-BINARY/GENDERQUEER, THEN “gender non-binary or genderqueer”

IF Q19 = THEY ARE NOT SURE OF THIER GENDER IDENTITY, THEN “not sure of or questioning their gender identity”

IF Q19 = MORE THAN ONE RESPONSE OPTION, THEN FILL ALL RESPONSES IN ORDER SEPERATED BY COMMMAS AND INCLUDE “and” BEFORE LAST RESPONSE.

NO FILL FOR I DO NOT KNOW WHAT THIS QUESTION IS ASKING OR I DO NOT KNOW THE ANSWER

DEFINE INTSEX

IF Q20 = MALE, THEN “male”

IF Q20 = FEMALE, THEN “female”

QNA2 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

Just to confirm, [INT] was assigned [INTSEX] at birth and currently describes themselves as [INTGENDER]. Is that correct?

- No, that is not correct
- Yes, that is correct

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QNA3 [IF QNA2 = NO, THAT IS NOT CORRECT]

What is [INT]'s current **gender identity**? *Select all that apply.*

- Male
- Female
- Transgender
- Gender non-binary/genderqueer
- They are not sure of their gender identity (they are “questioning” their gender identity)
- I do not know what this question is asking
- I do not know the answer

QNA4 [IF QNA2 = NO, THAT IS NOT CORRECT]

What is [INT]'s sex? By sex we mean, the **sex they were assigned at birth**, on their original birth certificate.

- Male
- Female

Q21 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

Which of the following best represents how [INT] thinks of themselves?

- Gay or lesbian
- Straight, that is, not gay, lesbian, or bisexual
- Bisexual
- Something else
- They are not sure of their sexuality (they are “questioning” their sexuality)
- I do not know the answer

QNA5 [IF Q21 = SOMETHING ELSE]

What do you mean by something else?

- _____ [ALLOW 500 CHARACTERS]

Q22 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

In general, how happy are you in your relationship with [INT]?

- Very Happy
- Fairly happy
- Not too happy

Q23 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

In general, how satisfied are you with your sex life with [INT]?

- Very satisfied
- Fairly satisfied
- Not too satisfied

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INTRO3 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

No matter how well a couple gets along, there are times when they disagree or fight. Couples have many ways of settling their differences. How often has the following happened with [INT]?

Q24 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

In the past year, how often has [INT] slapped, hit or kicked you?

- This did not happen in the past year, but it did happen before then.
- Never
- Once
- Twice
- 3-5 times
- More than 5 times

Q25 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

In the past year, how often has [INT] insisted on or made you have sex with them when you did not want to? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- This did not happen in the last year, but it did happen before then
- Never
- Once
- Twice
- 3 to 5 times
- More than 5 times

Q26 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

In the past year, how often have you slapped, hit or kicked [INT]?

- This did not happen in the past year, but it did happen before then.
- Never
- Once
- Twice
- 3-5 times
- More than 5 times

Q27 [IF Q13 = YES, I HAVE ONE ROMANTIC OR SEXUAL PARTNER]

In the past year, how often have you insisted on or made [INT] have sex with you when they did not want to? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- This did not happen in the last year, but it did happen before then
- Never
- Once
- Twice
- 3 to 5 times
- More than 5 times

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Multiple Current Partners

Q28 [IF (Q13 = YES, I HAVE MORE THAN ONE ROMANTIC OR SEXUAL PARTNER)]

You reported more than one current partner. Do you consider one of your current partners your **main** partner?

- No
- Yes

QNA6 [IF Q28 = YES]

For these next questions, please think about your main partner.

What is the first name or initials of your **main** partner?

Entering their name or initials is to help you answer these questions. Names or initials will not be recorded by the study.

- _____ Name or Initials [ALLOW 10 CHARACTERS]

QNA7 [IF Q14 > 2 AND Q28 = NO]

For these next questions, please focus on only two of your **current** partners.

[IF Q28 = NO]

What is the first name or initials of your first **current** partner?

Entering their name or initials is to help you answer these questions. Names or initials will not be recorded by the study.

- _____ Name or Initials [ALLOW 10 CHARACTERS]

QNA8 [IF (Q28 = YES) OR (Q14 > 2 AND Q28 = NO)]

What is the first name or initials of your second **current** partner?

Entering their name or initials is to help you answer these questions. Names or initials will not be recorded by the study.

- _____ Name or Initials [ALLOW 10 CHARACTERS]

DEFINE MAINPART

IF QNA6 NE BLANK, THEN MAINPART = QNA6

IF QNA6 = BLANK, THEN MAINPART = “your main partner”

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Q29 [IF Q28 = YES]

In this relationship with [MAINPART] are you:

- Married
- Engaged
- Separated
- Dating exclusively
- Dating, not exclusively
- Only having sex

Q30 [IF Q28 = YES]

How long have you been in a relationship with [MAINPART]? *Please make your best estimate.*

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

Q31 [IF Q28 = YES]

About how old is [MAINPART] **now**?

- _____ Age in years

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Q32 [IF Q28 = YES]

What is [MAINPART]'s race or ethnic origin? *Select all that apply.*

- White
- Black, African American
- Hispanic – *Please specify*
 - Mexican, Mexican American, Chicano/Chicana
 - Puerto Rican
 - Cuban
 - Other Hispanic, Latino/Latina, or Spanish origin
 - ____ Specify other Hispanic origin
- Asian - *Please specify*
 - Indian
 - Chinese
 - Filipino/Filipina
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
 - ____ Specify other Asian origin, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on
- Pacific Islander - *Please specify*
 - Native Hawaiian
 - Samoan
 - Guamanian or Chamorro/Chamorra
 - Other Pacific Islander
 - _____ Specify other Pacific Islander origin, for example, Fijian, Tonga, and so on
- American Indian or Alaska Native
- Some other race or origin
 - _____ Specify other race or origin

Q33 [IF Q28 = YES]

What is [INT]'s current **gender identity**? *Select all that apply.*

- Male
- Female
- Transgender
- Gender non-binary/genderqueer
- They are not sure of their gender identity (they are “questioning” their gender identity)
- I do not know what this question is asking
- I do not know the answer

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Q34 [IF Q28 = YES]

What is [MAINPART]'s sex? By sex we mean, **the sex they were assigned at birth**, on their original birth certificate.

- Male
- Female

DEFINE MAINGENDER

IF Q33 = MALE, THEN "male"

IF Q33 = FEMALE, THEN "female"

IF Q33 = TRANSGENDER, THEN "transgender"

IF Q33 = GENDER NON-BINARY/GENDERQUEER, THEN "gender non-binary or genderqueer"

IF Q33 = THEY ARE NOT SURE OF THIER GENDER IDENTITY, THEN "not sure of or questioning their gender identity"

IF Q33 = MORE THAN ONE RESPONSE OPTION, THEN FILL ALL RESPONSES IN ORDER SEPERATED BY COMMAS AND INCLUDE "and" BEFORE LAST RESPONSE.

NO FILL FOR I DO NOT KNOW WHAT THIS QUESTION IS ASKING OR I DO NOT KNOW THE ANSWER

DEFINE MAINSEX

IF Q34 = MALE, THEN "male"

IF Q34 = FEMALE, THEN "female"

QNA9 [IF Q28 = YES]

Just to confirm, [MAINPART] was assigned [MAINSEX] at birth and currently describes themself as [MAINGENDER]. Is that correct?

- No, that is not correct
- Yes, that is correct

QNA10 [IF QNA9 = NO, THAT IS NOT CORRECT]

What is [INT]'s current **gender identity**? *Select all that apply.*

- Male
- Female
- Transgender
- Gender non-binary/genderqueer
- They are not sure of their gender identity (they are "questioning" their gender identity)
- I do not know what this question is asking
- I do not know the answer

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QNA11 [IF QNA9 = NO, THAT IS NOT CORRECT]

What is [MAINPART]'s sex? By sex we mean, **the sex they were assigned at birth**, on their original birth certificate.

- Male
- Female

Q35 [IF Q28 = YES]

Which of the following best represents how [MAINPART] thinks of themself?

- Gay or lesbian
- Straight, that is, not gay, lesbian, or bisexual
- Bisexual
- Something else
- They are not sure of their sexuality (they are "questioning" their sexuality)
- I do not know the answer

QNA12 [IF Q35 = SOMETHING ELSE]

What do you mean by something else?

- _____ [ALLOW 500 CHARACTERS]

Q36 [IF Q28 = YES]

In general, how happy are you in your relationship with [MAINPART]?

- Very Happy
- Fairly happy
- Not too happy

Q37 [IF Q28 = YES] In general, how satisfied are you with your sex life with [MAINPART]?

- Very satisfied
- Fairly satisfied
- Not too satisfied

INTRO4 [IF Q28 = YES]

No matter how well a couple gets along, there are times when they disagree or fight. Couples have many ways of settling their differences. How often has the following happened with [MAINPART]?

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Q38 [IF Q28 = YES]

In the past year, how often has [MAINPART] slapped, hit or kicked you?

- This did not happen in the past year, but it did happen before then.
- Never
- Once
- Twice
- 3-5 times
- More than 5 times

Q39 [IF Q28 = YES]

In the past year, how often has [MAINPART] insisted on or made you have sex with them when you did not want to? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- This did not happen in the last year, but it did happen before then
- Never
- Once
- Twice
- 3 to 5 times
- More than 5 times

Q40 [IF Q28 = YES]

In the past year, how often have you slapped, hit or kicked [MAINPART]?

- This did not happen in the past year, but it did happen before then.
- Never
- Once
- Twice
- 3-5 times
- More than 5 times

Q41 [IF Q28 = YES]

In the past year, how often have you insisted on or made [MAINPART] have sex relations with you when they did not want to? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- This did not happen in the last year, but it did happen before then
- Never
- Once
- Twice
- 3 to 5 times
- More than 5 times

[PROGRAMMER NOTE:

IF Q28 = NO, REPEAT Q29 – Q41 AS Q29a – Q41a WITH FIRSTPART, FIRSTGENDER, AND FIRSTSEX FILLS

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IF (Q28 = YES) OR (Q14 > 2 AND Q28 = NO) OR (MORE THAN ONE ROSREL = BOYFRIEND/GIRLFRIEND/PARTNER), REPEAT Q29 – Q41 AS Q29b – Q41b WITH SECONDPART, SECONDGENDER, AND SECONDSEX FILLS]

DEFINE FIRSTPART

IF QNA7 NE BLANK, THEN FIRSTPART = QNA7

IF QNA7 = BLANK, THEN FIRSTPART = “your first current partner”

DEFINE SECONDPART

IF QNA8 NE BLANK, THEN SECONDPART = QNA8

IF QNA8 = BLANK, THEN SECONDPART = “your second current partner”

DEFINE FIRSTGENDER

IF Q33a = MALE, THEN “male”

IF Q33a = FEMALE, THEN “female”

IF Q33a = TRANSGENDER, THEN “transgender”

IF Q33a = GENDER NON-BINARY/GENDERQUEER, THEN “gender non-binary or genderqueer”

IF Q33a = THEY ARE NOT SURE OF THIER GENDER IDENTITY, THEN “not sure of their gender identity”

IF Q33a = MORE THAN ONE RESPONSE OPTION, THEN FILL ALL RESPONSES IN ORDER SEPERATED BY COMMAS AND INCLUDE “and” BEFORE LAST RESPONSE.

NO FILL FOR I DO NOT KNOW WHAT THIS QUESTION IS ASKING OR I DO NOT KNOW THE ANSWER

DEFINE FIRSTSEX

IF Q34a = MALE, THEN “male”

IF Q34a = FEMALE, THEN “female”

DEFINE SECONDGENDER

IF Q33b = MALE, THEN “male”

IF Q33b = FEMALE, THEN “female”

IF Q33b = TRANSGENDER, THEN “transgender”

IF Q33b = GENDER NON-BINARY/GENDERQUEER, THEN “gender non-binary or genderqueer”

IF Q33b = THEY ARE NOT SURE OF THIER GENDER IDENTITY, THEN “not sure of their gender identity”

IF Q33b = MORE THAN ONE RESPONSE OPTION, THEN FILL ALL RESPONSES IN ORDER SEPERATED BY COMMAS AND INCLUDE “and” BEFORE LAST RESPONSE.

NO FILL FOR I DO NOT KNOW WHAT THIS QUESTION IS ASKING OR I DO NOT KNOW THE ANSWER

DEFINE SECONDSEX

IF Q34b = MALE, THEN “male”

IF Q34b = FEMALE, THEN “female”

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Previous Partner

QNA13 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

Think about your **most recent** relationship.

What is the first name or initials of your **most recent partner**?

Entering their name or initials is to help you answer these questions. Names or initials will not be recorded by the study.

- _____ Name or Initials [ALLOW 10 CHARACTERS]

DEFINE PREVPART

IF QNA13 NE BLANK, THEN PREVPART = QNA13

IF QNA13 = BLANK, THEN “this person”

Q42 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

In this relationship with [PREVPART] were you:

- Married
- Engaged
- Separated
- Living together, not married
- Dating exclusively
- Dating, not exclusively
- Only having sex

Q43 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

How long were you in a relationship with [PREVPART]? *Please make your best estimate.*

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

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Q44 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]
About how long ago did the relationship with [PREVPART] end? *Please make your best estimate.*

- Less than 1 year ago
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago

Q45 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

How did the relationship with [PREVPART] end? *Select all that apply.*

- Divorce or annulment
- Separation
- Spouse or partner died
- You moved out
- Your spouse or partner moved out
- Stopped dating
- Stopped having sex

Q46 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

About how old was [PREVPART]? *Please make your best estimate.*

- More than 10 years younger than you
- Between 10 years younger and 10 years older than you
- More than 10 years older than you

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Q47 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

What is [PREVPART]'s race or ethnic origin? *Select all that apply.*

- White
- Black, African American
- Hispanic – *Please specify*
 - Mexican, Mexican American, Chicano/Chicana
 - Puerto Rican
 - Cuban
 - Other Hispanic, Latino/Latina, or Spanish origin
 - ____ Specify other Hispanic origin
- Asian - *Please specify*
 - Indian
 - Chinese
 - Filipino/Filipina
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
 - ____ Specify other Asian origin, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on
- Pacific Islander - *Please specify*
 - Native Hawaiian
 - Samoan
 - Guamanian or Chamorro/Chamorra
 - Other Pacific Islander
 - _____ Specify other Pacific Islander origin, for example, Fijian, Tonga, and so on
- American Indian or Alaska Native
- Some other race or origin
 - _____ Specify other race or origin

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Q48 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

When the relationship **ended**, what was [PREVPART]'s **gender identity**? *Select all that apply.*

- Male
- Female
- Transgender
- Gender non-binary/genderqueer
- They were not sure of their gender identity (they were “questioning” their gender identity)
- I do not know what this question is asking
- I do not know the answer

Q49 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

What is [PREVPART]'s sex? By sex we mean, the **sex they were assigned at birth**, on their original birth certificate.

- Male
- Female

DEFINE PREVGENDER

IF Q48 = MALE, THEN “male”

IF Q48 = FEMALE, THEN “female”

IF Q48 = TRANSGENDER, THEN “transgender”

IF Q48 = GENDER NON-BINARY/GENDERQUEER, THEN “gender non-binary or genderqueer”

IF Q48 = THEY ARE NOT SURE OF THIER GENDER IDENTITY, THEN “not sure of or questioning their gender identity”

IF Q48 = MORE THAN ONE RESPONSE OPTION, THEN FILL ALL RESPONSES IN ORDER SEPERATED BY COMMAS AND INCLUDE “and” BEFORE LAST RESPONSE.

NO FILL FOR I DO NOT KNOW WHAT THIS QUESTION IS ASKING OR I DO NOT KNOW THE ANSWER

DEFINE PREVSEX

IF Q49 = MALE, THEN “male”

IF Q49 = FEMALE, THEN “female”

QNA14 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

Just to confirm, [PREVPART] was assigned [PREVSEX] at birth and [described themself as [PREVGENDER]. Is that correct?

- No, that is not correct
- Yes, that is correct

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QNA15 [IF QNA14 = NO, THAT IS NOT CORRECT] When the relationship **ended**, what was [PREVPART]'s **gender identity**? *Select all that apply.*

- Male
- Female
- Transgender
- Gender non-binary/genderqueer
- They were not sure of their gender identity (they were “questioning” their gender identity)
- I do not know what this question is asking
- I do not know the answer

QNA16 [IF QNA14 = NO, THAT IS NOT CORRECT]

What is [PREVPART]'s sex? By sex we mean, the **sex they were assigned at birth**, on their original birth certificate.

- Male
- Female

Q50 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

When the relationship **ended**, which of the following best represents how [PREVPART] thought of themselves?

- Gay or lesbian
- Straight, that is, not gay, lesbian, or bisexual
- Bisexual
- Something else
- They were not sure of their sexuality (they were “questioning” their sexuality)
- I do not know the answer

QNA17 [IF Q50 = SOMETHING ELSE] What do you mean by something else?

- _____ [ALLOW 500 CHARACTERS]

INTROS5 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

No matter how well a couple gets along, there are times when they disagree or fight. Couples have many ways of settling their differences. How often did the following happen in your relationship with [PREVPART]?

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Q51 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

In the last year of this relationship, how often did [PREVPART] slap, hit or kick you?

- This did not happen in the last year of this relationship, but it did happen before then.
- Never
- Once
- Twice
- 3-5 times
- More than 5 times

Q52 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

In the last year of this relationship, how often did [PREVPART] insist on or make you have sex with them when you did not want to? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- This did not happen in the last year of this relationship, but it did happen before then
- Never
- Once
- Twice
- 3 to 5 times
- More than 5 times

Q53 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]

In the last year of this relationship, how often did you slap, hit or kick [PREVPART]?

- This did not happen in the last year of this relationship, but it did happen before then.
- Never
- Once
- Twice
- 3-5 times
- More than 5 times

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Q54 [IF Q13 = NO, BUT I HAVE HAD AT LEAST ONE ROMANTIC OR SEXUAL RELATIONSHIP IN MY LIFETIME]
In the last year of this relationship, how often did you insist on or make [PREVPART] have sex with you when they did not want to? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- This did not happen in the last year of this relationship, but it did happen before then
- Never
- Once
- Twice
- 3 to 5 times
- More than 5 times

Section 11: Mental Health (MH)

Depression

Center for Epidemiologic Studies Depression Scale (CES-D)

Q1 The next questions are about your feelings.

How often was each of the following things true **during the past 7 days?**

		Never or Rarely	Sometimes	A lot of the time	Most of the time or all of the time
a	I felt that I could not shake off the blues, even with help from my family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	I felt happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	I felt that life was not worth living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Suicide

[PROGRAMMER NOTE: PLACE INTRO1 ON SEPARATE SCREEN]

INTRO1 The next question is about suicide.

Q2 **During the past 12 months**, did you try to kill yourself?

- No
- Yes

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Anxiety

Generalized Anxiety Disorder 7-Item (GAD-7)

Q3 Over the last 2 weeks, how often have you been bothered by the following problems?

		Not at all	Several days	More than half the days	Nearly every day
a	Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 Over the last 2 weeks, how often have you been bothered by the following problems?

Headache, upset stomach, muscle tension, pounding heart

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

Section 12: Perceived Discrimination (PD)

Discrimination in Education, Employment, and Lending

Q1 These next questions ask about how other people have treated you.

How many times have you been discouraged by a teacher or advisor from continuing your education **beyond getting a high school degree**?

- Never
- Once
- Twice
- Three or more times

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Q2 [IF Q1 = ONCE OR TWICE OR THREE OR MORE TIMES]

Do you think this was because of your: *Select all that apply.*

- Academic performance
- Race or ethnicity
- Ancestry or national origins
- Sex (female or male)
- Being transgender
- Gender expression
- Age
- Religion
- Height
- Weight
- Sexual orientation
- Disability
- Education or income level
- Pregnancy or having children
- Another reason

Q3 Since you were 18, how many times have you been denied a loan from a bank or lending institution?

- Not applicable, I have never tried to get a loan from a bank or lending institution.
- Never
- Once
- Twice
- Three or more times

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Q4 [IF Q3 NE NEVER OR NOT APPLICABLE]

Do you think this was because of your: *Select all that apply.*

- Credit score
- Employment history
- Race or ethnicity
- Ancestry or national origins
- Sex (female or male)
- Being transgender
- Gender expression
- Age
- Religion
- Height
- Weight
- Sexual orientation
- Disability
- Education or income level
- Pregnancy or having children
- Another reason

Q5 **Since you were 18**, how many times have you not been hired for a job for which you were qualified?

- Never
- Once
- Twice
- Three or more times

Q6 [IF S3Q1 NE NO, I HAVE NEVER WORKED FOR PAY]

Since you were 18, how many times have you been fired from a job?

- [IF S3Q1= BLANK] Not applicable, I have never worked for pay
- Never
- Once
- Twice
- Three or more times

Q7 [IF Q6 NE NEVER OR NOT APPLICABLE]

When was the last time that you were fired from a job?

- In the past year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago

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Q8 [IF S3Q1 NE NO, I HAVE NEVER WORKED FOR PAY]
Since you were 18, how many times have you been denied a job promotion?

- [IF S3Q1 = BLANK] Not applicable, I have never worked for pay
- Never
- Once
- Twice
- Three or more times

Q9 [IF (Q5 OR Q6 OR Q8 = ONCE, TWICE, OR THREE OR MORE TIMES)]
Do you think these job experiences were because of your: *Select all that apply.*

- Job performance or qualifications
- Race or ethnicity
- Ancestry or national origins
- Sex (female or male)
- Being transgender
- Gender expression
- Age
- Religion
- Height
- Weight
- Sexual orientation
- Disability
- Education or income level
- Pregnancy or having children
- Another reason

Perceived Sexual Orientation and Gender Expression at Work

Current Paid Job

INTRO1 [IF S3Q1 = YES OR BLANK]

These next questions ask about how people see you at your **current** job. [IF Q2 > 1]
If you have more than one job, think about the one job where you work the most hours.

Q10 [IF S3Q1= YES OR BLANK]

Do you have a supervisor?

- Yes
- No
- [IF S3Q1= BLANK] Not applicable, I do not have a current job, but I have worked for pay in the past
- [IF S3Q1 = BLANK] Not applicable, I have never worked for pay

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Q11 [IF Q10 = YES]

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way people think of them. On average, how do you think your **current supervisor** would describe your appearance, style, dress, or mannerisms at work?

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

DEFINITE GENEXP

IF Q11 = VERY FEMININE, THEN “very feminine”

IF Q11 = MOSTLY FEMININE, THEN “mostly feminine”

IF Q11= SOMEWHAT FEMININE, THEN “somewhat feminine”

IF Q11 = EQUALLY FEMININE AND MASCULINE, THEN “equally feminine and masculine”

IF Q11 = SOMEWHAT MASCULINE, THEN “somewhat masculine”

IF Q11 = MOSTLY MASCULINE, THEN “mostly masculine”

IF Q11 = VERY MASCULINE, THEN “very masculine”

Q12 [IF Q10 = YES AND Q11 NE BLANK]

How accepting is your **current supervisor** of your [GENEXP] appearance, style, dress, or mannerisms?

- Not at all accepting
- Somewhat accepting
- Moderately accepting
- Very accepting
- Completely accepting

Q13 [IF Q10 = YES AND S5Q1 NE 100% HETEROSEXUAL]

Does your **current supervisor** know you are something other than completely heterosexual/straight?

- No
- Yes
- I don't know

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Q14 [IF S5Q1= BISEXUAL, THAT IS, ATTRACTED TO MEN AND WOMEN EQUALLY AND Q13 = YES]

Does your **current supervisor** know that you are bisexual?

- No
- Yes
- I don't know

Q15 [IF Q13 = YES]

How accepting is your **current supervisor** of you as someone who is not completely heterosexual/straight?

- Not at all accepting
- Somewhat accepting
- Moderately accepting
- Very accepting
- Completely accepting

Q16 [IF S3Q1 = YES OR BLANK]

Do you have coworkers in your **current** job? [IF Q3Q2 > 1] If you have more than one job, think about the one job where you work the most hours.]

- Yes
- No
- [IF S3Q1 = EMPTY] Not applicable, I do not have a current job, but I have worked for pay in the past
- [IF S3Q1 = EMPTY] Not applicable, I have never worked for pay

Q17 [IF Q16 = YES]

On average, how do you think most of your current coworkers would describe your appearance, style, dress, or mannerisms at work?

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

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DEFINITE GENEXP2

IF Q17 = VERY FEMININE, THEN “very feminine”

IF Q17 = MOSTLY FEMININE, THEN “mostly feminine”

IF Q17 = SOMEWHAT FEMININE, THEN “somewhat feminine”

IF Q17 = EQUALLY FEMININE AND MASCULINE, THEN “equally feminine and masculine”

IF Q17 = SOMEWHAT MASCULINE, THEN “somewhat masculine”

IF Q17 = MOSTLY MASCULINE, THEN “mostly masculine”

IF Q17 = VERY MASCULINE, THEN “very masculine”

Q18 [IF Q16 = YES AND Q17 NE BLANK]

How accepting are most of your current coworkers of your [GENEXP2] appearance, style, dress, or mannerisms?

- Not at all accepting
- Somewhat accepting
- Moderately accepting
- Very accepting
- Completely accepting

Q19 [IF Q16 = YES AND S5Q1 NE 100% HETEROSEXUAL]

Do most of your current coworkers know you are not completely heterosexual/straight?

- No
- Yes
- I don't know

Q20 [IF S5Q1 = BISEXUAL, THAT IS, ATTRACTED TO MEN AND WOMEN EQUALLY AND Q19 = YES]

Do most of your current coworkers know that you are bisexual?

- No
- Yes
- I don't know

Q21 [IF Q19 = YES]

How accepting are most of your current coworkers of you as someone who is not completely heterosexual/straight?

- Not at all accepting
- Somewhat accepting
- Moderately accepting
- Very accepting
- Completely accepting

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Most Recent Paid Job

Q22 [IF S3Q1= NO, BUT I HAVE WORKED FOR PAY IN THE PAST OR Q10 = NOT APPLICABLE, I DO NOT HAVE A CURRENT JOB, BUT I HAVE WORKED FOR PAY IN THE PAST]

These next questions ask about how people saw you at your most recent job.

In your **most recent** job, did you have a supervisor?

- No
- Yes

Q23 [IF Q22 = YES]

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way people think of them. On average, how do you think your **most recent supervisor** would have described your appearance, style, dress, or mannerisms at work?

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

DEFINTE GENEXP3

IF Q23 = VERY FEMININE, THEN "very feminine"

IF Q23 = MOSTLY FEMININE, THEN "mostly feminine"

IF Q23 = SOMEWHAT FEMININE, THEN "somewhat feminine"

IF Q23 = EQUALLY FEMININE AND MASCULINE, THEN "equally feminine and masculine"

IF Q23 = SOMEWHAT MASCULINE, THEN "somewhat masculine"

IF Q23 = MOSTLY MASCULINE, THEN "mostly masculine"

IF Q23 = VERY MASCULINE, THEN "very masculine"

Q24 [IF Q22 = YES AND Q23 NE BLANK]

How accepting was your **most recent supervisor** of your [GENEXP3] appearance, style, dress, or mannerisms?

- Not at all accepting
- Somewhat accepting
- Moderately accepting
- Very accepting
- Completely accepting

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Q25 [IF Q22 = YES AND S5Q1 NE 100% HETEROSEXUAL]

Did your **most recent supervisor** know you are something other than completely heterosexual/straight?

- No
- Yes
- I don't know

Q26 [IF S5Q1 = BISEXUAL, THAT IS, ATTRACTED TO MEN AND WOMEN EQUALLY AND Q25 = YES]

Did your **most recent supervisor** know that you are bisexual?

- No
- Yes
- I don't know

Q27 [IF Q25 = YES]

How accepting was your **most recent supervisor** of you as someone who is not completely heterosexual/straight?

- Not at all accepting
- Somewhat accepting
- Moderately accepting
- Very accepting
- Completely accepting

Q28 [IF S3Q1 = NO, BUT I HAVE WORKED FOR PAY IN THE PAST OR Q10 = NOT APPLICABLE, I DO NOT HAVE A CURRENT JOB, BUT I HAVE WORKED FOR PAY IN THE PAST]

Did you have coworkers in your **most recent** job?

- No
- Yes

Q29 [IF Q28 = YES]

On average, how do you think most of your **most recent** coworkers would have described your appearance, style, dress, or mannerisms at work?

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

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DEFINITE GENEXP4

IF Q29 = VERY FEMININE, THEN “very feminine”

IF Q29 = MOSTLY FEMININE, THEN “mostly feminine”

IF Q29 = SOMEWHAT FEMININE, THEN “somewhat feminine”

IF Q29 = EQUALLY FEMININE AND MASCULINE, THEN “equally feminine and masculine”

IF Q29 = SOMEWHAT MASCULINE, THEN “somewhat masculine”

IF Q29 = MOSTLY MASCULINE, THEN “mostly masculine”

IF Q29 = VERY MASCULINE, THEN “very masculine”

Q30 [IF Q28 = YES AND Q29 NE BLANK]

How accepting were most of your most recent coworkers of your [GENEXP4] appearance, style, dress, or mannerisms?

- Not at all accepting
- Somewhat accepting
- Moderately accepting
- Very accepting
- Completely accepting

Q31 [IF Q28 = YES AND S5Q1 NE 100% HETEROSEXUAL]

Did most of your most recent coworkers know you are not completely heterosexual/straight?

- No
- Yes
- I don’ know

Q32 [IF S5Q1 = BISEXUAL, THAT IS, ATTRACTED TO MEN AND WOMEN EQUALLY AND Q31 = YES]

Did most of your most recent coworkers know that you are bisexual?

- No
- Yes
- I don’t know

Q33 [IF Q31 = YES]

How accepting were most of your most recent coworkers of you as someone who is not completely heterosexual/straight?

- Not at all accepting
- Somewhat accepting
- Moderately accepting
- Very accepting
- Completely accepting

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Section 13: Economics (EC)

Income

INTRO1 These next questions are about income, debts, and assets. This information helps us to understand whether people in different income groups have different experiences.

Q1 First, in the **last calendar year**, how much income did you receive from your own personal earnings from a job or jobs before taxes? Include wages or salaries, tips, bonuses, overtime pay, and income from self-employment.

- None
- \$1 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

Q2 [IF S3Q1 NE NO I HAVE NEVER WORKED FOR PAY]

In the last calendar year, how many **weeks** did you work for pay? Please include paid sick and vacation time. There are 52 weeks in a year.

- _____ Weeks worked for pay last year: *Number from 0 to 52*
- Don't know

Q3 [IF Q2 = DON'T KNOW]: How many **months** did you work for pay last year?

- _____ Months worked for pay last year: *Number from 1 to 12*

Q4 [IF S3Q1 NE NO I HAVE NEVER WORKED FOR PAY] In the last calendar year, how many **hours** did you work for pay in a typical week?

- _____ Hours per week: *Number from 1 to 168*

INTRO2 The next questions ask about finances, assets, and debts related to family members living in your household in the **last calendar year**. If you did not live with any family household members in the last calendar year, report only your information.

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Q5 Thinking of your family members living in your household in the **last calendar year**, what was your **total family household income** before taxes and deductions in the **last calendar year**? In addition to wages, include income from alimony, child support, public assistance or welfare payments, veteran’s payment, unemployment or worker’s compensation, Supplemental Security Income, Social Security, or retirement pensions.

- None
- Less than \$10,000
- \$10,000 to \$24,999**
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$49,999**
- \$25,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$99,999**
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more**
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

Debts

INTRO3 [IF S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE)]

Now, think about your debts. How much do you owe for each of the following? *If you are not sure, please make your best estimate.*

[IF ANY ROSREL NE NON-RELATIVE]

Now, think about your debts and the debts of your family members living in your household. How much do you and other family members living in your household owe altogether for each of the following? *If you are not sure, please make your best estimate.*

DEFINE FILL1

IF [IF S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE)], THEN “I”

IF [IF ANY ROSREL NE NON-RELATIVE], THEN “we”

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DEFINE FILL2

IF [IF S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE)], THEN “my”
IF [IF ANY ROSREL NE NON-RELATIVE], THEN “our”

Q6 [IF (S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE))]
How much do you owe for mortgage(s)?

[IF ANY ROSREL NE NON-RELATIVE]

How much do you and your family members living in your household owe for mortgage(s)?

- None, [FILL1] rent [FILL2] home
- None, [FILL1] paid off the mortgage(s)
- Less than \$10,000

\$10,000 to \$99,999

- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$99,999

\$100,000 to \$199,999

- \$100,000 to \$149,999
- \$150,000 to \$199,999

\$200,000 to \$349,999

- \$200,000 to \$249,999
- \$250,000 to \$299,999
- \$300,000 to \$349,999

\$350,000 to \$499,999

- \$350,000 to \$399,999
- \$400,000 to \$449,999
- \$450,000 to \$499,999

\$500,000 to \$999,999

- \$500,000 to \$599,999
- \$600,000 to \$699,999
- \$700,000 to \$799,999
- \$800,000 to \$899,999
- \$900,000 to \$999,999
- \$1,000,000 or more
- Not applicable

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Q7 [IF S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE)]
How much do you owe for education debt (such as student loans)?

[IF ANY ROSREL NE NON-RELATIVE] How much do you and your family members living in your household owe for education debt (such as student loans)?

- None, [FILL1] did not have student loans
 - None, [FILL1] paid off all student loans
 - Less than \$10,000
- \$10,000 to \$99,999**

- \$10,000 to \$24,999
 - \$25,000 to \$49,999
 - \$50,000 to \$99,999
- \$100,000 to \$199,999**

- \$100,000 to \$149,999
 - \$150,000 to \$199,999
- \$200,000 to \$349,999**

- \$200,000 to \$249,999
 - \$250,000 to \$299,999
 - \$300,000 to \$349,999
- \$350,000 to \$499,999**

- \$350,000 to \$399,999
 - \$400,000 to \$449,999
 - \$450,000 to \$499,999
- \$500,000 to \$999,999**

- \$500,000 to \$599,999
- \$600,000 to \$699,999
- \$700,000 to \$799,999
- \$800,000 to \$899,999
- \$900,000 to \$999,999
- \$1,000,000 or more

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Q8 [IF S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE)]

How much do you owe for all other debts, including other loans, credit card debts, medical or legal bills, etc.?

[IF ANY ROSREL NE NON-RELATIVE]

How much do you and your family members living in your household owe for all other debts, including other loans, credit card debts, medical or legal bills, etc.?

- None
- Less than \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$199,999**
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 to \$349,999**
- \$200,000 to \$249,999
- \$250,000 to \$299,999
- \$300,000 to \$349,999
- \$350,000 to \$499,999**
- \$350,000 to \$399,999
- \$400,000 to \$449,999
- \$450,000 to \$499,999
- \$500,000 to \$999,999**
- \$500,000 to \$599,999
- \$600,000 to \$699,999
- \$700,000 to \$799,999
- \$800,000 to \$899,999
- \$900,000 to \$999,999
- \$1,000,000 or more

Assets

INTRO4 [IF S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE)]

Now, think about your assets. What is the total value of each of the following? *If you are not sure, please make your best estimate.*

[IF ANY ROSREL NE NON-RELATIVE]

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Now, think about your assets and the assets of your family members living in your household. What is the total value of each of the following? *If you are not sure, please make your best estimate.*

Q9 [IF (S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE))]

What is the total value of your home(s)? Do not subtract what is owed for the home from your estimate.

[IF (ANY ROSREL NE NON-RELATIVE)]

What is the total value of your home(s) and the home(s) of your family members living in your household? Do not subtract what is owed for the home from your estimate.

- [FILL1] do not own a home
- Less than \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$199,999**
 - \$100,000 to \$149,999
 - \$150,000 to \$199,999
- \$200,000 to \$349,999**
 - \$200,000 to \$249,999
 - \$250,000 to \$299,999
 - \$300,000 to \$349,999
- \$350,000 to \$499,999**
 - \$350,000 to \$399,999
 - \$400,000 to \$449,999
 - \$450,000 to \$499,999
- \$500,000 to \$999,999**
 - \$500,000 to \$599,999
 - \$600,000 to \$699,999
 - \$700,000 to \$799,999
 - \$800,000 to \$899,999
 - \$900,000 to \$999,999
 - \$1,000,000 or more

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Q10 [IF S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE)]

What is the total value of your retirement accounts (such as a 401(k), 403(b)) and other assets (such as other stocks, bonds, property other than a home)?

[IF ANY ROSREL NE NON-RELATIVE]

What is the total value of your retirement accounts (such as a 401(k), 403(b)) and other assets (such as other stocks, bonds, property other than a home) and the retirement accounts and other assets (such as other stocks, bonds, property other than a home) of your family members living in your household?

[FILL1] do not have retirement accounts or other assets

Less than \$5,000

\$5,000 to \$9,999

\$10,000 to \$24,999

\$25,000 to \$49,999

\$50,000 to \$99,999

\$100,000 to \$199,999

\$100,000 to \$149,999

\$150,000 to \$199,999

\$200,000 to \$349,999

\$200,000 to \$249,999

\$250,000 to \$299,999

\$300,000 to \$349,999

\$350,000 to \$499,999

\$350,000 to \$399,999

\$400,000 to \$449,999

\$450,000 to \$499,999

\$500,000 to \$999,999

\$500,000 to \$599,999

\$600,000 to \$699,999

\$700,000 to \$799,999

\$800,000 to \$899,999

\$900,000 to \$999,999

\$1,000,000 or more

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Q11 [IF S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE)]

What is the total value of your bank accounts (such as checking and savings accounts)?

[IF ANY ROSREL NE NON-RELATIVE]

What is the total value of your bank accounts (such as checking and savings accounts) and the bank accounts of your family members living in your household?

- None
- Less than \$5,000
- \$5,000 to \$9,999
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$199,999**
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 to \$349,999**
- \$200,000 to \$249,999
- \$250,000 to \$299,999
- \$300,000 to \$349,999
- \$350,000 to \$499,999**
- \$350,000 to \$399,999
- \$400,000 to \$449,999
- \$450,000 to \$499,999
- \$500,000 to \$999,999**
- \$500,000 to \$599,999
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- \$1,000,000 or more

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Medical Expenses

Q12 [IF S7Q2 = NO OR (S7Q2 = YES AND ALL ROSREL = NON-RELATIVE)]

In the **past 12 months**, about how much did you spend out of pocket for health care including dental care? Do not count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for.

[IF ANY ROSREL NE NON-RELATIVE]

In the **past 12 months**, about how much did you and family members living in your household spend out of pocket for health care including dental care? Do not count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for.

- Zero
- Less than \$500
- \$500 - \$1,999
- \$2,000 - \$2,999
- \$3,000 - \$4,999
- \$5,000 - \$9,999
- \$10,000 – \$14,999
- \$15,000 or more

Section 14: Intergenerational Transfers (IG)

INTRO1Families support one another in different ways. These next questions ask about the flow of resources within families.

Please answer these questions about parental figures who raised you. Examples of parental figures include: biological parents, step-parents, adoptive parents, grandparents, and other adult caregivers. Remember that you can skip any questions you do not wish to answer and/or stop the survey at any time.

In this section, we refer to your parental figures as parents.

Q1 Did you receive any financial support such as money, personal loans or gifts from your parents for your education beyond high school including tuition, fees, and living expenses? Please include costs for college, technical school or other training. Later we will ask about student loans.

- No
- Yes

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Q2 [IF Q1 = YES]
In total, about how much was that **since you turned 18**?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

Q3 Have your parents **ever taken out or cosigned a loan** from a bank or lending institution for your **education beyond high school** including tuition, fees, and living expenses? Please include loans for college, technical school or other trainings.

- No
- Yes

Q4 [IF Q3 = YES]
In total, about how much was that **since you turned 18**?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

Has a Household Spouse/Partner

INTRO2 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]

These next questions ask about support from multiple people. This includes your parents as well as [HHPARTNER]'s parental figures, friends or other people.

Q5 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]

Since the age of 18, has someone let you or [HHPARTNER] live with them for **longer than 3 months** for free or low rent to help you or [HHPARTNER]?

- No
- Yes

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Q6 [IF Q5 = YES]

Who gave you or [HHPARTNER] this support? *Select all that apply.*

- My parents
- [HHPARTNER]'s parents
- Relatives
- Friends
- Others

Q7 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]

Have you or [HHPARTNER] **ever** received any financial support such as money, personal loans or gifts for buying a home, including a down payment?

- No
- Yes

Q8 [IF Q7 = YES]

Who gave you or [HHPARTNER] this support? *Select all that apply.*

- My parents
- [HHPARTNER]'s parents
- Relatives
- Friends
- Others

Q9 [IF Q7= YES]

In total, about how much was the support?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

Q10 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]

Has someone **ever** taken out or cosigned a loan from a bank or lending institution for you or [HHPARTNER] for buying a home, including a down payment?

- No
- Yes

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Q11 [IF Q10 = YES]
 Who gave you or [HHPARTNER] this support? *Select all that apply.*

- My parents
- [HHPARTNER]'s parents
- Relatives
- Friends
- Others

Q12 [IF Q10 = YES]
 In total, about how much was the loan(s)?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

Q13 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]
 These next questions ask about support for other major expenses.

Has someone **ever** given you or [HHPARTNER] money, personal loans or gifts to help with any of these other major expenses: a car, a wedding, help starting a business, adoption or fertility costs, other medical expenses, substantial help with living expenses, or other significant financial support?

- No
- Yes

Q14 [IF Q13 = YES]
Was the money for: *Select all that apply.*

		No	Yes
a	Car	<input type="radio"/>	<input type="radio"/>
b	Wedding	<input type="radio"/>	<input type="radio"/>
c	Starting a business	<input type="radio"/>	<input type="radio"/>
d	Start or add to your family (adoption, fertility costs)	<input type="radio"/>	<input type="radio"/>
e	Medical expenses (other than fertility expenses)	<input type="radio"/>	<input type="radio"/>
f	Living expenses	<input type="radio"/>	<input type="radio"/>
g	Other	<input type="radio"/>	<input type="radio"/>

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Q15 [IF Q13 = YES]

Who gave you or [HHPARTNER] this support? *Select all that apply.*

- My parents
- [HHPARTNER]'s parents
- Relatives
- Friends
- Others

Q16 [IF Q13 = YES]

In total, about how much was the personal loan(s) or monetary gift(s)?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

Q17 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]

Has someone **ever** taken out or cosigned a loan from a bank or lending institution for you or [HHPARTNER] to help with these other major expenses: a car, a wedding, help starting a business, adoption or fertility costs, medical expenses, substantial help with living expenses, or other significant financial support?

- No
- Yes

Q18 [IF 17 = YES]

Was the money for: *Select all that apply.*

		No	Yes
a	Car	<input type="radio"/>	<input type="radio"/>
b	Wedding	<input type="radio"/>	<input type="radio"/>
c	Starting a business	<input type="radio"/>	<input type="radio"/>
d	Start or add to your family (adoption, fertility costs)	<input type="radio"/>	<input type="radio"/>
e	Medical expenses (other than fertility expenses)	<input type="radio"/>	<input type="radio"/>
f	Living expenses	<input type="radio"/>	<input type="radio"/>
g	Other	<input type="radio"/>	<input type="radio"/>

Q19 [IF Q17 = YES]

Who gave you or [HHPARTNER] this support? *Select all that apply.*

- My parents
- [HHPARTNER]'s parents
- Relatives
- Friends
- Others

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Q20 [IF Q17 = YES]
 In total, about how much was the loan(s)?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

Q21 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]
 Have you ever needed or wanted financial support to pay for the following major expenses?

		No	Yes
a	Education beyond high school	<input type="radio"/>	<input type="radio"/>
b	Home	<input type="radio"/>	<input type="radio"/>
c	Car	<input type="radio"/>	<input type="radio"/>
d	Wedding	<input type="radio"/>	<input type="radio"/>
e	Starting a business	<input type="radio"/>	<input type="radio"/>
f	Start or add to your family (adoption, fertility costs)	<input type="radio"/>	<input type="radio"/>
g	Medical expenses (other than fertility expenses)	<input type="radio"/>	<input type="radio"/>
h	Living expenses	<input type="radio"/>	<input type="radio"/>
i	Other	<input type="radio"/>	<input type="radio"/>

INTRO3 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]
 These next questions are about support your parents or [HHPARTNER]'s parents provided to you or [HHPARTNER].

Q22 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = Yes]
 Families sometimes help each other with activities such as errands, transportation, chores, babysitting, or hands-on care.

In the last 12 months did your parents or [HHPARTNER]'s parents spend time helping you or [HHPARTNER] with childcare, transportation, chores, errands or financial paperwork?

- Yes
- No
- Not applicable because parents are deceased or unable to help due to poor health

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Q23 [IF Q22 = YES]

About how often **in the last 12 months** did your parents or [HHPARTNER]'s parents spend time helping you or [HHPARTNER] with childcare, transportation, chores, errands or financial paperwork?

- Daily
- Weekly
- Monthly
- Every 2 to 3 months
- Once or twice during the past 12 months

INTRO4 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]

These next questions ask about support you or [HHPARTNER] may have provided to your parents or [HHPARTNER]'s parents.

Q24 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]

Have you or [HHPARTNER] **ever** provided any financial support such as money, personal loans or gifts to your parents or to [HHPARTNER]'s parents?

- No
- Yes

Q25 [IF Q24 = YES]

In total, about how much was that financial support?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

Q26 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]

In the last 12 months, did you or [HHPARTNER] spend time helping your parents or [HHPARTNER]'s parents with errands, transportation, chores, health care, financial paperwork, or hands-on care?

- Yes
- No
- Not applicable because parents are deceased

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- Q27** [IF Q26 = YES]
 About how often **in the last 12 months** did you or [HHPARTNER] spend time helping your parents or [HHPARTNER]'s parents with errands, transportation, chores, health care, financial paperwork, or hands-on care?
- Daily
 - Weekly
 - Monthly
 - Every 2 to 3 months
 - Once or twice during the past 12 months
- Q28** [IF Q26 NE NOT APPLICABLE BECAUSE PARENTS ARE DECEASED] How many of your parents and [HHPARTNER]'s parents can easily visit you?
- _____ [drop down] *Number from 0 to 12*

No Household Spouse/Partner

INTRO5 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]

These next questions ask about support from multiple people.

- Q29** [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]
Since the age of 18, has someone let you live with them for **longer than 3 months** for free or low rent to help you?
- No
 - Yes

- Q30** [IF Q29 = YES]
 Who gave you this support? *Select all that apply*
- My parents
 - Relatives
 - Friends
 - Others

- Q31** [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]
 Have you **ever** received any financial support such as money, personal loans or gifts for buying a home, including a down payment?
- No
 - Yes

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Q32 [IF Q31 = YES]
Who gave you this support? *Select all that apply*

- My parents
- Relatives
- Friends
- Others

Q33 [IF Q31 = YES]
In total, about how much was that support?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

Q34 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]

Has someone **ever** taken out or cosigned a loan from a bank or lending institution for you for buying a home, including a down payment?

- No
- Yes

Q35 [IF Q34 = YES]
Who gave you this support? *Select all that apply*

- My parents
- Relatives
- Friends
- Others

Q36 [IF Q34 = YES]
In total, about how much was the loan?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

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Q37 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]

These next questions ask about support for other major expenses.

Has someone **ever** given you money, personal loans, or gifts to help with these other major expenses: a car, a wedding, help starting a business, adoption or fertility costs, other medical expenses, substantial help with living expenses, or other significant financial support?

- No
- Yes

Q38 [IF Q37 = YES]

		No	Yes
a	Car	<input type="radio"/>	<input type="radio"/>
b	Wedding	<input type="radio"/>	<input type="radio"/>
c	Starting a business	<input type="radio"/>	<input type="radio"/>
d	Start or add to your family (adoption, fertility costs)	<input type="radio"/>	<input type="radio"/>
e	Medical expenses (other than fertility expenses)	<input type="radio"/>	<input type="radio"/>
f	Living expenses	<input type="radio"/>	<input type="radio"/>
g	Other	<input type="radio"/>	<input type="radio"/>

Q39 [IF Q37 = YES]

Who gave you this support? *Select all that apply.*

- My parents
- Relatives
- Friends
- Others

Q40 [Q37 = YES]

In total, about how much was the personal loan or monetary gift?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

Q41 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]

Has someone **ever** taken out or cosigned a loan from a bank or lending institution for you to help with these other major expenses: a car, a wedding, help starting a business, adoption or fertility costs, medical expenses, substantial help with living expenses, or other significant financial support?

- No
- Yes

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Q42 [IF Q41= YES]

Was the money for: *Select all that apply.*

		No	Yes
a	Car	<input type="radio"/>	<input type="radio"/>
b	Wedding	<input type="radio"/>	<input type="radio"/>
c	Starting a business	<input type="radio"/>	<input type="radio"/>
d	Start or add to your family (adoption, fertility costs)	<input type="radio"/>	<input type="radio"/>
e	Medical expenses (other than fertility expenses)	<input type="radio"/>	<input type="radio"/>
f	Living expenses	<input type="radio"/>	<input type="radio"/>
g	Other	<input type="radio"/>	<input type="radio"/>

Q43 [IF Q41= YES]

Who gave you this support? *Select all that apply.*

- My parents
- Relatives
- Friends
- Others

Q44 [IF Q41= YES]

In total, about how much was the loan(s)?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

Q45 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]

Have you ever needed or wanted financial support to pay for the following major expenses?

		No	Yes
a	Education beyond high school	<input type="radio"/>	<input type="radio"/>
b	Home	<input type="radio"/>	<input type="radio"/>
c	Car	<input type="radio"/>	<input type="radio"/>
d	Wedding	<input type="radio"/>	<input type="radio"/>
e	Starting a business	<input type="radio"/>	<input type="radio"/>
f	Start or add to your family (adoption, fertility costs)	<input type="radio"/>	<input type="radio"/>
g	Medical expenses (other than fertility expenses)	<input type="radio"/>	<input type="radio"/>
h	Living expenses	<input type="radio"/>	<input type="radio"/>
i	Other	<input type="radio"/>	<input type="radio"/>

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INTRO6 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]

These next questions are about support that your parents may have provided to you.

Q46 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]

Families sometimes help each other with activities such as errands, transportation, chores, babysitting, or hands-on care.

In the past 12 months did your parents spend time helping you with childcare, transportation, chores, errands or financial paperwork?

- Yes
- No
- Not applicable because my parents are deceased or unable to help due to poor health

Q47 [IFQ46 = YES]

In the past 12 months did your parents spend time helping you with childcare, transportation, chores, errands or financial paperwork?

About how often in the **last 12 months** did your parents spend time helping you with childcare, transportation, chores, errands or financial paperwork?

- Daily
- Weekly
- Monthly
- Every 2 to 3 months
- Once or twice during the past 12 months

INTRO7 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR Q46a = NO]

These next questions ask about support you may have provided to your parents.

Q48 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]

Have you **ever** provided any financial support such as money, personal loans or gifts to your parents?

- No
- Yes

Q49 [IF Q48 = YES]

In total, about how much was that?

- <\$1,000
- \$1,000-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,999
- \$50,000+

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Q50 [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]

In the last 12 months, did you spend time helping your parents with errands, transportation, chores, health care, financial paperwork, or hands-on care?

- Yes
- No
- Not applicable because my parents are deceased

Q51 [IF Q50 = YES]

In the last 12 months, did you spend time helping your parents with errands, transportation, chores, health care, financial paperwork, or hands-on care?

About how often **in the last 12 months** did you spend time helping your parents with errands, transportation, chores, health care, financial paperwork, or hands-on care?

- Daily
- Weekly
- Monthly
- Every 2 to 3 months
- Once or twice during the past 12 months

Q52 [IF Q50 NE NOT APPLICABLE BECAUSE PARENTS ARE DECEASED]

How many of your parents can easily visit you?

- _____ [drop down] *Number from 0 to 12*

Section 15: Sexual Behavior (SB)

INTRO1 Please think about all of your past and current romantic and/or sexual partners, including men and women, **cisgender** and **transgender/gender non-binary** partners. We will ask questions about each type of partner.

Cisgender Men: Sex/Relationships

INTRO2 In this section, the following questions are asking about **cisgender men** -- people who were assigned male sex at birth and identify as men.

Q1 Have you **ever** been sexually attracted to **cisgender men**?

- No
- Yes

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[PROGRAMMER NOTE: ADD “*Cisgender men identify as men and were assigned male sex at birth.*” JUSTIFIED LEFT IN ITALICS BETWEEN QUESTION AND RESPONSE OPTIONS OF Q2-Q5]

Q2 Have you **ever** had a romantic and/or sexual relationship with a cisgender man?

- No
- Yes

Q3 [IF Q2 = YES]

During which of the following periods of your life did you have a romantic and/or sexual relationship with a cisgender man? When you were...?

		No	Yes
a	17 years or younger	<input type="radio"/>	<input type="radio"/>
b	18-25 years old	<input type="radio"/>	<input type="radio"/>
c	26 and older	<input type="radio"/>	<input type="radio"/>

Q4 [IF ANY Q3 = YES]

With how many **cisgender men** have you had sex **in the past 5 years**, even if only one time? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- 0
- 1
- 2
- 3 or more

Q5 [IF Q1 = YES]

Are you **currently** sexually attracted to **cisgender men**?

- No
- Yes

Cisgender Women: Sex/Relationship

INTRO3In this section, the following questions are asking about **cisgender women** -- people who were assigned female sex at birth and identify as women.

Q6 Have you **ever** been sexually attracted to **cisgender women**?

- No
- Yes

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[PROGRAMMER NOTE: ADD “*Cisgender women identify as women and were assigned female sex at birth.*” JUSTIFIED LEFT IN ITALICS BETWEEN QUESTION AND RESPONSE OPTIONS OF Q7-10]

Q7 Have you **ever** had a romantic and/or sexual relationship with a cisgender woman?

- No
- Yes

Q8 [IF Q7 = YES]

During which of the following periods of your life did you have a romantic and/or sexual relationship with a cisgender woman? When you were...?

		No	Yes
a	17 years or younger	<input type="radio"/>	<input type="radio"/>
b	18-25 years old	<input type="radio"/>	<input type="radio"/>
c	26 and older	<input type="radio"/>	<input type="radio"/>

Q9 [IF ANY Q8 = YES]

With how many **cisgender women** have you had sex **in the past 5 years**, even if only one time? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- 0
- 1
- 2
- 3 or more

Q10 [IF Q6 = YES]

Are you **currently** sexually attracted to **cisgender women**?

- No
- Yes

Transgender Men: Sex/Relationship/Parents

INTRO4 In this section, the following questions are asking about transgender men. A transgender man is a person born into a female body, but who feels male and may live as a man. He may or may not use the term **transgender** to describe his **gender identity**.

Q11 Have you **ever** been sexually attracted to transgender men?

- No
- Yes

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[PROGRAMMER NOTE: ADD “A transgender man is a person born into a female body, but who feels male and may live as a man. He may or may not use the term transgender to describe his gender identity.” JUSTIFIED LEFT IN ITALICS BETWEEN QUESTION AND RESPONSE OPTIONS OF Q12-Q15]

Q12 Have you **ever** had a romantic and/or sexual relationship with a transgender man?

- No
- Yes

Q13 [IF Q12 = YES]

During which of the following periods of your life did you have a romantic and/or sexual relationship with a transgender man? When you were...

		No	Yes
a	17 years or younger	<input type="radio"/>	<input type="radio"/>
b	18-25 years old	<input type="radio"/>	<input type="radio"/>
c	26 and older	<input type="radio"/>	<input type="radio"/>

Q14 [IF ANY Q13 = YES]

With how many transgender men have you had sex in the **past 5 years**, even if only one time? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- 0
- 1
- 2
- 3 or more

Q15 [IF Q11 = YES]

Are you **currently** sexually attracted to transgender men?

- No
- Yes

Transgender Women: Sex/Relationship/Parents

INTRO5 In this section, the following questions are asking about transgender women. A transgender woman is a person born into a male body, but who feels female and may live as a woman. She may or may not use the term *transgender* to describe her *gender identity*.

Q16 Have you **ever** been sexually attracted to transgender women?

- No
- Yes

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[PROGRAMMER NOTE: ADD “*A transgender woman is a person born into a male body, but who feels female and may live as a woman. She may or may not use the term transgender to describe her gender identity.*” JUSTIFIED LEFT IN ITALICS BETWEEN QUESTION AND RESPONSE OPTIONS OF Q18-Q21]

Q17 Have you **ever** had a romantic and/or sexual relationship with a transgender woman?

- No
- Yes

Q18 [IF Q17 = YES]

During which of the following periods of your life did you have a romantic and/or sexual relationship with a transgender woman? When you were...?

		No	Yes
a	17 years or younger	<input type="radio"/>	<input type="radio"/>
b	18-25 years old	<input type="radio"/>	<input type="radio"/>
c	26 and older	<input type="radio"/>	<input type="radio"/>

Q19 [IF ANY Q18 = YES]

With how many transgender women have you had sex **in the past 5 years**, even if only one time? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- 0
- 1
- 2
- 3 or more

Q20 [IF Q16 = YES]

Are you **currently** sexually attracted to transgender women?

- No
- Yes

Gender non-binary/genderqueer SAB Male: Sex/Relationship

INTRO6 In this section, the following questions are asking about gender non-binary/genderqueer individuals who were assigned male at birth. **Genderqueer and gender non-binary** are terms used by some people to describe a **gender identity** that is not exclusively male or female and extends beyond the categories of man and woman.

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Q21 Have you **ever** been sexually attracted to genderqueer or gender non-binary individuals who were assigned male sex at birth?

- No
- Yes

[PROGRAMMER NOTE: ADD *“Genderqueer and gender non-binary people have a gender identity that is not exclusively male or female. In this section, we are asking about genderqueer and gender non-binary people who were assigned male at birth.”* JUSTIFIED LEFT IN ITALICS BETWEEN QUESTION AND RESPONSE OPTIONS OF Q22=Q25]

Q22 Have you **ever** had a romantic and/or sexual relationship with a genderqueer or gender non-binary individual who was assigned male sex at birth?

- No
- Yes

Q23 [IF Q22 = YES]

During which of the following periods of your life did you have a romantic and/or sexual relationship with a genderqueer or gender non-binary individual who was assigned male at birth? When you were...?

		No	Yes
a	17 years or younger	<input type="radio"/>	<input type="radio"/>
b	18-25 years old	<input type="radio"/>	<input type="radio"/>
c	26 and older	<input type="radio"/>	<input type="radio"/>

Q24 [IF Q23 = YES]

With how many genderqueer or gender non-binary individuals who were assigned male at birth have you had sex **in the past 5 years**, even if only one time? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- 0
- 1
- 2
- 3 or more

Q25 [IF Q21 = YES]

Are you **currently** sexually attracted to genderqueer or gender non-binary individuals who were assigned male sex at birth?

- No
- Yes

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Gender non-binary/genderqueer SAB Female: Sex/Relationship

INTRO7 In this section, the following questions are asking about gender non-binary/genderqueer individuals who were assigned female at birth. **Genderqueer and gender non-binary** are terms used by some people to describe a **gender identity** that is not exclusively male or female and extends beyond the categories of man and woman.

Q26 Have you **ever** been sexually attracted to genderqueer or gender non-binary individuals who were assigned female sex at birth?

- No
- Yes

[PROGRAMMER NOTE: ADD “*Genderqueer and gender non-binary people have a gender identity that is not exclusively male or female. In this section, we are asking about genderqueer and gender non-binary people who were assigned female at birth.*” JUSTIFIED LEFT IN ITALICS BETWEEN QUESTION AND RESPONSE OPTIONS OF Q27-Q30]

Q27 Have you **ever** had a romantic and/or sexual relationship with a genderqueer or gender non-binary individual who was assigned female sex at birth?

- No
- Yes

Q28 [IF Q27 = YES]

During which of the following periods of your life did you have a romantic and/or sexual relationship with a genderqueer or gender non-binary individual who was assigned female at birth? When you were....?

		No	Yes
a	17 years or younger	<input type="radio"/>	<input type="radio"/>
b	18-25 years old	<input type="radio"/>	<input type="radio"/>
c	26 and older	<input type="radio"/>	<input type="radio"/>

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Q29 [IF ANY Q28 = YES]

With how many genderqueer or gender non-binary individuals who were assigned female at birth have you had sex **in the past 5 years**, even if only one time? By sex we mean oral, vaginal, or anal sex or other sexual touching.

- 0
- 1
- 2
- 3 or more

Q30 [IF Q26 = YES]

Are you **currently** sexually attracted to genderqueer or gender non-binary individuals who were assigned female at birth?

- No
- Yes

Section 16: Parental Acceptance (PA)

Identify 2 Parents (Spent the Most Time with You)

INTRO1 These next questions are about your parents or parental figures (such as biological parents, stepparents, adoptive parents, grandparents, and other adult caregivers) who raised you.

Q1 Before the age of 26, how many parental figures did you have?

- _____ (drop down) *Number from 0 to 10*

QNA1 [IF Q1 = 1]

What is the first name or initials of your parental figure **before the age of 26**?

[IF Q1 = 2]

What is the first name or initials of your first parental figure **before the age of 26**?

[IF Q1 > 2]

What is the first name or initials of the parental figure who spent the most time with you **before the age of 26**?

Entering the name or initials is to help you keep track when answering these questions. Names/initials will not be recorded by the study.

- _____ (write in) [ALLOW 10 CHARACTERS]

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DEFINE PARENT1

IF QNA1 NE BLANK, THEN PARENT1 = QNA1

IF QNA1 = BLANK AND Q283 =1, THEN PARENT1 = “your parental figure”

IF QNA1 = BLANK AND Q283 > 1, THEN PARENT1 = “your first parental figure”

Q2 [IF Q1 ≥ 1] What is [PARENT1]’s relationship to you?

- Mother
- Stepmother
- Grandmother
- Aunt
- Father
- Stepfather
- Grandfather
- Uncle
- Someone else

QNA2 [IF Q1 = 2]

What is the first name or initials of your second parental figure **before the age of 26?**

[IF Q1 > 2]

What is the first name or initials of the parental figure who spent the second most time with you **before the age of 26?**

Entering the name or initials is meant to help you keep track when answering these questions and will not be recorded by the study.

- _____ (write in) [ALLOW 10 CHARACTERS]

DEFINE PARENT2

IF QNA2 NE BLANK, THEN PARENT2 = QNA2

IF QNA2 = BLANK, THEN PARENT2 = “your second parental figure”

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Q3 [IF Q1 ≥ 2] What is [PARENT2]'s relationship to you?

- Mother
- Stepmother
- Grandmother
- Aunt
- Father
- Stepfather
- Grandfather
- Uncle
- Someone else

Dating Cisgender Men

Multiple Parental Figures

INTRO2 [S15Q2 = 1 AND Q1 ≥ 2]

Please think about [PARENT1] and [PARENT2] as you answer the next set of questions about your romantic and/or sexual partners.

Q4 [S15Q2 = 1 AND Q1 ≥ 2]

When you **first started** dating **cisgender men**, which of your parental figures were aware that you were dating **cisgender men**?

Cisgender men identify as men and were assigned male sex at birth.

- [PARENT1] and [PARENT2]
- Only [PARENT1]
- Only [PARENT2]
- Neither [PARENT1] nor [PARENT2]

First Dating Cisgender Men

Q5 [IF Q4 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])]

When you **first started** dating **cisgender men**, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Q6 [IF Q4 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])] When you **first started** dating **cisgender men**, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Q7 [IF Q4 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])] When you **first started** dating **cisgender men**, how often did [Parent 2]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 [IF Q4 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])] When you **first started** dating **cisgender men**, how accepting of this was [PARENT2]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Recently Dating Cisgender Men

Q9 [IF ((S15Q3a = YES AND S15Q3c = YES) or (S15Q3b = YES AND S15Q3c = YES)) AND Q1 ≥ 2] In your **most recent** romantic and/or sexual relationships with **cisgender men**, which of your parental figures were aware that you were dating **cisgender men**?

- [PARENT1] and [PARENT2]
- Only [PARENT1]
- Only [PARENT2]
- Neither [PARENT1] nor [PARENT2]

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Q10 [IF Q9 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])]

In your **most recent** romantic and/or sexual relationships with **cisgender men**, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 [IF Q9 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])]

In your **most recent** romantic and/or sexual relationships with **cisgender men**, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Q12 [IF Q9 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])]

In your **most recent** romantic and/or sexual relationships with **cisgender men**, how often did [PARENT2]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q13 [IF Q9 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])]

In your **most recent** romantic and/or sexual relationships with **cisgender men**, how accepting of this was [PARENT2]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

One Parental Figure

INTRO3 [IF S15Q2 = YES AND Q1 = 1] Please think about [PARENT1] as you answer the next set of questions about your romantic and/or sexual partners.

Q14 [IF S15Q2 = YES AND Q1 = 1]

When you **first started** dating **cisgender men**, was [PARENT1] aware that you were dating **cisgender men**?

Cisgender men identify as men and were assigned male sex at birth.

- No
- Yes

First Dating Cisgender Men

Q15 [IF Q14 = YES]

When you **first started** dating **cisgender men**, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- Q16** [IF Q14 = YES]
 When you **first started** dating **cisgender men**, how accepting of this was [PARENT1]?
- Not at all accepting
 - A little accepting
 - Somewhat accepting
 - Quite a bit accepting
 - Completely accepting

Recently Dating Cisgender Men

- Q17** [IF (S15Q3a AND S15Q3c = YES) OR (S15Q3b AND S15Q3c = YES) AND Q1 = 1]
 In your **most recent** romantic and/or sexual relationships with **cisgender men**, was [PARENT1] aware that you were dating **cisgender men**?

- No
- Yes

- Q18** [IF Q17 = YES]
 In your **most recent** romantic and/or sexual relationships with **cisgender men**, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Q19** [IF Q17 = YES]
 In your **most recent** romantic and/or sexual relationships with **cisgender men**, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

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Dating Cisgender Women

Multiple Parental Figures

INTRO4 [IF S15Q7 = YES AND Q1 ≥ 2]

Please think about [PARENT1] and [PARENT2] as you answer the next set of questions.

Q20 [IF S15Q7 = YES AND Q1 ≥ 2]

When you **first started** dating **cisgender women**, which of your parental figures were aware that you were dating **cisgender women**?

Cisgender women identify as women and were assigned female sex at birth.

- [PARENT1] and [PARENT2]
- Only [PARENT1]
- Only [PARENT2]
- Neither [PARENT1] nor [PARENT2]

First Dating Cisgender Women

Q21 [IF Q20 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])]

When you **first started** dating **cisgender women**, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q22 [IF Q20 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])]

When you **first started** dating **cisgender women**, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

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Q23 [IF Q20 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])]

When you **first started** dating **cisgender women**, how often did [PARENT2]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q24 [IF Q20 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])] When you **first started** dating **cisgender women**, how accepting of this was [PARENT2]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Recently Dating Cisgender Women

Q25 [IF (S15Q8a AND S15Q8c = YES) OR (S15Q8b AND S15Q8c = YES) AND Q1 ≥ 2]

In your **most recent** romantic and/or sexual relationships with **cisgender women**, which of your parental figures were aware that you were dating **cisgender women**?

- [PARENT1] and [PARENT2]
- Only [PARENT1]
- Only [PARENT2]
- Neither [PARENT1] nor [PARENT2]

Q26 [IF Q25 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])]

In your **most recent** romantic and/or sexual relationships with **cisgender women**, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q27 [IF Q25 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])] In your **most recent** romantic and/or sexual relationships with **cisgender women**, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Q28 [IF Q25 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])] In your **most recent** romantic and/or sexual relationships with **cisgender women**, how often did [PARENT2]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29 [IF Q25 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])] In your **most recent** romantic and/or sexual relationships with **cisgender women**, how accepting of this was [PARENT2]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

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One Parental Figure

INTRO5 [IF S15Q7 = YES AND Q1 = 1]

Please think about [PARENT1] as you answer the next set of questions.

Q30 [IF S15Q7 = YES AND Q1 = 1]

When you **first started** dating **cisgender women**, was [PARENT1] aware that you were dating **cisgender women**?

Cisgender women identify as women and were assigned female sex at birth.

- No
- Yes

First Dating Cisgender Women

Q31 [IF Q30 = YES]

When you **first started** dating **cisgender women**, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q32 [IF Q30 = YES]

When you **first started** dating **cisgender women**, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Recently Dating Cisgender Women

Q33 [IF (S15Q8a AND S15Q8c = YES) OR (S15Q8b AND S15Q8c = YES) AND Q1 = 1]

In your **most recent** romantic and/or sexual relationships with **cisgender women**, was [PARENT1] aware that you were dating **cisgender women**?

- No
- Yes

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Q34 [IF Q33 = YES]

In your **most recent** romantic and/or sexual relationships with **cisgender women**, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q35 [IF Q33 = YES]

In your **most recent** romantic and/or sexual relationships with **cisgender women**, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Dating Trans/Non-Binary/Genderqueer Partners

Multiple Parental Figures

INTRO6 [IF (S15Q12 OR S15Q17 OR S15Q22 OR S15Q27 = YES) AND Q1 ≥ 2]

Please think about [PARENT1] and [PARENT2] as you answer the next set of questions.

Q36 [IF (S15Q12 OR S15Q17 OR S15Q22 OR S15Q27 = YES) AND Q1 ≥ 2]

When you **first started** dating **transgender** and/or **gender non-binary/genderqueer** people, which of your parental figures were aware that you were dating them?

Transgender people are people whose gender identity is different from their sex assigned at birth. Genderqueer and gender non-binary people have a gender identity that is not exclusively male or female.

- [Parent 1] and [Parent 2]
- Only [Parent 1]
- Only [Parent 2]
- Neither [Parent 1] nor [Parent 2]

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First Dating transgender and/or gender non-binary/genderqueer people

Q37 [IF Q36 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])]

When you **first started** dating **transgender** and/or **gender non-binary/genderqueer** people, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q38 [IF Q36 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])]

When you **first started** dating **transgender** and/or **gender non-binary/genderqueer** people, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Q39 [IF Q36 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])]

When you **first started** dating **transgender** and/or **gender non-binary/genderqueer** people, how often did [PARENT2]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q40 [IF Q36 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])]
 When you **first started** dating **transgender** and/or **gender non-binary/genderqueer** people, how accepting of this was [PARENT2]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Recently Dating transgender and/or gender non-binary/genderqueer people

Q41 [IF ((S15Q13a OR S15Q18a OR S15Q23a OR S15Q28a = YES) OR (S15Q13b OR S15Q18b OR S15Q23b OR S15Q28b = YES)) AND (S15Q13c OR S15Q18c OR S15Q23c OR S15Q28c = YES)) AND Q1 ≥ 2]

In your **most recent** romantic and/or sexual relationships with **transgender** and/or **gender non-binary/genderqueer** people, which of your parental figures were aware that you were dating them?

- [PARENT1] and [PARENT2]
- Only [PARENT1]
- Only [PARENT2]
- Neither [PARENT1] nor [PARENT2]

Q42 [IF Q41 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])]

In your **most recent** romantic and/or sexual relationships with **transgender** and/or **gender non-binary/genderqueer** people, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q43 [IF Q41 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT1])] In your **most recent** romantic and/or sexual relationships with **transgender** and/or **gender non-binary/genderqueer** people, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Q44 [IF Q41 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])] In your **most recent** romantic and/or sexual relationships with **transgender** and/or **gender non-binary/genderqueer** people, how often did [PARENT2]

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q45 [IF Q41 = ([PARENT1] AND [PARENT2]) OR (ONLY [PARENT2])] In your **most recent** romantic and/or sexual relationships with **transgender** and/or **gender non-binary/genderqueer** people, how accepting of this was [PARENT2]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

One Parental Figure

INTRO7 [IF (S15Q12 OR S15Q17 OR S15Q22 OR S15Q27 = YES) AND Q1 = 1] Please think about [PARENT1] as you answer the next set of questions.

Q46 [IF (S15Q12 OR S15Q17 OR S15Q22 OR S15Q27 = YES) AND Q1 = 1] When you **first started** dating **transgender** and/or **gender non-binary/genderqueer** people, was [PARENT1] aware that you were dating them?

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Transgender people are people whose gender identity is different from their sex assigned at birth. Genderqueer and gender non-binary people have a gender identity that is not exclusively male or female.

- No
- Yes

First Dating transgender and/or gender non-binary/genderqueer people

Q47 [IF Q46 = YES]

When you **first started** dating **transgender** and/or **gender non-binary/genderqueer** people, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q48 [IF Q46 = YES]

When you **first started** dating **transgender** and/or **gender non-binary/genderqueer** people, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Recently Dating transgender and/or gender non-binary/genderqueer people

Q49 [IF ((S15Q13a OR S15Q18a OR S15Q23a OR S15Q28a = YES) OR (S15Q13b OR S15Q18b OR S15Q23b OR S15Q28b = YES)) AND (S15Q13c OR S15Q18c OR S15Q23c OR S15Q28c = YES) AND Q1 = 1]

In your **most recent** romantic and/or sexual relationships with **transgender** and/or **gender non-binary/genderqueer** people, was [PARENT1] aware that you were dating them?

- No
- Yes

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Q50 [IF Q49 = YES]

In your **most recent** romantic and/or sexual relationships with **transgender** and/or **gender non-binary/genderqueer** people, how often did [PARENT1]:

		Never	Rarely	Sometimes	Often
a	Say positive things about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Express interest in really getting to know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Invite them to join family meals, activities, or events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Ask you questions about your relationships in a curious, caring, and non-judgmental manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q51 [IF Q49 = YES]

In your **most recent** romantic and/or sexual relationships with **transgender** and/or **gender non-binary/genderqueer** people, how accepting of this was [PARENT1]?

- Not at all accepting
- A little accepting
- Somewhat accepting
- Quite a bit accepting
- Completely accepting

Section 17: Minority Stress (MS)

Internalized Stigma: Lesbian, Gay, Bisexual

INTRO1 [IF S5Q1 NE 100% HETEROSEXUAL (STRAIGHT) OR NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES] The next questions are about the ways you feel about being [AHSOFILL]. How much do you agree with the following statements?

Q1 [IF S5Q1 NE 100% HETEROSEXUAL (STRAIGHT) OR NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES]

I have tried to stop being attracted to people who are the same gender as me.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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Q2 [IF S5Q1 NE 100% HETEROSEXUAL (STRAIGHT) OR NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES]

If someone offered me the chance to be completely heterosexual/straight, I would take it.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q3 [IF S5Q1 NE 100% HETEROSEXUAL (STRAIGHT)] OR NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES]

I wish I weren't [AHSOFILL].

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q4 [IF S5Q1 NE 100% HETEROSEXUAL (STRAIGHT) OR NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES]

I feel that being [AHSOFILL] is a personal shortcoming for me.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q5 [IF S5Q1 NE 100% HETEROSEXUAL (STRAIGHT) OR NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES]

I would like to get professional help in order to change my **sexual orientation** to completely heterosexual/straight.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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Internalized Stigma: Not sexually attracted to either males or females

INTRO2 [IF S5Q1 = NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES]

The next questions are about the ways you feel about not being sexually attracted to other people. How much do you agree with the following statements?

Q6 [IF S5Q1 = NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES]

I wish I were sexually attracted to other people.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q7 [IF S5Q1 = NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES]

I feel that not being sexually attracted to other people is a personal shortcoming for me.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q7a [IF S5Q1 = NOT SEXUALLY ATTRACTED TO EITHER MALES OR FEMALES]

I would like to get professional help in order to change my sexual orientation to straight/heterosexual.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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Concealment/Avoidance Questions

These next questions are about things you may or may not have done to avoid discrimination.

To avoid experiencing discrimination, have you **ever**...

		No	Yes
Q8	avoided restaurants, stores, places of entertainment, or exercise facilities?	<input type="radio"/>	<input type="radio"/>
Q9	avoided doctors' offices?	<input type="radio"/>	<input type="radio"/>
Q10	avoided public transportation or transportation services (paid rides)?	<input type="radio"/>	<input type="radio"/>
Q11	avoided getting services you needed for yourself or your family?	<input type="radio"/>	<input type="radio"/>
Q12	made specific decisions about where to work or go to school?	<input type="radio"/>	<input type="radio"/>
Q13	made specific decisions about where to live?	<input type="radio"/>	<input type="radio"/>
Q14	used vague language when talking about relationships or hid a personal relationship?	<input type="radio"/>	<input type="radio"/>
Q15	hid an affiliation to certain organizations, such as being vague about volunteer or work experience?	<input type="radio"/>	<input type="radio"/>
Q16	removed items from your resume?	<input type="radio"/>	<input type="radio"/>
Q17	cut important people out of your life?	<input type="radio"/>	<input type="radio"/>
Q18	maintained a limited social media presence?	<input type="radio"/>	<input type="radio"/>
Q19	changed how you dressed?	<input type="radio"/>	<input type="radio"/>
Q20	changed your hairstyle, makeup, or appearance?	<input type="radio"/>	<input type="radio"/>
Q21	changed your voice or mannerisms from how you would otherwise talk or act?	<input type="radio"/>	<input type="radio"/>

Q22 [IF ANY Q8 TO Q21= YES]

Did you try to avoid experiencing discrimination because of your: *Select all that apply.*

- Race or ethnicity
- Ancestry or national origins
- Sex (female or male)
- Being transgender
- Gender expression
- Age
- Religion
- Height
- Weight
- Sexual orientation
- Disability
- Education or income level
- Pregnancy or having children
- Another reason

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Section 18: Family Formation (FF)

INTRO1 The next set of questions are about children and any plans to have children in the future.

Q1 [[IF ANY ROSREL OR NONHHCHILD= BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD OR S7Q3b = YES]

Earlier you reported having children.

How much do you want to have additional children (biological, step, adopted, foster) **in the future?**

- Not at all
- Somewhat
- Very much

Q2 [IF ALL ROSREL OR NONHHCHILD NE BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD OR S7Q3b = NO]

How much do you want to have children (biological, step, adopted, foster) in the future?

- Not at all
- Somewhat
- Very much

[PROGRAMMER NOTE: IF Q1 OR Q2 = NOT AT ALL, GO TO Q10]

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Q3 [IF Q1 OR Q2 = SOMEWHAT OR VERY MUCH]
Please tell us your thoughts about having children (biological, step, adopted, foster) in the future.

[[IF ANY ROSREL OR NONHHCHILD = BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD OR S7Q3b = YES]

How many additional children would you like to have in the future?

[IF ALL ROSREL OR NONHHCHILD NE BIOLOGICAL SON/DAUGHTER/CHILD OR STEPSON/STEPDAUGHTER/STEPCHILD OR ADOPTED SON/DAUGHTER/CHILD OR FOSTER SON/DAUGHTER/CHILD OR S7Q3b =NO]

How many children would you like to have in the future?

- 0
- 1
- 2 or more

Q4 [IF (Q1 OR Q2 = SOMEWHAT OR VERY MUCH) AND (Q3 = 1 OR 2 or more)]
How likely is it that you will have a biological child or children in the future?

- Not at all likely
- Somewhat likely
- Very likely

Q5 [IF Q4 = NOT AT ALL LIKELY OR SOMEWHAT LIKELY]
There are many reasons why people do not have biological children. Why are you not very likely to have biological children in the future? *Select all that apply.*

- Fertility problems
- Other health problems
- Cost of fertility services (including access to egg and sperm)
- Cost of surrogacy
- Cost to raise a child
- No partner/spouse
- Partner/spouse is opposed
- Prefer to adopt a child
- Some other reason _____ [write-in] [ALLOW 500 CHARACTERS]

Q6 [IF (Q1 OR Q2 = SOMEWHAT OR VERY MUCH) AND (Q3 = 1 OR 2 or more)]
How likely is it that you will adopt a child or children in the future?

- Not at all likely
- Somewhat likely
- Very likely

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Q7 [IF Q6 = NOT AT ALL LIKELY OR SOMEWHAT LIKELY]
There are many reasons why people do not adopt children. Why are you not very likely to adopt children in the future? *Select all that apply.*

- Cost of adoption
- Cost to raise a child
- No partner/spouse
- Partner/spouse is opposed
- Agencies in my state do not allow same-sex couples and/or LGBT adults to adopt
- Prefer to have a biological child
- Some other reason _____ [write-in] [ALLOW 500 CHARACTERS]

Q8 [IF (Q1 OR Q2 = SOMEWHAT OR VERY MUCH) AND (Q3 = 1 OR 2 or more)]
How likely is it that you will foster a child or children in the future?

- Not at all likely
- Somewhat likely
- Very likely

Q9 [IF Q8 = NOT AT ALL LIKELY OR SOMEWHAT LIKELY]
There are many reasons why people do not foster children. Why are you not very likely to foster children in the future? *Select all that apply.*

- Cost to raise a child
- No partner/spouse
- Partner/spouse is opposed
- Agencies in my state do not allow same-sex couples and/or LGBT adults to foster
- Prefer to have a biological child or to adopt a child
- Some other reason _____ [write-in] [ALLOW 500 CHARACTERS]

Q10 [IF ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES]

To help you start a family, have you **ever** used fertility services or has [HHPARTNER] used fertility services in **the time you have been together**?

- No
- Yes, you have used fertility services.
- Yes, [HHPartner] has used fertility services **in the time that you have been together.**
- Yes, you have used fertility services in the past and [HHPartner] has used fertility services **in the time that you have been together.**

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Q10a [IF ALL ROSREL NE HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = NO]

To help you start a family, have you **ever** used fertility services?

- No
- Yes

Q11 [IF Q10 = YES, YOU HAVE USED FERTILITY SERVICES AND [HHPARTTER] HAS USED FERTILITY SERVICES IN THE TIME THAT YOU HAVE BEEN TOGETHER) OR Q10 = YES, [HHPARNTER] HAS USED FERTILITY SERVICES IN THE TIME THAT YOU HAVE BEEN TOGETHER]

Please check all fertility services to help you start a family that you have **ever** had in your life, including expenses for [HHPARTNER] in the **time that you have been together**.

[IF Q10 ONLY = YES, YOU HAVE USED FERTILITY SERVICES OR Q10A = YES]

Please check all fertility services to help you start a family that you have **ever** had in your life.

- Drugs to improve ovulation
- Artificial insemination
- Sperm banking, storage, purchase
- Egg banking, storage, purchase
- Genetic testing
- In vitro fertilization (IVF)
- Surrogate mother
- Other medical services

Q12 [IF ANY Q11 SELECTED]

How much of these fertility costs were covered by a health insurer?

- All
- Most
- Some
- None

Q13 [IF (Q10 = YES, YOU HAVE USED FERTILITY SERVICES AND [HHPARTNER] HAS USED FERTILITY SERVICES IN THE TIME THAT YOU HAVE BEEN TOGETHER) OR Q10 = [HHPARTNER] HAS USED FERTILITY SERVICES IN THE TIME THAT YOU HAVE BEEN TOGETHER) AND Q12 = MOST OR SOME OR NONE]

Thinking about all of these fertility services to help you start a family, about how much did you and [HHPARTNER] spend out of pocket for these services? Include expenses for [HHPARTNER] in the time that you have been together. *Please make your best estimate.*

[IF (Q10 ONLY = YES, YOU HAVE USED FERTILITY SERVICES OR Q10a = YES) AND Q12 = MOST OR SOME OR NONE]

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Thinking about all of these fertility services to help you start a family, about how much did you spend out of pocket for these services? *Please make your best estimate.*

- Less than \$5,000
- At least \$5,000 but less than 10,000
- At least \$10,000 but less than \$15,000
- At least \$15,000 but less than \$20,000
- At least \$20,000 but less than \$25,000
- At least \$25,000 but less than \$30,000
- At least \$30,000 but less than \$35,000
- At least \$35,000 but less than \$40,000
- At least \$40,000 but less than \$50,000
- \$50,000 or more

Q14 [IF (Q10 = YES, YOU HAVE USED FERTILITY SERVICES AND [HHPARTNER] HAS USED FERTILITY SERVICES IN THE TIME THAT YOU HAVE BEEN TOGETHER) OR Q10 = [HHPARTNER] HAS USED FERTILITY SERVICES IN THE TIME THAT YOU HAVE BEEN TOGETHER) AND Q12 = MOST OR SOME OR NONE]

Please share the strategies you and [HHPARTNER] used to meet the cost of these out of pocket fertility services to help you start a family. *Select all that apply.*

[IF (Q10 = I HAVE USED FERTILITY SERVICES OR Q10a = YES) AND Q12 = MOST OR SOME OR NONE]

Please share the strategies you used to meet the cost of these out of pocket fertility services to help you start a family. *Select all that apply.*

- Regular income and/or savings
- Financial gift from a friend or family member
- Loan from a friend or family member
- Grant or loan from a faith-based organization
- Grant from a non-sectarian (nonreligious) organization
- Home equity loan
- Another form of loan (not home equity)
- Borrowed against a retirement fund
- Raised funds through an in-person event or project
- Raised funds online

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Q15 [IF ANY ROSREL = ADOPTED SON/DAUGHTER/CHILD OR ANY S8Q3 = ADOPTED SON/DAUGHTER/CHILD]

Earlier, you indicated that an adopted child is part of your family. Approximately, how much did the child or children’s adoption(s) cost, including travel costs and legal fees?

- Less than \$5,000
- At least \$5,000 but less than 10,000
- At least \$10,000 but less than \$15,000
- At least \$15,000 but less than \$20,000
- At least \$20,000 but less than \$25,000
- At least \$25,000 but less than \$30,000
- At least \$30,000 but less than \$35,000
- At least \$35,000 but less than \$40,000
- \$40,000 or more

Q16 [IF (ANY ROSREL = HUSBAND/WIFE/SPOUSE OR BOYFRIEND/GIRLFRIEND/PARTNER OR S7Q3a = YES) AND (ANY ROSREL OR NONHHCHILD = ADOPTED SON/DAUGHTER/CHILD)]

Please share the strategies you and [HHPARTNER] used to meet the cost of adopting. *Select all that apply.*

[IF ANY ROSREL OR NONHHCHILD = ADOPTED SON/DAUGHTER/CHILD]

Please share the strategies you used to meet the cost of adopting. *Select all that apply.*

- Regular income and/or savings
- Financial gift from a friend or family member
- Loan from a friend or family member
- Grant or loan from a faith-based organization
- Grant or loan from a non-sectarian (nonreligious) organization
- Subsidy as a military family
- Home equity or other type of loan
- Borrowed against a retirement fund
- Raised funds through an in-person event or project, or online
- Adoption tax credit
- Adoption reimbursement through my employer (or my partner's employer)
- I adopted from U.S. foster care and had minimal costs and/or qualified for a subsidy/reimbursement

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Section 19. Adverse Experience (AE)

Stressful Life Events (Past 12 Months)

The next part of this survey is about your life experiences.

During the last 12 months, have you had any of the following experiences?

		No	Yes
Q1	Did you move or have anyone new come to live with you?	<input type="radio"/>	<input type="radio"/>
Q2	Were you fired or laid off from a job?	<input type="radio"/>	<input type="radio"/>
Q3	Were you unemployed and looking for a job for more than a month ?	<input type="radio"/>	<input type="radio"/>
Q4	Have you had trouble with your boss or a coworker?	<input type="radio"/>	<input type="radio"/>
Q5	Did you change jobs, job responsibilities, or work hours?	<input type="radio"/>	<input type="radio"/>
Q6	Did you get separated or divorced or break off a steady relationship?	<input type="radio"/>	<input type="radio"/>
Q7	Have you had serious problems with a neighbor, friend, or relative?	<input type="radio"/>	<input type="radio"/>
Q8	Have you experienced a major financial crisis, declared bankruptcy, or more than once been unable to pay your bills on time?	<input type="radio"/>	<input type="radio"/>
Q9	Have you been physically assaulted, attacked, or mugged?	<input type="radio"/>	<input type="radio"/>
Q10	Did you have serious trouble with the police or the law?	<input type="radio"/>	<input type="radio"/>
Q11	Was something stolen from you, including things that you carry like a wallet, or something inside or outside your home?	<input type="radio"/>	<input type="radio"/>
Q12	Has anyone intentionally damaged or destroyed property owned by you or someone else in your house?	<input type="radio"/>	<input type="radio"/>
Q13	Did any of your family members or close friends die?	<input type="radio"/>	<input type="radio"/>
Q14	Were any of your family members or close friends physically assaulted, attacked, or mugged?	<input type="radio"/>	<input type="radio"/>
Q15	Did any of your family members or close friends have serious trouble with the police or the law?	<input type="radio"/>	<input type="radio"/>

Social Support

Q16a Can you open up to your family or friends if you need to talk about your worries?

- No
- Yes

Q16b Can you rely on your family or friends for help if you have a problem?

- No
- Yes

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Economic Strain

In the past 12 months, was there a time when you or other family members in your household:

		No	Yes
Q17	were without phone service because you didn't have enough money?	<input type="radio"/>	<input type="radio"/>
Q18	didn't pay the full amount of the rent or mortgage because you didn't have enough money?	<input type="radio"/>	<input type="radio"/>
Q19	were evicted from your house or apartment for not paying the rent or mortgage?	<input type="radio"/>	<input type="radio"/>
Q20	didn't pay the full amount of a gas, electricity, or oil bill because you didn't have enough money?	<input type="radio"/>	<input type="radio"/>
Q21	had the service turned off by the gas or electric company, or the oil company wouldn't deliver, because payments were not made?	<input type="radio"/>	<input type="radio"/>
Q22	worried whether food would run out before you would get money to buy more?	<input type="radio"/>	<input type="radio"/>
Q23	had problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.	<input type="radio"/>	<input type="radio"/>
Q24	delayed or did not get a medicine that a doctor prescribed for you (or your family) because you didn't have enough money?	<input type="radio"/>	<input type="radio"/>

Section 20: Health (HE)

Self-Rated Health Measure

Q1 These last few questions are about your health.

In general, how is your health?

- Excellent
- Very Good
- Good
- Fair
- Poor

Q2 [IF Q2 = FEMALE]

Are you pregnant now?

- No
- Yes

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Diagnosed Health Conditions

Q3 Has a doctor, nurse, or other health care provider **ever** told you that you have or had any of the following?

		No	Yes
a	Depression	<input type="radio"/>	<input type="radio"/>
b	Anxiety or panic disorder	<input type="radio"/>	<input type="radio"/>
c	High blood pressure or hypertension (<i>excluding pregnancy</i>)	<input type="radio"/>	<input type="radio"/>
d	High cholesterol, triglycerides, or lipids	<input type="radio"/>	<input type="radio"/>
e	Asthma, chronic bronchitis, or emphysema	<input type="radio"/>	<input type="radio"/>
f	High blood sugar/diabetes (<i>excluding pregnancy</i>)	<input type="radio"/>	<input type="radio"/>
g	HIV/AIDS	<input type="radio"/>	<input type="radio"/>
h	Cancer, lymphoma, or leukemia (<i>do not include skin cancer, except melanoma</i>)	<input type="radio"/>	<input type="radio"/>
i	COVID-19 (coronavirus)	<input type="radio"/>	<input type="radio"/>

Insurance

Q4 What kind of health insurance or health care coverage do you and any other family in your household have? *Select all that apply.*

- At least one person has no coverage of any type
- Private health insurance
- Medicaid
- SCHIP (CHIP/Children's Health Insurance Program)
- State-sponsored health plan
- Military health care (TRICARE/VA/CHAMP-VA)
- Indian Health Service
- Medicare
- Medi-Gap
- Other government program
- Other insurance plans that cover only one type of service, such as dental, vision, hearing, prescriptions

Contact Information

END Thank you for your participation! Your answers will help us understand how economic factors affect health and well-being for different groups in the United States.
Please complete the contact information requested on the next page in order to receive your gift card. Note that your contact information will not be saved with your survey responses.

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QNA1 You are almost finished!

Please provide your contact information on the following screens so we can send **your online VISA gift card**.

If you have any questions about receiving your gift card, please contact us (toll free) at 1-866-382-6814 or at addhealth@rti.org.

Please provide your full name.

_____ [write-in] [ALLOW 50 CHARACTERS]

QNA2 Please enter and confirm your primary email address. Note that this information will not be connected with your survey responses.

Primary Email Address: _____

Verify Email Address: _____

[IF QNA2 = BLANK DISPLAY NO EMAIL]

Please contact us at 1-866-382-6814 or at addhealth@rti.org to arrange for your online VISA gift card.

QNA3 [IF QNA2 = VALID EMAIL ADDRESS]

Please also share your secondary email address, if you have one.

Other Email Address: _____

QNA4 Please provide a **mailing address** where we can reach you about this and future studies. Note that this information will **not** be connected with your survey responses.

Street Address 1: [ALLOW 50 CHARACTERS]

Street Address 2: [ALLOW 50 CHARACTERS]

City: [ALLOW 30 CHARACTERS]

State (*Note: Drop down*): [ALLOW 2 CHARACTERS]

Zip code: [ALLOW 5 CHARACTERS]

QNA5 Please provide your **residential address**. Note that this information will **not** be connected with your survey responses.

Check this box if your Residential Address is the same as your Mailing Address

Street Address 1: [ALLOW 50 CHARACTERS]

Street Address 2: [ALLOW 50 CHARACTERS]

City: [ALLOW 30 CHARACTERS]

State (*Note: Drop down*): [ALLOW 2 CHARACTERS]

Zip code: [ALLOW 5 CHARACTERS]

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QNA6 Please provide the name, address and phone number of another person like a relative or close friend, who would know how to reach you if we could not reach you directly.

First name: _____
Last name: _____
Relationship to you: _____
Phone Number: _____
Email: _____
Street Address 1: _____
Street Address 2: _____
City: _____
State (Note: Drop down): _____
Zip code: _____

QNA7 Please provide the following phone numbers where you can be reached.

Home: _____
Work: _____
Cell: _____
Other: _____

QNA8 What is your preferred method of contact?

Phone
Email
Mail

Support Resources for Respondents

RESOURCE We have asked about multiple challenges that people may face. We have included some resources you may find useful.

When you're finished reviewing these resources, click Submit.

- [LGBTQ](#)
- [Substances: Alcohol and Drug Abuse, Tobacco Use](#)
- [Violence: Violence, Sexual Assault, Domestic Violence](#)
- [Medical and Mental Health: Suicide Prevention, HIV and STD Testing](#)
- [LGBTQ Legal Services and Information](#)
- [National Resources for Parents of LGBTQ Youth](#)

[\[PROGRAMMER NOTE: WHEN UNDERLINED RESOURCE IS SELECTED, ROUTE TO CORRESPONDING RESOURCE SCREEN\]](#)

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Please contact us at 1-866-382-6814 or at addhealth@rti.org if you have any questions or would like a copy of the resource list.

SUBMIT

LGBTQ

- LGBT National Hotline
 - 1-888-843-4564
 - <https://www.glbthotline.org/hotline.html>
- Trans Lifeline
 - 1-877-565-8860
 - <https://www.translifeline.org/>
- CenterLink
 - Directory of LGBT community centers nationwide
 - <https://www.lgbtcenters.org/LgbtCenters>

Other resources...

[Substances: Alcohol and Drug Abuse, Tobacco Use](#)

[Violence: Violence, Sexual Assault, Domestic Violence](#)

[Medical and Mental Health: Suicide Prevention, HIV and STD Testing](#)

[LGBTQ Legal Services and Information](#)

[National Resources for Parents of LGBTQ Youth](#)

SUBMIT

SUBSTANCES

Alcohol and Drug Abuse

- Al-Anon Family Group
 - 1-888-4AL-ANON (1-888-425-2666)
 - <http://www.al-anon.org>
 - wso@al-anon.org
- Alcohol/Drug Abuse Referral Hotline
 - 1-800-780-2294
 - <http://www.freerehabcenters.org>
- Substance Abuse and Mental Health Services Administration
 - 1-800-662-HELP (1-800-662-4357)
 - <https://www.samhsa.gov/find-help/national-helpline>

Tobacco

- National Cancer Institute
 - 1-877-44U-QUIT (1-877-448-7848)
 - <http://smokefree.gov/talk-to-an-expert>

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Other resources...

LGBTQ

Violence: Violence, Sexual Assault, Domestic Violence

Medical and Mental Health: Suicide Prevention, HIV and STD Testing

LGBTQ Legal Services and Information

National Resources for Parents of LGBTQ Youth

SUBMIT

VIOLENCE

Anti-Violence: LGBTQ-Specific Resources

- National Coalition of Anti-Violence Programs
 - 1-212-714-1141
 - <https://avp.org/get-help/call-our-hotline/>
- **FORGE**
 - National transgender anti-violence organization
 - 1-414-559-2123
 - <https://forge-forward.org/about/contact-us/>

Sexual Assault

- National Sexual Assault Hotline
 - 1-800-656-HOPE (1-800-656-4673)
 - <https://www.rainn.org>

Domestic Violence

- National Domestic Violence Hotline
 - If in an unsafe situation, text LOVEIS to 1-866-331-9474.
 - 1-800-799-7233
 - TTY: 1-800-787-3224
 - <http://www.thehotline.org/>

Other resources...

LGBTQ

Substances: Alcohol and Drug Abuse, Tobacco Use

Medical and Mental Health: Suicide Prevention, HIV and STD Testing

LGBTQ Legal Services and Information

National Resources for Parents of LGBTQ Youth

SUBMIT

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MEDMH

Medical Services

- GLMA Find a Provider
 - https://glmaimpak.networkats.com/members_online_new/members/dir_provider.asp
- Planned Parenthood
 - <https://www.plannedparenthood.org/>
- RAD Remedy Find a Provider
 - <https://www.radremedy.org/find-provider/>
- WPATH Find a Provider
 - <https://www.wpath.org/provider/search>

Mental Health

- APA Psychologist Locator
 - <https://locator.apa.org/>
- Psychology Today Therapist Finder
 - <https://therapists.psychologytoday.com/rms/>

Suicide Prevention

- National Suicide Prevention Lifeline
 - 1-800-273-TALK (1-800-273-8255)
 - Spanish: 1-888-628-9454
 - <http://www.suicidepreventionlifeline.org>
- Veterans Crisis Line
 - 1-800-273-8255 and Press 1
 - Text: 838255
 - <https://www.veteranscrisisline.net/get-help/chat>

HIV/AIDS

- National HIV and STD Testing Resources
 - 1-800-CDC-INFO (1-800-232-4636)
 - TTY: 1-888-232-6348
 - <http://www.cdc.gov/hiv/testing/>

Other resources...

[LGBTQ](#)

[Substances: Alcohol and Drug Abuse, Tobacco Use](#)

[Violence: Violence, Sexual Assault, Domestic Violence](#)

[LGBTQ Legal Services and Information](#)

[National Resources for Parents of LGBTQ Youth](#)

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SUBMIT

LEGAL

LGBTQ Legal Services and Information

- American Civil Liberties Union (ACLU)
 - <https://www.aclu.org/about/affiliates>
- GLBTQ Legal Advocates & Defenders (GLAD)
 - <http://www.glad.org/>
- Lambda Legal
 - <http://www.lambdalegal.org/>
- Transgender Law Center
 - <http://transgenderlawcenter.org/>
- Transgender Legal Defense and Education Fund (TLDEF)
 - <http://tldef.org/>
- National Center for Lesbian Rights (NCLR)
 - <http://www.nclrights.org/>
- Movement Advancement Project Equality Map
 - <http://www.lgbtmap.org/equality-maps>
- U.S. Equal Employment Opportunity Commission (EEOC)
 - https://www.eeoc.gov/eeoc/newsroom/wysk/enforcement_protections_lgbt_workers.cfm
- Workplace Fairness
 - <https://www.workplacefairness.org/employment-discrimination>
- Trans Can Work
 - <https://transcanwork.org/>

Other resources...

[LGBTQ](#)

[Substances: Alcohol and Drug Abuse, Tobacco Use](#)

[Violence: Violence, Sexual Assault, Domestic Violence](#)

[Medical and Mental Health: Suicide Prevention, HIV and STD Testing](#)

[National Resources for Parents of LGBTQ Youth](#)

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YOUTH

National Resources for Parents of LGBTQ Youth

- Trevor Project
 - 24/7 Suicide Hotline for LGBTQ youth
 - 1-866-488-7386
 - <https://www.thetrevorproject.org/get-help-now/>
- Family Acceptance Project
 - <https://familyproject.sfsu.edu/>
- PFLAG
 - <https://pflag.org/find-a-chapter>
- Gender Spectrum
 - Varied resources, particularly related to a non-binary/gender expansive identity
 - <https://www.genderspectrum.org/>
- Human Rights Campaign
 - <https://www.hrc.org/>

Other resources...

[LGBTQ](#)

[Substances: Alcohol and Drug Abuse, Tobacco Use](#)

[Violence: Violence, Sexual Assault, Domestic Violence](#)

[Medical and Mental Health: Suicide Prevention, HIV and STD Testing](#)

[LGBTQ Legal Services and Information](#)

SUBMIT

SUBMIT Thank you! Your answers have been submitted.

Please contact us at 1-866-382-6814 or at addhealth@rti.org if you have any questions or would like a copy of the resource list.

Login and Consent

LOGIN Please enter your password to begin.

If invalid password entered, pop-up text:

We're sorry, our system did not recognize your password.

Please check to make sure you typed your password in correctly. Upper and lower case letters should be typed exactly as shown.

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If you need further assistance, please send an e-mail to addhealth@rti.org or call our help desk at 1-866-382-6814.

Consent

University of North Carolina at Chapel Hill Consent to Participate in a Research Study Adult Participants

Consent Form Version Date: July 29, 2020

IRB Study # 19-2564

Title of Study: Sexual Orientation/Gender Identity, Socioeconomic Status, and Health across the Life Course

Co-Principal Investigators: Carolyn Halpern and Kerith Conron

UNC Principal Investigator Department: Maternal and Child Health Operations

UNC Principal Investigator Phone number: (919) 966-9306

UNC Principal Investigator Email Address: carolyn_halpern@unc.edu

Funding Source and/or Sponsor: National Institutes of Health (NIH)

Study Contact Telephone Number: 1-866-382-6814

Study Contact Email: addhealth@rti.org

CONCISE SUMMARY

The goal of the survey is to learn more about relationships, sexuality, family, work, and finances. This new information will help us understand factors that contribute to the health of a diverse adult population.

Participants in this study will take an online survey that will last 30-45 minutes. You are one of about 4,665 people invited to participate in this survey. You were chosen from a group who completed the survey for the fifth wave of the National Longitudinal Study of Adolescent to Adult Health (Add Health) between 2016-2018. Because you started the Add Health study more than 20 years ago, your responses are highly valuable. You cannot be replaced.

Some of the questions in the survey are personal and might make you feel a little uncomfortable. You can skip any questions you do not wish to answer and/or stop the survey at any time. The study will not provide participants with any personal benefit. However, the new information collected will contribute to improved population health. Some survey questions are sensitive and may cause minimal discomfort. There is a slight risk of breaching privacy of the information collected from you and other respondents.

If you are interested in learning more about this study, please continue to read below.

What are some general things you should know about research studies?

You are being asked to take part in a research study. To join the study is voluntary.

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You may choose not to participate, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

You can save or print a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?

The purpose of this research study is to understand how finances, work, and other life experiences impact the health of adults. We are especially interested in how sexuality, relationships, and gender relate to well-being for all adults. You are being asked to be in the study because you are a member of the Add Health sample and you previously participated in the fifth wave survey of the National Longitudinal Study of Adolescent to Adult Health (Add Health).

Are there any reasons you should not be in this study?

You should not be in this study if you are currently incarcerated and will be incarcerated for the full length of the study.

How many people will take part in this study?

A total of approximately 4,665 people from around the country will take part in this study.

How long will your part in this study last?

The online survey should take 30-45 minutes to complete.

What will happen if you take part in the study?

We are asking you to complete an online survey about your experiences related to relationships, sexuality, family, work, and finances. Some of these questions are similar to questions you may have been asked before in Add Health interviews and surveys.

Some of the questions may be sensitive, such as questions about romantic relationships. Because you will complete the survey on your own, you can complete the survey wherever you want and at your own pace.

We will also ask you to list your updated contact information so that you can receive your survey completion payment as well as future information about Add Health and Add Health related studies.

What are the possible benefits from being in this study?

Research is designed to benefit society by gaining new knowledge. You will not benefit personally from being in this research study.

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What are the possible risks or discomforts involved from being in this study?

There are no physical risks. Some survey questions are sensitive and may cause minimal discomfort. You can refuse to answer any question or stop and take a break at any time. If you feel upset and want to talk with someone about your feelings, refer to the Resources List in the online survey. The Resources List provides support and resource information that can help you.

There is a slight risk of breaching privacy of the information collected from you and other respondents. Add Health's strict privacy protections are described below.

There may be uncommon or previously unknown risks. You should report any problems to the researcher.

What if we learn about new findings or information during the study?

You will be given any new information gained during the course of the study that might affect your willingness to continue your participation.

How will information about you be protected?

Add Health, located within the University of North Carolina at Chapel Hill, and RTI International, a not-for-profit research organization contracted to administer the survey, have always protected privacy to the greatest extent possible. Your answers will be held in strict privacy by Add Health and RTI project staff and will never be given to unauthorized persons.

Security procedures are in place to make sure that participants' answers are not linked to their names. Storing different types of information in different places helps keep your identity confidential. Only approved and specifically designated RTI and Add Health staff will have access to your individually identifiable data, such as your contact information.

Your survey responses are associated only with an ID number. ID linkage files will be securely stored separately with limited access to only approved personnel. They are not accessible to persons collecting or using survey data and will be maintained through the life of the Add Health study.

Participants will not be identified in any report or publication about this study. We may use de-identified data from this study in future research without additional consent.

Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies (for example, the FDA) for purposes such as quality control or safety.

What is a Certificate of Confidentiality?

This research is covered by a Certificate of Confidentiality. With this Certificate, the researchers may not disclose or use information, documents or biospecimens that may identify you in any federal, state, or

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local civil, criminal, administrative, legislative, or other proceedings in the United States, for example, if there is a court subpoena, unless you have consented for this use.

The Certificate cannot be used to refuse a request for information from personnel of a federal or state agency that is sponsoring the study for auditing or evaluation purposes or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

The Certificate of Confidentiality will not be used to prevent disclosure as required by federal, state, or local law, such as mandatory reporting requirements for child abuse or neglect, disabled adult abuse or neglect, communicable diseases, injuries caused by suspected criminal violence, cancer diagnosis or benign brain or central nervous system tumors or other mandatory reporting requirement under applicable law. The Certificate of Confidentiality will not be used if disclosure is for other scientific research, as allowed by federal regulations protecting research subjects or for any purpose you have consented to in this informed consent document.

You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

What if you want to stop before your part in the study is complete?

You can withdraw from this study at any time, without penalty. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

Will you receive anything for being in this study?

You will be receiving a \$50 gift card if you complete the survey. Any payment provided for participation in this study may be subject to applicable tax withholding obligations

Will it cost you anything to be in this study?

It will not cost you anything to be in this study.

Who is sponsoring this study?

This research is funded by the National Institute of Child Health and Human Development and the National Institute on Minority Health and Health Disparities. This means that the research team is being paid by the sponsor for doing the study. The researchers do not, however, have a direct financial interest with the sponsor or in the final results of the study.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions about the study (including payments), complaints, concerns, or if a research-related injury occurs, you should contact the research study Hotline at 1-866-382-6814 or the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?

The Sexual Orientation/Gender Identity, Socioeconomic Status, and Health Across the Life Course (SOGI-SES) Study is co-directed by Principal Investigators Carolyn T. Halpern at the University of North Carolina at Chapel Hill and Kerith J. Conron at the Williams Institute, UCLA and is funded by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) and the National Institute on Minority Health and Health Disparities under grants R01 HD087365 and R01 HD087365-03S1. SOGI-SES is an Add Health ancillary study that includes a subset of Add Health respondents.

Waves I-V of Add Health were funded by grant P01 HD31921 (Harris) from the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), with cooperative funding from 23 other federal agencies and foundations. Add Health is currently directed by Robert A. Hummer and funded by the National Institute on Aging cooperative agreements U01 AG071448 (Hummer) and U01AG071450 (Aiello and Hummer) at the University of North Carolina at Chapel Hill. Add Health was designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill.

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Participant's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

- By checking this box, I am indicating that I voluntarily agree to participate in this research study.

QNA1 [IF BOX NOT CHECKED]

Please confirm:

AGREE [BUTTON]

I agree to participate.

If you select agree, please verify by also selecting the option to participate on the following page.

DO NOT AGREE [BUTTON]

I do not agree to participate.

[PROGRAMMER NOTE: IF QNA1 = AGREE, GO TO BOTTOM OF INFORMED CONSENT PAGE.
IF QNA1 = DO NOT AGREE, GO TO RESOURCES]

Acknowledgments

The SOGI-SES and Add Health contracts and data use agreements require that the following be included in each written report or other publication based on analysis of the SOGI-SES and Add Health data.

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