



Generations Study Wave 2 Questionnaire and Measure Sources

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Generations Study Wave 2 Questionnaire and Measure Sources.

Source document for Generations Study Wave 2 measures

Construct	Question #	Source	Notes
Positive Health			
<i>Cantril Scale</i>	Q1-Q2	Hadley Cantril, 1965/ Gallup Poll. Retrieved from: http://www.gallup.com/poll/122453/Understanding-Gallup-Uses-Cantril-Scale.aspx	
<i>Happiness</i>	Q3	PEW Research Center (2013)-A Survey of LGBT Americans. Retrieved from: http://www.pewsocialtrends.org/files/2013/06/SDT_LGBT-Americans_06-2013.pdf	
<i>Social Wellbeing</i>	Q4-Q18	Keyes, Corey Lee M. (1998). Social Well-Being. <i>Social Psychology Quarterly</i> , 61 (2) 121-140. doi:10.2307/2787065	
<i>Satisfaction with life</i>	Q151-Q155	Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. <i>Journal of Personality Assessment</i> , 49, 71-75. doi:10.1207/s15327752jpa4901_13	
Identity			
<i>Sexual orientation</i>	Q20 - (Identity)	Modified from The GenIUSS Group (2014). <i>Best practices for asking questions to identity transgender and other gender minority respondents on population-based surveys</i> . J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf	
	Q21- (Identity)	Modified by Generations Study team from SMART (2009). Best practices for asking questions about sexual orientation on surveys. Los Angeles, CA : The Williams Institute. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf	
	Q22- (Behavior)	Modified by Generations Study team from SMART (2009). Best practices for asking questions about sexual orientation on surveys. Los Angeles, CA : The Williams Institute. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf	
	Q23- (Attraction)	Modified from Reisner, S.L., White Hughto, J.M., Pardee, D., & Sevelius, J. (2015). Syndemics and gender affirmation: HIV sexual risk in female-to-male trans masculine adults reporting sexual contact with cisgender males. <i>International Journal of</i>	

Construct	Question #	Source	Notes
		<i>STD & AIDS</i> . doi:10.1177/0956462415602418	
<i>Identity Centrality subscale</i>	Q24-Q28	Mohr, J.J. & Kendra, M.S. (2012). The Lesbian, Gay, & Bisexual Identity Scale (LGBIS). Measurement instrument database for the Social Science. doi:10.13072/midss.150	
<i>Coming out milestones</i>	Q29	Modified from Martin JL, & Dean L (1987). Summary of measures: Mental health effects of Aids on at-risk homosexual men. Reference type: Unpublished work	Modified to “past year” and as Y/N response for Wave 2
<i>Community connectedness</i>	Q30-Q36	Frost, D.M. & Meyer, I.H. (2011). Measuring community connectedness among diverse sexual minority populations. <i>Journal of Sex Research</i> , 49(1). 36-49. doi:10.1080/00224499.2011.565427. The Generations Study team used 7 items instead of the 8 items listed in Frost & Meyer (2011). The last item was not included in the Generations Study because the team was not able to personalize the items to gender and sexual orientation in a way that was useful.	
Intimate relationships			
<i>Relationship status</i>	Q37	Meyer, I.H., Dohrenwend, B.P. Schwartz, S. Hunter, J., Kertzner, R.M. (2007). Project Stride Questionnaire. Retrieved from: http://www.columbia.edu/~im15/method/interview.pdf	
	Q38-Q39; Q41	Modified from Frost, D.M. & Forrester, C. (2013). Closeness discrepancies in romantic relationships: Implications for relational well-being, stability, and mental health. <i>Personality and Social Psychology Bulletin</i> , XX(X). doi:10.1177/0146167213476896	
	Q40	Modified by Generations Study team from SMART (2009). Best practices for asking questions about sexual orientation on surveys. Los Angeles, CA: The Williams Institute. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf	New item added to Wave 2
	Q42	Created by Generations Study team	
	Q43	Modified from Ramona Oswald, Rainbow Illinois 2010 Survey	New item added to Wave 2

Construct	Question #	Source	Notes
	Q44	Created by Generations Study team	New item added to Wave 2
	Q45	Created by Generations Study team	New item added to Wave 2
	Q46	Project SHARE http://healthequity.sfsu.edu/our-work/research/projectshare	New item added to Wave 2
<i>Couples satisfaction index</i>	Q47-Q50	Funk, J. L. & Rogge, R. D. (2007). Testing the ruler with item response theory: Increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. <i>Journal of Family Psychology, 21</i> , 572-583. http://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Marital_Satisfaction_COUPLES_SATISF_ACTION_INDEX.pdf	New item added to Wave 2
<i>Expectations for Future Same-sex relationships</i>	Q51-Q54	D'Augelli, A., Rendian, H.J., Sinclair, K.O., & Grossman, A.H. (2007). Lesbian and gay youth's aspirations for marriage and raising children. <i>Journal of LGBT Issues in Counseling, 1</i> (4). doi:10.1300/J462v01n04_06	New item added to Wave 2; Modified to adult population
<i>UCLA Loneliness Scale</i>	Q55-Q57	Hughes, M.E., Waite, L.J., Hawkley, L.C. & Cacioppo, J.T. (2008). A Short Scale for Measuring Loneliness in Large Surveys. <i>Research on Aging, 26</i> (6). doi: 10.1177/0164027504268574	New item added to Wave 2
Healthcare Access & Utilization			
<i>Health insurance</i>	Q58	Modified from American Community Survey. Retrieved from: http://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2016/quest16.pdf Modified from U.S. Trans Survey (2015). Unpublished.	
<i>Health care utilization</i>	Q59-Q60	National Health Interview Survey (NIHS) (2015).	
<i>LGBT specific health</i>	Q61-Q62	Created by Generations Study team based on Generations Study qualitative questions	Modified to 12 months for Wave 2
	Q63	Created by Generations Study team	New item added to Wave 2
<i>Sexual health</i>	Q64	National Survey of Sexual Health and Behavior	New item added to Wave 2
	Q65-Q66	Cohen, J. N., & Byers, E. S. (2014). Beyond Lesbian Bed Death: Enhancing Our Understanding of the Sexuality of Sexual-	New item added to Wave 2

Construct	Question #	Source	Notes
		Minority Women in Relationships. <i>The Journal of Sex Research</i> , 51(8), 893–903. doi:10.1080/00224499.2013.795924	
	Q67	Laumann, E.O., Paik, A., Rosen, R.C. (1999). Sexual dysfunction in the United States. <i>The Journal of the American Medical Association</i> , 281(6), 537-544. doi:10.1001/jama.281.6.537	New item added to Wave 2
	Q68-Q69	Wilson, B.D.M. “Sexual and Gender Minority Women's Study in Western Kenya”. unpublished	New item added to Wave 2
<i>Testing for HIV/STI</i>	Q70-Q71	Composite question modified by Generations Study team based on various surveys about HIV/STI testing	New item added to Wave 2
	Q72	Modified and simplified from: Sales, J. M., Spitalnick, J., Milhausen, R. R., Wingood, G. M., DiClemente, R. J., Salazar, L. F., & Crosby, R. A. (2009). Validation of the worry about sexual outcomes scale for use in STI/HIV prevention interventions for adolescent females. <i>Health Education Research</i> , 24(1), 140–152. doi:10.1093/her/cyn006)	
	Q73	Composite question based on various surveys about HIV testing- Created by Generations team	
<i>PrEP/Truvada</i>	Q74-Q76	Composite question based on various surveys about PrEP awareness, attitude, and use- Modified and simplified by Generations team	
Health Outcomes			
<i>Health Related Quality of Life</i>	Q77-Q80	Center for Disease Control and Prevention(CDC) – Behavioral Risk Factor Surveillance System (BRFSS) Survey (2014).	
<i>Physical Health Outcome</i>	Q81	Modified from NHIS (2014) Adult Survey- Health Outcomes section. Generations Study team created a single check list based on NHIS (2014).	
<i>Disability</i>	Q82-Q83	CDC- BRFSS Survey (2014)	
<i>Kessler-6</i>	Q84	National Comorbidity Survey. Kessler 6 - Self Report Q1 (a)-(f). Retrieved from: https://www.hcp.med.harvard.edu/ncs/ftpd/ncs6/Self%20admin_K6.pdf	

Construct	Question #	Source	Notes
<i>Alcohol Use</i>	Q85-Q87	Alcohol Use Disorder Identification Test (AUDIT-C) Retrieved from: http://www.integration.samhsa.gov/images/res/tool_auditec.pdf Generations Study team made a slight modification by adding answer option 0.NONE because original AUDIT-C has no skip pattern which could cause confusion to respondents	
<i>Tobacco Use</i>	Q88	CDC- BRFSS Survey (2014)	
<i>DUDIT</i>	Q89-Q99	Berman, A.H., Bergman, H., Palmstierna, T., & Schlyter, F. (2003). The Drug Use Disorders Identification Test (DUDIT) Manual. Retrieved from: http://www.paihdelinkki.fi/sites/default/files/duditmanual.pdf	
<i>Suicide Behavior</i>	Q100-Q105	Modified from Army – Study to Assess Risk and Resilience in Service Members (STARRS) Instrument. Retrieved from: http://starrs-ls.org/sites/default/files/2016-03/army_starrs_aas_instrument.pdf	Modified to “past year” for Wave 2
Stressors			
<i>Concealed Sexual Identity (“Out”)</i>	Q106	Meyer, I.H., Rossano, L., Ellis, J.M., Bradford, J.(2002). A brief telephone interview to identify lesbian and bisexual women in random digit dialing sampling. <i>Journal of Sex Research</i> , 39. 139-144. One item, degree of being out to “gay, lesbian, or bisexual friends” was not included in the Generations Study.	
	Q107	Created by Generations Study team	
<i>Felt Stigma</i>	Q108-110	Herek (2008), Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States. <i>Journal of Interpersonal Violence</i> . doi:10.1177/0886260508316477	
<i>Internalized Homophobia</i>	Q111-Q115	Herek et al (2009), Internalized stigma among sexual minority adults: Insights from a social psychological perspective. <i>Journal of Counseling Psychology</i> , 56(1). doi:10.1037/a0014672	IHP-Revised version
<i>Bisexual Identity</i>	Q116	Created by Generations Study team	New item added to Wave 2

Construct	Question #	Source	Notes
<i>Internalized Bisexual Stigma</i>	Q117-Q121	Bostwick, W. (2012) Assessing Bisexual Stigma and Mental Health Status: A Brief Report, <i>Journal of Bisexuality</i> , 12(2), 214-222. doi:10.1080/15299716.2012.674860	New item added to Wave 2
<i>Victimization and Discrimination</i>	Q122	Herek (2008), Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States. <i>Journal of Interpersonal Violence</i> , 24(1). doi:10.1177/0886260508316477	Modified to “past year” for Wave 2
	Q123	Created by Generations Study team based on 1) Krieger, N., & Sidney, S. (1997). Prevalence and health implication of anti-gay discrimination: A study of Black and White women and men in the CARDIA cohort. <i>International Journal of Health Services</i> .27:157–176. doi:10.2190/HPB8-5M2N-VK6X-0FWN and 2) Williams, D.R., Yu, Y., Jackson, J.S. & Anderson, N.B (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. <i>Journal of Health Psychology</i> , 2(3). doi:10.1177/135910539700200305	Modified to “past year” for Wave 2
	Q124-Q125	Modified from 1) Police Public Contact Survey (2011) retrieved from: https://www.bjs.gov/content/pub/pdf/ppcs11q.pdf and 2) Herek (2009)- See Q135 for full reference	Modified to “past year” for Wave 2
	Q126	See Q123 for full reference	Modified to “past year” for Wave 2
	Q127	Modified from 1) Police Public Contact Survey (2011) retrieved from: https://www.bjs.gov/content/pub/pdf/ppcs11q.pdf and 2) Herek (2009)- See STR25 for full reference	Modified to “past year” for Wave 2
	Q128	See Q123 for full reference	Modified to “past year” for Wave 2
<i>Stressful Life Events and Perceived Stress</i>	Q129	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). (2007)- Wave 2	
	Q130	See Q123 for full reference	
<i>Everyday Discrimination</i>	Q131	Modified from Williams, D.R., Yu, Y., Jackson, J.S. & Anderson, N.B (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. <i>Journal of Health Psychology</i> , 2(3). doi: 10.1177/135910539700200305	
	Q132	See Q123 for full reference	

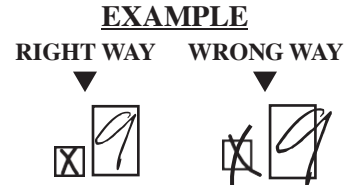
Construct	Question #	Source	Notes
<i>Chronic Strains</i>	Q133	Abridged version from Wheaton B. The nature of stressors. In: Horwitz AF, Scheid TL, editors. <i>A handbook for the study of mental health: Social contexts, theories, and systems</i> . Cambridge, UK: Cambridge University Press; 1999. pp. 176–197.	3 items were added to Wave 2 - Q133k, Q133n, Q133o
<i>Neighborhood acceptance</i>	Q19	Answer options modified from Gallup World Poll (2008) survey question	
Social Support			
<i>Household composition</i>	Q134	Created by Generations Study team	New item added to Wave 2
<i>Multidimensional scale of perceived social support</i>	Q135	Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. <i>Journal of Personality Assessment</i> , 52, 30-41. doi:10.1207/s15327752jpa5201_2	
<i>Parental relationship to children</i>	Q136	Modified from USTS 7.5 (USTS modified Current Population Survey (CPS))	
	Q137-Q139	Created by Generations Study team	New item added to Wave 2
	Q140	Modified from Ramona Oswald, Rainbow Illinois 2010 Survey	New item added to Wave 2
	Q141	Modified from Ramona Oswald, Rainbow Illinois 2010 Survey	New item added to Wave 2
	Q142-Q145	Modified from BRFSS 2014 - 8.7 and USTS 7.5 (USTS modified Current Population Survey (CPS))	New item added to Wave 2
	Q146-Q147	Modified from Ramona Oswald, Rainbow Illinois 2010 Survey	New item added to Wave 2
	Q148	Modified from Ramona Oswald, Rainbow Illinois 2010 Survey	New item added to Wave 2
<i>Expectations for Child Rearing</i>	Q149-Q150	D'Augelli, A., Rendian, H.J., Sinclair, K.O., & Grossman, A.H. (2007). Lesbian and gay youth's aspirations for marriage and raising children. <i>Journal of LGBT Issues in Counseling</i> , 1(4). http://dx.doi.org/10.1300/J462v01n04_06	New item added to Wave 2; Modified for adults age 18+
<i>Social Support Matrix</i>	Q156-Q161	Created by Generations Study team	New item added to Wave 2

Wave 2

SURVEY INSTRUCTIONS

Please carefully follow the steps below when completing this survey.

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



The following are some questions about your overall life.

1 Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time?

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

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

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

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

- Very happy
- Pretty happy
- Not too happy

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

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

	Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
11 My daily activities do not produce anything worthwhile for my community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I have nothing important to contribute to society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 The world is becoming a better place for everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Society has stopped making progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Society isn't improving for people like me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 The world is too complex for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 I cannot make sense of what's going on in the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 I find it easy to predict what will happen next in society..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the city or area where you live a good place or not a good place to live for...							
						Good place	Not a good place
a. Racial and ethnic minorities						<input type="checkbox"/>	<input type="checkbox"/>
b. Gay, lesbian, or bisexual people.....						<input type="checkbox"/>	<input type="checkbox"/>
c. Transgender people.....						<input type="checkbox"/>	<input type="checkbox"/>
d. Immigrants from other countries.....						<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

Following are some questions about coming out. Again, by “LGB” we mean a sexual minority identity that you identify with, including queer, same-gender loving, etc.

29 Have any of these things happened in the past year?

	Yes	No
a. You had sex with someone of the same sex for the first time.....	<input type="checkbox"/>	<input type="checkbox"/>
b. You had your first intimate relationship with someone of the same sex, where you both felt like you were in love or romantically involved	<input type="checkbox"/>	<input type="checkbox"/>
c. You realized you are LGB for the first time	<input type="checkbox"/>	<input type="checkbox"/>
d. You told a straight friend that you are LGB for the first time	<input type="checkbox"/>	<input type="checkbox"/>
e. You told a family member that you are LGB for the first time	<input type="checkbox"/>	<input type="checkbox"/>
f. It became clear to you that someone in your family had found out you were LGB before you told them.....	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Continue ⇨

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

- Yes_
- No > *Skip to Question 51*

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

38 For how many years have you been in your relationship with your current partner?

If less than 1 year, enter 01.

39 What is your current partner's gender?

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

40 Which of the following best describes your current partner's sexual orientation?

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

41 Do you live with your current partner?

- Yes
- No

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

- Legally married
- Legally recognized civil union
- Registered domestic partners
- Not legally recognized union or marriage

43 Which of the following apply to your relationship with your current partner?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. We share a medical power of attorney for each other | <input type="checkbox"/> | <input type="checkbox"/> |
| b. We own a home together | <input type="checkbox"/> | <input type="checkbox"/> |
| c. We are on a lease together (e.g., rental agreement for apartment or house)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. We share finances (e.g., credit card, bank accounts)..... | <input type="checkbox"/> | <input type="checkbox"/> |

44

To what extent is your relationship with your current partner known to other people in your life?

- No one knows we are a couple
- Some people know, but most people don't
- Some people know, some people don't
- Most people know, but some people don't
- Everyone knows we are a couple

45

Does your current partner know how you identify in terms of your sexual identity?

- Yes
- No
- Don't know

46

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

- We think of ourselves as being monogamous
- We think of ourselves as being open or non-monogamous
- We think of ourselves as being polyamorous
- We do not define our relationship regarding whether or not we are monogamous or sexually exclusive

47

Please indicate your degree of happiness, all things considered, in your relationship with your current partner.

- Extremely unhappy
- Fairly unhappy
- A little unhappy
- Happy
- Very happy
- Extremely happy
- Perfect

48 I have a warm and comfortable relationship with my partner.

- Not at all true
- A little true
- Somewhat true
- Mostly true
- Almost completely true
- Completely true

49 How rewarding is your relationship with your current partner?

- Not at all rewarding
- A little rewarding
- Somewhat rewarding
- Mostly rewarding
- Almost completely rewarding
- Completely rewarding

50 In general, how satisfied are you with your relationship with your current partner?

- Not at all satisfied
- A little satisfied
- Somewhat satisfied
- Mostly satisfied
- Almost completely satisfied
- Completely satisfied

→ *After answering this question, skip to Question 55*

51 Thinking about the future, how likely do you believe it is that you will be in a long-term relationship in the future?

- Not at all likely
- Somewhat likely
- Very likely
- Extremely likely

52 What kind of relationship do you expect to have in the future?

- Single, seeing many different people
- Single, seeing only a few people
- Single, seeing one person at a time
- Partnered, in a monogamous relationship
- Partnered with more than one person

→ *If you answered any of these, skip to Question 55*

53 Thinking about the future, how likely is it that you and your partner would live together?

- Not at all likely
- Somewhat likely
- Very likely
- Extremely likely

54 Thinking about the future, how likely do you believe it is that you will marry a same-sex partner?

- Not at all likely
- Somewhat likely
- Very likely
- Extremely likely

Continue ⇨

55 How often do you feel that you lack companionship?

- Hardly ever
- Some of the time
- Often

56 How often do you feel left out?

- Hardly ever
- Some of the time
- Often

57 How often do you feel isolated from others?

- Hardly ever
- Some of the time
- Often

The following questions are about your experiences with healthcare.

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

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

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

- There is NO place → *Skip to Question 61*
- Yes, there are one or more places

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

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

61 **During the past 12 months**, how often have you been to an LGBT- specific clinic or provider for your healthcare?

- Often
- Sometimes
- Never

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

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

63 If it were possible for you to do so, which of these health services would you want to access from an LGBT-specific clinic or provider? *Please mark all that apply.*

- General medical services
- Sexual health
- Mental health
- Addiction services
- Social services (e.g. insurance enrollment, anti-violence services, wellness programs)
- I would not go to an LGBT-specific clinic or provider

The following questions are about your sexual health. By “sex”, we mean any activity you personally define as sexual activity.

64 Over the past year, how satisfied have you been with your overall sexual life?

- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

65 Over the past year, how often did you engage in any kind of sexual activity with a woman sex partner?

- Not at all
- Less than once a month
- Once a month
- Two or three times a month
- Once a week
- Two or three times a week
- Once a day or more

66 Over the past year, how often did you engage in any kind of sexual activity with a man sex partner?

- Not at all
- Less than once a month
- Once a month
- Two or three times a month
- Once a week
- Two or three times a week
- Once a day or more

67 Sometimes people go through periods in which they are not interested in sex or are having trouble achieving sexual gratification. Below are a few questions about your experience with sex.

During the last 12 months, has there ever been a period of **several months or more** when you:

	Yes	No
a. Lacked interest in having sex.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Were unable to come to a climax (experience orgasm)	<input type="checkbox"/>	<input type="checkbox"/>
c. Felt anxious just before having sex about your ability to perform sexually.....	<input type="checkbox"/>	<input type="checkbox"/>
d. You had no sex during the last 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>

People use many methods to avoid unwanted pregnancies and to prevent getting HIV and other sexually transmitted infections (such as herpes, chlamydia, HPV, etc).

68 In the past year, which of the following did you do with a **woman** sex partner? *Please mark all that apply.*

- I did not have sex with a woman in the past year → *Skip to Question 69*
- Ask each other to get tested for HIV or other sexually transmitted infections
- Check your partner for any signs of infection
- Choose a sex partner who matches your HIV status
- Discuss contraceptive methods or ways to prevent pregnancy
- Discuss each other's HIV and/or sexual transmitted infection status
- Discuss each other's sexual history
- Reduce contact of vaginal or seminal fluids, such as "pulling out" or withdrawal
- Restrict sexual activity to only mutual masturbation
- Restrict sexual activity to only oral sex
- Use latex barriers (dental dam, plastic wrap, or condom)
- Use PEP/PrEP
- Wash sex toys between each partner use
- Agree to only have sex with one another
- None of these

Continue ⇨

69 In the past year, which of the following did you do with a **man** sex partner? *Please mark all that apply.*

- I did not have sex with a man in the past year → *Skip to Question 70*
- Ask each other to get tested for HIV or other sexually transmitted infections
- Check your partner for any signs of infection
- Choose a sex partner who matches your HIV status
- Discuss contraceptive methods or ways to prevent pregnancy
- Discuss each other's HIV and/or sexual transmitted infection status
- Discuss each other's sexual history
- Reduce contact of vaginal or seminal fluids, such as "pulling out" or withdrawal
- Restrict sexual activity to only mutual masturbation
- Restrict sexual activity to only oral sex
- Use latex barriers (dental dam, plastic wrap, or condom)
- Use PEP/PrEP
- Wash sex toys between each partner use
- Agree to only have sex with one another
- None of these

70 In the past year, how many times did you get tested for sexually transmitted infections (STIs) other than HIV?

71 In the past year, how many times did you get tested for HIV?

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

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

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

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

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

- Not at all familiar
- Somewhat familiar
- Very familiar

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

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

76 Are you currently taking Truvada as PrEP?

- Yes
- No

The following questions are about your health.

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

-
- None

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

None

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

None

81 In the past year, have you been told by a doctor or health professional that you had any of the following?

Please mark all that apply.

Hypertension (high blood pressure)

High cholesterol

Heart condition or heart disease

Angina

A heart attack

A stroke

Emphysema

Asthma

An ulcer

Cancer or a malignancy of any kind

Diabetes

Prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

Eating disorder (e.g. anorexia nervosa, bulimia nervosa, binge eating disorder)

Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Blood clots in legs or lungs

Osteoporosis or loss of bone density

Thyroid problems

Liver disease

Chronic obstructive pulmonary disease (COPD)

Crohn's disease or ulcerative colitis

Kidney disease

HIV/AIDS

Other sexually transmitted infection (not including HIV/AIDS)

Sleep disorder (e.g., insomnia or sleep apnea)

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

Yes

No

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

Yes

No

Continue ⇨

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

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

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

These next questions are about alcohol and drugs.

85 How often do you have a drink containing alcohol?

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

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

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

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

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

88 Do you now smoke cigarettes every day, some days, or not at all? Please do not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

- Every day
- Some days
- Not at all

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

89 How often do you use drugs other than alcohol?

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

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

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

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

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

92 How often are you influenced heavily by drugs?

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

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

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

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

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

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

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

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

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

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

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

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

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

99 Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?

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

Continue ⇨

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

- No Yes
- 100** In the past year, did you have **thoughts** of killing yourself?
- 101** In the past year, did you have **intention to act** on thoughts of wishing you were dead or trying to kill yourself?.....
- 102** In the past year, did you think about **how you might kill yourself** (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself?
- 103** In the past year, did you make a **suicide attempt** (i.e., purposefully hurt yourself with at least some intention to die)?
- No → *Skip to Question 105*
- Yes
- 104** If yes in question 103, what were the most serious injuries you received from a suicide attempt in the past year?
- No injury
- Very minor injury (e.g., surface scratches, mild nausea)
- Minor injury (e.g., sprain, first degree burns, flesh wound)
- Moderate injury not requiring overnight hospitalization (e.g., broken bones, second degree burns, stitches, bullet lodged in arm or leg)
- Moderate injury requiring overnight hospitalization (e.g., major fracture, third degree burns, coma, bullet lodged in abdomen or chest, minor surgery)
- Severe injuries requiring treatment in an intensive care unit to save life (e.g., major fracture of skull or spine, severe burns, coma requiring respirator, bullet in head, major surgery)
- 105** In the past year, did you do something to hurt yourself on purpose, but **without** wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)?
- No
- Yes

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

- 106** Are you out to all, most, some, or out to none of your...
- | | All | Most | Some | None | Don't know/
does not apply |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| a. Family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Straight friends..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Co-workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Healthcare providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 107** How often, if ever, can people tell you are LGB even if you don't tell them?
- Always
- Most of the time
- Sometimes
- Occasionally
- Never

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

	Strongly disagree	Somewhat disagree	Neither disagree	Somewhat agree	Strongly agree
108 Most people where I live think less of a person who is LGBT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109 Most employers where I live will hire openly LGBT people if they are qualified for the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110 Most people where I live would not want someone who is openly LGBT to take care of their children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly disagree	Somewhat disagree	Neither disagree	Somewhat agree	Strongly agree
111 I have tried to stop being attracted to people who are the same sex as me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112 If someone offered me the chance to be completely heterosexual, I would accept the chance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113 I wish I weren't LGBT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114 I feel that being LGBT is a personal shortcoming for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115 I would like to get professional help in order to change my sexual orientation from LGBT to straight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

116 Do you identify as bisexual?

Yes

No → *Skip to Text before Question 122*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
117 I worry that my behaviors will be viewed as stereotypically bisexual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118 Stereotypes about bisexuals affect me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119 Most lesbians/gays have a problem with bisexuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120 Most heterosexuals have a problem with bisexuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121 I feel that others view my bisexual identity as "untrue" or not real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

122 In the past year, how often have any of the following happened to you?

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

IF NONE OF THESE EXPERIENCES HAPPENED IN THE PAST YEAR, GO TO QUESTION 124.

Continue →

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

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

124 In the past year, how often were you fired from your job or denied a job?

- Never
- Once
- Twice
- Three or more times

125 In the past year, how often were you denied a promotion or received a negative evaluation?

- Never
- Once
- Twice
- Three or more times

IF NONE OF THESE EXPERIENCES IN QUESTION 124 OR 125 HAPPENED IN THE PAST YEAR, GO TO QUESTION 127.

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

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

127 In the past year, how often were you prevented from moving into or buying a house or apartment by a landlord or realtor?

- Never → *Skip to Question 129*
- Once
- Twice
- Three or more times

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

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

129 During the last 12 months...

- | | | |
|---|--------------------------|--------------------------|
| a. Did you move or have anyone new come to live with you?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were you fired or laid off from a job?... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Were you unemployed and looking for a job for more than a month?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you had trouble with your boss or a coworker?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Did you change jobs, job responsibilities or work hours?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Did you get separated or divorced or break off a steady relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Have you had serious problems with a neighbor, friend or relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have you experienced a major financial crisis, declared bankruptcy or more than once been unable to pay your bills on time?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Did you have serious trouble with the police or the law?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Was something stolen from you, including things that you carry like a wallet, or something inside or outside your home?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Has anyone intentionally damaged or destroyed property owned by you or someone else in your house? | <input type="checkbox"/> | <input type="checkbox"/> |

IF NONE OF THESE EXPERIENCES HAPPENED IN THE PAST YEAR, GO TO QUESTION 131.

130 Would you say these experiences listed in question 129 happened in the past year because of your . . . *Please mark all that apply.*

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

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

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

IF NONE OF THESE EXPERIENCES HAPPENED IN THE PAST YEAR, GO TO QUESTION 133.

132 Would you say these experiences happened in the past year because of your . . . *Please mark all that apply.*

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

Continue ⇨

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

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

The next section is about people in your life.

134 Who lives in the same residence (home) with you? *Please mark all that apply.*

- Spouse (Husband/Wife)
- Unmarried Partner
- Housemate/Roommate who is **not** a close friend
- Housemate/Roommate who is a close friend
- Child
- Grandchild
- Foster child
- Parent (Mother/Father)
- Brother/Sister
- Other relative (Aunt, Cousin, Nephew, Mother-in-law, etc.)
- Roomer/Boarder
- Other non-relative

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

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

136 Do you have any children?

- Yes
- No → *Skip to Question 149*

137 How many children do you have?

- 0 → *Skip to Question 149*
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- More than 10

→ *If you answered any of these, skip to Question 140*

138 What is the age of your child?

-
- Less than 1 year

139 Does this child currently live with you?

- Yes → *Skip to Question 146*
- No → *Skip to Question 146*

140 What is the age of your oldest child?

-
- Less than 1 year

141 What is the age of your youngest child?

-
- Less than 1 year

142 How many children do you have **under age 18** who currently live with you?

143 How many children do you have **under age 18** who **do not** currently live with you?

144 How many children do you have **age 18 or over** who currently live with you?

145 How many children do you have **age 18 or over** who currently **do not** live with you?

Continue ⇨

146 The following is a list of different ways people begin parenthood. *Please mark all the categories that apply to your children.* Did you have a child through...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. A relationship with a partner/spouse who already had a child?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A surrogate who gave birth to the child, using donor sperm? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A surrogate who gave birth to the child, using your and/or your partner's/spouse's sperm?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Donor insemination, and your partner/spouse gave birth to the child? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Donor insemination, and you gave birth to the child? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Donating sperm and co-parenting with someone who is not your partner/spouse | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Adoption of a child born outside of your relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Current or previous sexual relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Becoming a legal or informal guardian of a child born outside of your relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Some other way..... | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOU ANSWERED YES TO 146J, CONTINUE. OTHERWISE, SKIP TO QUESTION 148.

147 How did you become a parent?

148 Which of the following best describes your relationship to your child(ren)? For how many of your child(ren) are you....

- Legally recognized as parent or guardian
- Not legally recognized as parent or guardian
- Unsure about legal status as parent or guardian

→ *After answering this question, skip to Text before Question 151*

149 How important is it to you to have children one day?

- Not at all important
- Somewhat important
- Very important
- Extremely important

150 Thinking about the future, how **likely do you think it is** that you will have children?

- Not at all likely
- Somewhat likely
- Very likely
- Extremely likely

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

Please rate your level of agreement with the following items.

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

The following questions are about people who may have been helpful or supportive to you. For these next questions, first please write down for yourself a list of the initials or first names of as many people you could count on for everyday support over the past year.

By everyday support, we mean things like when you need to discuss worries, share happiness, help with household chores, or someone to confide in or to share social activities with.

156 How many people did you list?

None → *Skip to Text before Question 159*

157 Thinking only about the people you listed in the prior question, how many of them are...

Your family (other than your spouse)

Your spouse

Your close friends

Your friends/acquaintances

Volunteer/paid worker

Other

158 As best you know, how many of the people you listed in the prior question are...

Of the same race/ethnicity as you

The same gender as you

LGBT

The same race/ethnicity and gender as you and are LGBT

Continue ⇨

For these next questions, please first write down for yourself a list of the initials or first names of as many people you could count on for major support over the past year.

By major support, we mean things like when you need to borrow a large sum of money (e.g. several hundred dollars) for an emergency such as rent or a medical emergency; when you need help making important decisions about your life such as decisions about your family, money or health; and when you need someone to take care of you or help you out when you're sick.

159 How many people did you list?

None → *Skip to the end of the survey*

160 Thinking only about the people you listed in the prior question, how many of them are...

Your family (other than your spouse)

Your spouse

Your close friends

Your friends/acquaintances

Volunteer/paid worker

Other

161 As best you know, how many of the people you listed in the prior question are....

Of the same race/ethnicity as you

The same gender as you

LGBT

The same race/ethnicity and gender as you and are LGBT

This completes the survey.

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

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

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

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