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Generations Study Wave 3 Questionnaire and Measure Sources

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Source document for Generations Study Wave 3 measures

Construct	Question #	Source	Notes ¹
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.	
<i>Satisfaction with life</i>	Q130-Q134	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.	
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). <i>Best practices for asking questions about sexual orientation on surveys</i> . 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). <i>Best practices for asking questions about sexual orientation on surveys</i> . 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 STD & AIDS</i> . Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/26384946	
<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. Retrieved	

Construct	Question #	Source	Notes ¹
		from: http://www.midss.org/sites/default/files/lgbis.pdf	
<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	No change from 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. Retrieved from: http://dx.doi.org/10.1080/00224499.2011.565427 The Generations Study team used a 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). Retrieved from: http://m.psp.sagepub.com/content/early/2013/02/13/0146167213476896.full.pdf	
	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	No change from Wave 2
	Q42	Created by Generations Study team	No change from Wave 2
	Q43	Modified from Ramona Oswald, Rainbow Illinois 2010 Survey	No change from Wave 2
	Q44	Created by Generations Study team	No change from Wave 2
	Q45	Created by Generations Study team	No change from Wave 2
	Q46	Project SHARE http://healthequity.sfsu.edu/our-work/research/projectsshare	No change from Wave 2
<i>UCLA Loneliness Scale</i>	Q47-Q49	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</i> , 26(6). http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2394670/	No change from Wave 2

Construct	Question #	Source	Notes¹
Healthcare Access & Utilization			
<i>Health insurance</i>	Q50	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>	Q51-Q52	National Health Interview Survey (NIHS) (2015).	
<i>Sexual health</i>	Q53	National Survey of Sexual Health and Behavior	No change from Wave 2
<i>PrEP/Truvada</i>	Q54-Q56	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>	Q57-Q60	Center for Disease Control and Prevention(CDC) – Behavioral Risk Factor Surveillance System (BRFSS) Survey (2014).	
<i>Physical Health Outcome</i>	Q61	Modified from NHIS (2014) Adult Survey- Health Outcomes section. Generations Study team created a single check list based on NHIS (2014).	
<i>Disability</i>	Q62-Q63	CDC- BRFSS Survey (2014)	
<i>Kessler-6</i>	Q64	National Comorbidity Survey. Kessler 6 - Self Report Q1 (a)-(f). Retrieved from: http://www.integration.samhsa.gov/images/res/K6%20Questions.pdf	
<i>Alcohol Use</i>	Q65-Q67	Alcohol Use Disorder Identification Test (AUDIT-C) Retrieved from: http://www.integration.samhsa.gov/images/res/tool_auditc.pdf Generations Study team made a slight modification by adding answer option 0.NONE because original AUDIT-C has no skip pattern which could cause confusion to respondents	
	Q68	Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Questionnaire. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2015)	Newly added to Wave 3
<i>Tobacco Use</i>	Q69	CDC- BRFSS Survey (2014)	
<i>DUDIT</i>	Q70-Q80	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>	Q81-Q86	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	No change from Wave 2

Construct	Question #	Source	Notes ¹
Stressors			
<i>Concealed Sexual Identity (“Out”)</i>	Q87	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.	
	Q88	Created by Generations Study team	Newly added to Wave 3
	Q89	Created by Generations Study team	
<i>Felt Stigma</i>	Q90-92-110	Herek (2008), Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States. <i>Journal of Interpersonal Violence</i> . Retrieved from: http://jiv.sagepub.com/content/early/2008/04/07/0886260508316477.full.pdf+html	
<i>Internalized Homophobia</i>	Q93-Q97	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>Past Experiences with Homelessness and Child Welfare System</i>	Q99-Q106	Modified from Harris, Kathleen Mullan, and Udry, J. Richard. National Longitudinal Study of Adolescent to Adult Health (Add Health), 1994-2008. https://doi.org/10.3886/ICPSR21600.v18	Newly added to Wave 3
<i>Victimization and Discrimination</i>	Q107	Herek (2009), Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States. <i>Journal of Interpersonal Violence</i> , 24(1). Q107e and Q107g were created by the Generations Study team.	Q107e and Q107g were added to Wave 3
	Q108	Created by Generations Study team based on 1) Krieger N, Sidney S. (1997). Prevalence and health implication of anti-gay discrimination: A study of Black and White women and men in the CARDIA cohort. <i>International Journal of Health Services</i> .27:157–176 and 2) Williams, D.R., Yu, Y., Jackson, J.S. & Anderson, N.B (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. <i>Journal of Health Psychology</i> , 2(3).	No change from Wave 2
	Q109-Q110	Modified from 1) Police Public Contact Survey (2011) and 2) Herek (2009)- See Q107 for full reference	No change from Wave 2
	Q111	See Q108 for full reference	No change from Wave 2
	Q112	Modified from 1) Police Public Contact Survey (2011) and 2) Herek (2009)-	No change from Wave 2

Construct	Question #	Source	Notes ¹
		See Q107 for full reference	
	Q113	See Q108 for full reference	No change from Wave 2
<i>Stressful Life Events and Perceived Stress</i>	Q114	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). (2007)- Wave 2	
	Q115	See Q108 for full reference	
<i>Interactions with Police</i>	Q98; Q116 –Q124	Modified from Bureau of Justice Statistics, National Crime Victimization Survey, Police-Public Contact Survey, 2011. Retrieved from https://www.bjs.gov/content/pub/pdf/ppcs11q.pdf	Newly added to Wave 3
<i>Police and Law Enforcement Scale</i>	Q123-124	English, D., Bowleg, L., Del Río-gonzález, A. M., Tschann, J. M., Agans, R. P., & Malebranche, D. J. (2017). Measuring Black men's police-based discrimination experiences: Development and validation of the Police and Law Enforcement (PLE) Scale. <i>Cultural diversity & ethnic minority psychology, 23</i> (2), 185-199.	
	Q125	See Q108 for full reference	
<i>Everyday Discrimination</i>	Q126	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, 2</i> (3).	
	Q127	See Q108 for full reference	
<i>Chronic Strains</i>	Q128	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 3 Q128k, Q128n, Q128o
<i>Neighborhood acceptance</i>	Q19	Answer options modified from Gallup World Poll (2008) survey question	
Social Support			
<i>Multidimensional scale of perceived social support</i>	Q129	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, 52</i> , 30-41. Retrieved from: http://www.yorku.ca/rokada/psycetest/socsupp.pdf	
<i>Sociopolitical/Civic Engagement</i>	Q135	Modified from Porter, T.J. (2013). Moral and political identity and civic involvement in adolescents. <i>Journal of Moral Education</i> , DOI: 10.1080/03057240.2012.761133; and Pancer, M. (2015). <i>The Psychology of Citizenship and Civic Engagement</i> , Oxford University Press.	Newly added to Wave 3
	Q136	Created by Generations Study team	Newly added to Wave 3

Construct	Question #	Source	Notes¹
<i>Social network</i>	Q137-Q138	Created by Generations Study team	Newly added to Wave 3
<i>Social Support Matrix</i>	Q139-Q144	Created by Generations Study team	No change from Wave 2

1. All constructs without any notation in the notes section have carried over from the Baseline and Wave 2 surveys without any modification.

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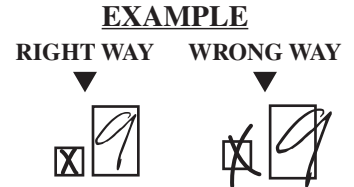
A Study of the Life and Health of LGB People in a Changing Society

Wave 3

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"/>

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

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"/>

Continue ⇨

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"/>

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

Yes

No → *Skip to Question 47*

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 How often do you feel that you lack companionship?

- Hardly ever
- Some of the time
- Often

48 How often do you feel left out?

- Hardly ever
- Some of the time
- Often

49 How often do you feel isolated from others?

- Hardly ever
- Some of the time
- Often

The following questions are about your experiences with healthcare.

50 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:

51 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 the text before Question 53*
- Yes, there are one or more places → *Continue to Question 52*

Continue ⇨

52 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:

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

53 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

54 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

55 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

56 Are you currently taking Truvada as PrEP?

- Yes
- No

The following questions are about your health.

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

- Excellent
- Very good
- Good
- Fair
- Poor

58 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

59 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

60 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

61 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)

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

Yes

No

63 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.

64 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.

65 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

66 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

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

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

68 During the past 30 days, what is the largest number of drinks you had on any occasion?

- Number of drinks
- Don't know/Not sure

69 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.

70 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

71 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

72 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

73 How often are you influenced heavily by drugs?

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

74 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

75 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

76 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

77 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

78 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

79 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

80 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
- 81** In the past year, did you have **thoughts** of killing yourself?.
- 82** In the past year, did you have **intention to act** on thoughts of wishing you were dead or trying to kill yourself?
- 83** 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?.
- 84** 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 86*
- Yes
- 85** If yes in question 84, 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)
- 86** 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.

- 87** 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"/> |
- 88** Where are you out more, online or in-person?
- Out more in-person, not out online
- Out more in-person, somewhat out online
- Out equally online and in-person
- Out more online, somewhat out in-person
- Out more online, not out in-person
- Not out to anyone online or in-person

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

- Always
- Most of the time
- Sometimes
- Occasionally
- Never

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

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

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

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
93 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"/>
94 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"/>
95 I wish I weren't LGB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96 I feel that being LGB is a personal shortcoming for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97 I would like to get professional help in order to change my sexual orientation from LGB to straight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about your life experiences and things that may have happened to you.

	Yes	No
98 Have any of these experiences ever happened to you?		
a. Were you ever accused of committing a crime?	<input type="checkbox"/>	<input type="checkbox"/>
b. Were you ever arrested?	<input type="checkbox"/>	<input type="checkbox"/>
c. Were you ever charged with a crime in court or in a hearing before a judge?	<input type="checkbox"/>	<input type="checkbox"/>
d. Did you ever receive a sentence or probation related to being accused of committing a crime?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever been incarcerated in a jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>

Continue ⇨

99 Were you ever homeless for **at least one night**, that is you slept in a place where people weren't meant to sleep, or slept in a homeless shelter, or didn't have a regular residence in which to sleep?

- No → *Skip to Question 101*
- Yes
- Don't know → *Skip to Question 101*

100 At what age were you homeless for **at least one night**? *Please mark all that apply.*

- Before age 18
- Age 18 or older

101 Did you ever live in a foster home or group home?

- No → *Skip to Question 104*
- Yes
- Don't know → *Skip to Question 104*

102 How many foster or group homes have you lived in for a month or more?

- One
- Two
- Three
- Four or more

103 Were any of the **moves to different placements** related to how people treated you **because of your sexual orientation or gender identity**?

- No
- Yes
- Don't know

104 Did your parent or guardian ever order you to move out of their house?

- No → *Skip to Question 107*
- Yes
- Don't know → *Skip to Question 107*

105 At what age did this happen for the first time?

106 Was this experience related to your sexual orientation or gender identity?

- No
- Yes
- Don't know

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.

107 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"/>
<hr style="border-top: 1px dotted black;"/>				
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"/>
<hr style="border-top: 1px dotted black;"/>				
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"/>
<hr style="border-top: 1px dotted black;"/>				
d. Someone threatened you with violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted black;"/>				
e. Someone threatened you with violence electronically (through email, chatrooms, instant messaging, websites, or texting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted black;"/>				
f. Someone verbally insulted or abused you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted black;"/>				
g. Someone verbally insulted or abused you electronically (through e-mail, chat rooms, instant messaging, websites, or texting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted black;"/>				
h. Someone threw an object at you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF NONE OF THE EXPERIENCES IN QUESTION 107 HAPPENED IN THE PAST YEAR, GO TO QUESTION 109.

108 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

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

- Never
- Once
- Twice
- Three or more times

110 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 109 OR 110 HAPPENED IN THE PAST YEAR, GO TO QUESTION 112.

111 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

112 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 114*
- Once
- Twice
- Three or more times

113 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

Continue ⇨

114 During the last 12 months...

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

IF NONE OF THESE EXPERIENCES HAPPENED IN THE PAST YEAR, GO TO QUESTION 116.

115 Would you say these experiences listed in question 114 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

116 The following are questions about any time in the last 12 months when **you sought help or assistance** from the police. In the last 12 months, have you...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Approached or sought help from the police for any reasons? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Needed help, but you did not call the police or sheriff's department? | <input type="checkbox"/> | <input type="checkbox"/> |

117 The following are questions about any time in the last 12 months when **police have initiated** contact with you. In the last 12 months, have you . . .

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Been stopped by the police while in a public place, but not a moving vehicle? This includes being parked in a vehicle. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Been stopped by the police while driving a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Been the passenger in a motor vehicle that was stopped by the police? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Been involved in a traffic accident that was reported to the police? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Been stopped or approached by the police for something else? | <input type="checkbox"/> | <input type="checkbox"/> |

118 Thinking about the times you initiated contact with the police AND the times they initiated contact with you, how many total face-to-face contacts did you have with the police during the last 12 months? A face-to-face contact is defined as one that involved verbal communication or contact in which the officer turns his or her direct interaction towards you.

None → *Skip to Text Before Question 123*

IF YOU HAVE HAD NO CONTACT WITH THE POLICE IN THE LAST 12 MONTHS, PLEASE SKIP TO TEXT BEFORE QUESTION 123.

The next questions are only about the most recent contact you had with the police in the past 12 months.

119 Were you satisfied with the police response during the most recent contact?

- Yes
- No

120 Looking back on this contact, do you feel the police behaved properly?

- Yes
- No
- Don't know

121 Looking back on this contact, do you feel the police treated you respectfully?

- Yes
- No
- Don't know

122 Based on this experience, would you be more likely, less likely, or just as likely to contact the police in the future?

- More likely to call
- Less likely to call
- Just as likely to call
- Don't know

The following questions are about experiences you had with police at ANY TIME in the last 12 months.

123 In the past year, how often have police or law enforcement been verbally abusive to you?

- Never
- Once
- Twice
- Three times or more

124 In the past year, how often have police or law enforcement been physically abusive to you?

- Never
- Once
- Twice
- Three times or more

IF THE POLICE HAVE NOT BEEN VERBALLY OR PHYSICALLY ABUSIVE TO YOU IN THE PAST YEAR, PLEASE SKIP TO QUESTION 126.

125 If you said you had any of the experiences listed in question 123 or question 124 (police being verbally and/or physically abusive) in the past year, would you say they happened because of your...? *Please mark all that apply.*

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

126 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 128.

Continue ⇨

127 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

128 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 and activities you may participate in.

129 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"/>

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
130 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"/>
131 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"/>
132 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"/>
133 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"/>
134 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"/>

Continue ⇨

135 The following is a list of types of activities that people can get involved in. In the past year, have you...

	Often	Sometimes	Rarely	Never
a. Donated money (e.g., to an organization, a cause, a GoFundMe® campaign)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Signed a petition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Advertised your opinion about social issues through bumper stickers, yard signs, clothing, or buttons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Responded to posts about social issues online (e.g. shared a Facebook® post, retweeted on Twitter®, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did things to help improve an area or neighborhood (e.g. helped clean neighborhood or beach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Volunteered with a community group or organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Created art, music, or video to express your views about social issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Worked for pay or as a volunteer on electoral or political campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Joined in a protest march or demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Contacted a public official to let them know how you felt about a particular issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Posted content about social issues online (e.g. Facebook®, Instagram®, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU DID NOT PARTICIPATE IN ANY OF THESE ACTIVITIES OVER THE PAST YEAR, GO TO QUESTION 137.

136 Please indicate which of the following issues were the focus of the activities you participated in over the last year. *Please mark all that apply.*

- LGBT issues
- Race/Ethnicity issues
- Women's issues
- Other

137 How often do you participate in an LGBT-specific online group or app for dating or sex?

- Often
- Sometimes
- Rarely
- Never

138 How often do you participate in an LGBT-specific online group or app for reasons **unrelated** to dating or sex?

- Often
- Sometimes
- Rarely
- Never

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.

139 How many people did you list?

None → *Skip to Text before Question 142*

140 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

141 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

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.

142 How many people did you list?

→ *Continue with Question 143*

None → *Skip to the end of the survey*

Continue ⇨

143 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

144 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.

Barcode

Language