

# National LGBTQ+ Women\*s Community Survey (Public)

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Start of Block: Coversheet

Q1.1

**The National LGBTQ+ Women\*s Survey** This study invites people who have identified as women at any point on their journeys *and* want to share their experiences of centering women in their emotional, familial, sexual, and/or personal lives. At present this study is only open to participants currently living in the USA.

**We welcome lesbian, bi, pansexual, trans, asexual, intersex, and queer women who partner with women; trans men who want to report on their experience of partnering with women when they identified as or were perceived to be girls or women; and non-binary people who partner with or have partnered with women.**

Your responses will be an important contribution to a ground-breaking community report on LGBTQ+ women's experiences of pursuing housing, employment, health care, public accommodation, and education while building their families and lives. The study is an investigation of discrimination in the lives of LGBTQ+ women and our sources of joy and resilience.

During the survey we will use the term "women". We recognize that this does not capture everyone's identity in our expansive community. If you prefer an alternative spelling of women, please select the one that works best for you at the beginning of the survey.

## **Procedures and Confidentiality**

The survey can be answered in either English or Spanish. Please select your option at the start of the survey.

Your participation is anonymous and confidential. Please answer as openly and honestly as possible. You may skip questions. The survey should take 30-60 minutes to complete. You must be 18 years or older to participate.

## **Discomforts and Risks**

There are no risks in participating in this research beyond those experienced in everyday life. Some of the questions are personal and touch on issues of vulnerability and violence. If you experience any question as disturbing, you may stop responding to the survey at any time. If you experience discomfort and need support, you may contact any of these supportive resources:

*The Trevor Project 1-(866) 488-7386* The Trevor Project is a crisis hotline for (LGBTQ+) young people 13-24; it is also fully equipped to serve adults in crisis.

*National Suicide Prevention Lifeline: (800) 273-8255 (online chat available)* The National

Suicide Prevention Lifeline is a national network of local crisis centers that offer support in crisis.

*Trans Lifeline: (877) 565-8860* A trans-led organization that connects trans people to the community, support, and resources they need to survive and thrive.

*U.S. National Domestic Violence Hotline: (800) 799-7233 (English and Spanish) (800) 787-3224 (TTY)* Highly trained, experienced advocates offer compassionate support, crisis intervention information and referral services.

***Pride Institute: (800) 547-7433 24/7*** Chemical dependency/mental health referral and information hotline for the LGBTQ community.

***Rape Abuse and Incest National Network (RAINN): (800) 656-HOPE / (800) 810-7440 (TTY)*** The nation's largest organization fighting sexual violence.

These resources will be displayed again as you complete the survey.

**Benefits** The results of the survey will be part of important reports on discrimination and resilience in the lives of LGBTQ+ women who partner with women by Justice Work at Vaid Group (<https://thevaidgroup.com/justicework/>). We are grateful to Emory University and to our co-primary investigator Dr. Alyasah Ali Sewell for partnering in the development of the survey as well as hosting and maintaining the integrity of the data.

**Voluntary Participation** Your participation in this research is voluntary. If you decide to participate, you do not have to answer questions that you do not wish to answer. Individuals will never be identified due to the anonymous nature of the survey. Your responses will be analyzed and reported on as a community. Submission of the survey will be interpreted as your informed consent to participate and affirmation that you are at least 18 years of age.

**Consent to Participate** You can decline to consent to participate in the survey by withdrawing from the survey process at any time before you hit “submit.” Refusal to take part or withdrawal from the survey process involves no consequences. You consent to participate in this study by pressing the “submit” button at the conclusion of the survey. If you have questions about the survey project or its findings, you can email the following co-primary investigators. If you are interested in exploring ways to do a similar study in your own country, please contact the lead researchers below. **Dr. Jaime M. Grant** at Justice Work: [jgrant@justicework.org](mailto:jgrant@justicework.org) **Dr. Alyasah Ali Sewell** at Emory University: [alyasah.ali.sewell@emory.edu](mailto:alyasah.ali.sewell@emory.edu)

Note: Dr. Alyasah Ali Sewell is a paid consultant for the National Center for Civic Innovation, the sponsor of this research study. The terms of this arrangement have been reviewed and approved by Emory University in accordance with Emory University Policy 7.7, Policy for Investigators Holding a Financial Interest in Research.”



Q1.2

In what language would you prefer to take this survey?

- English (1)
- Spanish (2)

End of Block: Coversheet

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Start of Block: A. Getting to Know You - Part 1

Q2.1

**This study will take between 30 and 60 minutes. If you want to start and return to the survey at a later time you can do so. Your answers will be saved for up to one week. If you do not submit within that time, you will need to start over again. If you leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over. Please press the back arrow if you would like to re-visit a question.**

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Q2.2

Many LGBTQ+ women have been told we are not women, or we are not the right kind of woman, or that simply by being ourselves, we threaten “womanhood.” This study welcomes all of us who have or do see ourselves as women, and love women.

Do you identify as a woman?

- Yes, currently, AND in the past (1)
  - Yes, currently, but NOT in the past (2)
  - Yes, in the past, but NOT currently (3)
  - No, I have never identified as a woman (4)
- 



### Q2.3

What term do you or did you use to describe yourself as a woman? If your preferred term is not listed, write in one that fits you. (*maximum 25 characters*)

- Woman (1)
  - Womxn (2)
  - Womyn (3)
  - Wimmin (4)
  - Woman+ (5)
  - Other (please specify): (6)
- 



### Q2.4

How old are you?

*Please enter your age in years.*

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Q3.13

What is your zip code?

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End of Block: A. Getting to Know You - Part 1

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Start of Block: A. Getting to Know You - Part 2



Q3.1

What sex was checked off on your original birth certificate?

- Female (1)
- Male (2)
- A sex not listed, please specify: (3)

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Q3.2

What best describes your **sexuality or sexual orientation**, today?

- Lesbian or gay [\[e://Field/noun\]](#) (1)
  - Bisexual (2)
  - Pansexual (3)
  - Queer (4)
  - Asexual (5)
  - Straight (6)
  - Other (please specify): (7)
- 



Q3.3

Sexuality is complex. *If you'd like to provide more detail, click yes.*

- Yes (1)
- No (2)

Q3.3a

Please tell us more about your **sexuality or sexual orientation**, current and past.

*Check all that apply.*

	Current (1)	Past (2)
Aromantic (5)	<input type="checkbox"/>	<input type="checkbox"/>
Asexual (6)	<input type="checkbox"/>	<input type="checkbox"/>
Asexual or ace (7)	<input type="checkbox"/>	<input type="checkbox"/>
Bi Dyke (8)	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual (9)	<input type="checkbox"/>	<input type="checkbox"/>
Demisexual (10)	<input type="checkbox"/>	<input type="checkbox"/>
Fag (11)	<input type="checkbox"/>	<input type="checkbox"/>
Gay (12)	<input type="checkbox"/>	<input type="checkbox"/>
Greysexual (13)	<input type="checkbox"/>	<input type="checkbox"/>
Gold Star (14)	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian (15)	<input type="checkbox"/>	<input type="checkbox"/>
Omnisexual (16)	<input type="checkbox"/>	<input type="checkbox"/>

Pansexual (17)	<input type="checkbox"/>	<input type="checkbox"/>
Queer (18)	<input type="checkbox"/>	<input type="checkbox"/>
Same Gender Loving (19)	<input type="checkbox"/>	<input type="checkbox"/>
Stone (20)	<input type="checkbox"/>	<input type="checkbox"/>
Trans Attracted (21)	<input type="checkbox"/>	<input type="checkbox"/>
Trans Dyke (22)	<input type="checkbox"/>	<input type="checkbox"/>
Trans Fag (23)	<input type="checkbox"/>	<input type="checkbox"/>
T4T (24)	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: (25)	<input type="checkbox"/>	<input type="checkbox"/>





Q3.4

Has your **sexuality or sexual orientation** been mostly the same over the course of your life? Or has it changed or been fluid?

- Has mostly stayed the same (1)
- Has mostly changed or been fluid (2)



Q3.5

How have you expressed your **sexuality or sexual orientation** over the course of your life?

*Check all that apply.*

	Teens (1)	20s (2)	30s (3)	40s (4)	50s (5)	60s (6)	70s+ (7)
Lesbian (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asexual (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pansexual (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Queer (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same Gender Loving (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straight/Heterosexual (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans attracted (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4T (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify): (11)

Other (please specify): (12)



Q3.6

What best describes your **gender identity** or expression, today?

- Femme or on the feminine spectrum (1)
  - Butch or on the masculine spectrum (2)
  - Non-Binary or Androgynous (3)
  - Fluid or genderqueer (4)
  - Other (please specify): (5)
- 



Q3.7

Gender is complex. *If you'd like to provide more detail, click yes.*

Yes (1)

No (2)

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Q3.7a

Please tell us more about how you describe your **gender identity or expression**, current and past.

*Check all that apply.*

	Current (1)	Past (2)
Agender or no gender (5)	<input type="checkbox"/>	<input type="checkbox"/>
A.G. or Aggressive (6)	<input type="checkbox"/>	<input type="checkbox"/>
Amazon (7)	<input type="checkbox"/>	<input type="checkbox"/>
Androgynous (8)	<input type="checkbox"/>	<input type="checkbox"/>
Bulldagger (9)	<input type="checkbox"/>	<input type="checkbox"/>
Butch (10)	<input type="checkbox"/>	<input type="checkbox"/>
Butchy femme (11)	<input type="checkbox"/>	<input type="checkbox"/>
Cis (12)	<input type="checkbox"/>	<input type="checkbox"/>
Crone (13)	<input type="checkbox"/>	<input type="checkbox"/>
Dyke (14)	<input type="checkbox"/>	<input type="checkbox"/>
Fa'afafine (15)	<input type="checkbox"/>	<input type="checkbox"/>

Fa'afatom (16)	<input type="checkbox"/>	<input type="checkbox"/>
Femme (17)	<input type="checkbox"/>	<input type="checkbox"/>
Femmy butch or futch (18)	<input type="checkbox"/>	<input type="checkbox"/>
Gender expansive (19)	<input type="checkbox"/>	<input type="checkbox"/>
Gender fluid (20)	<input type="checkbox"/>	<input type="checkbox"/>
Gender non-binary or ENBY (21)	<input type="checkbox"/>	<input type="checkbox"/>
Gender non-conforming (22)	<input type="checkbox"/>	<input type="checkbox"/>
Genderqueer (23)	<input type="checkbox"/>	<input type="checkbox"/>
Gold Star (24)	<input type="checkbox"/>	<input type="checkbox"/>
Hybrid or mosaic (25)	<input type="checkbox"/>	<input type="checkbox"/>
Kiki (26)	<input type="checkbox"/>	<input type="checkbox"/>
King (27)	<input type="checkbox"/>	<input type="checkbox"/>
Lipstick lesbian (28)	<input type="checkbox"/>	<input type="checkbox"/>

Mahu wahine (29)	<input type="checkbox"/>	<input type="checkbox"/>
Man (30)	<input type="checkbox"/>	<input type="checkbox"/>
Masculine of center (31)	<input type="checkbox"/>	<input type="checkbox"/>
Non-binary (32)	<input type="checkbox"/>	<input type="checkbox"/>
Intersex (48)	<input type="checkbox"/>	<input type="checkbox"/>
Queen (33)	<input type="checkbox"/>	<input type="checkbox"/>
Tomboy (34)	<input type="checkbox"/>	<input type="checkbox"/>
Spinster (35)	<input type="checkbox"/>	<input type="checkbox"/>
Stemme (36)	<input type="checkbox"/>	<input type="checkbox"/>
Stone (Butch) (37)	<input type="checkbox"/>	<input type="checkbox"/>
Stud (38)	<input type="checkbox"/>	<input type="checkbox"/>
Transgender (39)	<input type="checkbox"/>	<input type="checkbox"/>
Transfeminine or MTF (40)	<input type="checkbox"/>	<input type="checkbox"/>

Transmasculine or FTM (41)

Two-Spirit (42)

Woman (43)

Womxn (44)

Wom\*n (45)

Other, please specify: (46)



Q3.8

Has your **gender identity or expression** been mostly the same? Or, has it changed during your lifetime?

- Has mostly stayed the same (1)
- Has mostly changed or been fluid (2)



Q3.9

How have you expressed your **gender identity or expression** over the course of your life?



Check all that apply.

	Teens (1)	20s (2)	30s (3)	40s (4)	50s (5)	60s (6)	70s+ (7)
Femme or feminine (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butch or masculine (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Binary or Androgynous (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid or Genderqueer (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cis or gender "conforming" (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q3.10

What preferred pronouns do you use?

*Check all that apply.*

- She/Her (1)
  - He/Him (2)
  - They/Them (3)
  - Other (please specify): (4)
- 



Q3.11

Which of the following describes you?

*Check all that apply.*

We ask about your racial identity to document the communities LGBTQ women who partner with women come from, as well as to better understand how racism, race, ethnicity, and national identity impact our experiences. Remember, no data can be traced back to you personally. Thanks for helping to build knowledge!

- American Indian or Alaska Native (1)
  - Asian (incl. East Asian, Central Asian, South Asians, Southeast Asians, West Asian) (2)
  - Black, African, or African American (3)
  - Hispanic, Latino, or Spanish origin (4)
  - Middle Eastern (5)
  - Multiracial (9)
  - Native Hawaiian or Other Pacific Islander (6)
  - White (7)
  - Other (please specify): (8)
-

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Q3.12

To what, country/nation/people, do you or your family trace your ancestry?

Please list **up to four** in the text boxes below.

- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_
- (7) \_\_\_\_\_



Q3.14

What is the highest degree of education you have completed?

- Less than high school (1)
  - High school diploma or GED (2)
  - Some college (3)
  - Bachelor's degree or 4 year degree (4)
  - Graduate or professional degree (5)
-



Q3.15

What was your gross annual **individual income** (before taxes) in 2020?

- Under \$15,000 (1)
- \$15,000 - \$24,999 (2)
- \$25,000 - \$34,999 (3)
- \$35,000 - \$49,999 (4)
- \$50,000 - \$74,999 (5)
- \$75,000 - \$99,999 (6)
- \$100,000 - \$149,999 (7)
- \$150,000 - \$199,999 (8)
- \$200,000 - \$399,999 (9)
- \$400,000 - \$1.9 million (10)
- \$2 million - \$4.9 million (11)
- \$5 million - \$15 million (12)
- Over \$15 million (13)



Q3.16

What was your gross annual **household income** (before taxes) in 2020?

*Consider sources of income from ALL members of your household...*

- Under \$15,000 (1)
- \$15,000 - \$24,999 (2)
- \$25,000 - \$34,999 (3)
- \$35,000 - \$49,999 (4)
- \$50,000 - \$74,999 (5)
- \$75,000 - \$99,999 (6)
- \$100,000 - \$149,999 (7)
- \$150,000 - \$199,999 (8)
- \$200,000 - \$399,999 (9)
- \$400,000 - \$1.9 million (10)
- \$2 million - \$4.9 million (11)
- \$5 million - \$15 million (12)
- Over \$15 million (13)



Q3.17

In what religious tradition are you involved currently, if any?

In what religious tradition were you raised?

*Check all that apply.*

	Currently practice (1)	Raised (2)
Agnostic (1)	<input type="checkbox"/>	<input type="checkbox"/>
Atheist (2)	<input type="checkbox"/>	<input type="checkbox"/>
Baha'i (3)	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist (4)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - African Methodist Episcopal (5)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - Assembly of God (6)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - Baptist (7)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - Catholic/Roman Catholic (8)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - Church of Christ (9)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - Church of God in Christ (10)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - Christian Orthodox (11)	<input type="checkbox"/>	<input type="checkbox"/>

Christian - Christian Methodist  
Episcopal (12)

Christian - Christian Reformed  
Church (13)

Christian - Episcopalian (14)

Christian - Evangelical (15)

Christian - Greek Orthodox  
(16)

Christian - Lutheran (17)

Christian - Mennonite (18)

Christian - Moravian (19)

Christian - Nondenominational  
Christian (20)

Christian - Pentecostal (21)

Christian - Presbyterian (22)

Christian - Protestant (23)

Christian - Protestant  
Reformed Church (24)



Christian - Quaker (25)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - Reformed Church of America (26)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - Russian Orthodox (27)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - Seventh Day Adventist (28)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - The Church of Jesus Christ of Latter-Day Saints (29)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - United Methodists (30)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - Unitarian Universalists (31)	<input type="checkbox"/>	<input type="checkbox"/>
Christian - United Church of Christ (32)	<input type="checkbox"/>	<input type="checkbox"/>
A Christian affiliation not listed (33)	<input type="checkbox"/>	<input type="checkbox"/>
Confucianist (34)	<input type="checkbox"/>	<input type="checkbox"/>
Druid (35)	<input type="checkbox"/>	<input type="checkbox"/>
Hindu (36)	<input type="checkbox"/>	<input type="checkbox"/>
Indigenous/traditional spiritual practice (61)	<input type="checkbox"/>	<input type="checkbox"/>

Islam - Ahmadi (37)	<input type="checkbox"/>	<input type="checkbox"/>
Islam - Shi'ite (38)	<input type="checkbox"/>	<input type="checkbox"/>
Islam - Sufi (39)	<input type="checkbox"/>	<input type="checkbox"/>
Islam - Sunni (40)	<input type="checkbox"/>	<input type="checkbox"/>
Islam - Muslim (41)	<input type="checkbox"/>	<input type="checkbox"/>
Jain (42)	<input type="checkbox"/>	<input type="checkbox"/>
Jehovah's Witness (43)	<input type="checkbox"/>	<input type="checkbox"/>
Jewish - Conservative (44)	<input type="checkbox"/>	<input type="checkbox"/>
Jewish - Orthodox (45)	<input type="checkbox"/>	<input type="checkbox"/>
Jewish - Reform (46)	<input type="checkbox"/>	<input type="checkbox"/>
Pagan (48)	<input type="checkbox"/>	<input type="checkbox"/>
Rastafarian (49)	<input type="checkbox"/>	<input type="checkbox"/>
Scientologist (50)	<input type="checkbox"/>	<input type="checkbox"/>

Secular Humanist (51)	<input type="checkbox"/>	<input type="checkbox"/>
Shindo (52)	<input type="checkbox"/>	<input type="checkbox"/>
Shinto (53)	<input type="checkbox"/>	<input type="checkbox"/>
Sikh (54)	<input type="checkbox"/>	<input type="checkbox"/>
Taoist (55)	<input type="checkbox"/>	<input type="checkbox"/>
Tenrikyo (56)	<input type="checkbox"/>	<input type="checkbox"/>
Wiccan (57)	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual, no affiliation (58)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> No spiritual/religious identity or affiliation (60)	<input type="checkbox"/>	<input type="checkbox"/>
A religious identity not listed (please specify): (59)	<input type="checkbox"/>	<input type="checkbox"/>



Q3.18

What is your immigration or citizenship status in the U.S.?

There is no way for the response given here to be traced back to you. Responses to this question help us see the breadth of experience in our community as we advocate for justice.

- U.S. citizen since birth (1)
- Naturalized U.S. Citizen (2)
- Permanent Resident (Green Card) (3)
- Asylum Status (4)
- Work Visa (5)
- Student Visa (6)
- Undocumented (7)
- Other (8) \_\_\_\_\_



Q3.19

Have you experienced any of the following in dealing with the US immigration system?

*Check all that apply.*

- I have never dealt with US immigration system (1)
  - I have been treated with respect and courtesy (2)
  - Harassment (3)
  - Discrimination (4)
  - Threat to “out” you (5)
  - Physical Violence (6)
  - Sexual Violence (7)
  - Separation from family (8)
  - Separation from children (9)
  - Detention (10)
  - Deportation (11)
  - Other (please specify): (12)
-



Q3.20

Do you have a disability?

*Check all that apply.*

- Physical or mobility condition (1)
  - Learning disability or condition (2)
  - Neurodiverse condition (3)
  - Sensory condition (4)
  - Mental health condition (5)
  - HIV (6)
  - Other (please specify): (7)
- 
- No, I do not have a disability (8)



Q3.21

Which of the following have you experienced **as a result of your disability/disabilities**?

*Check all that apply.*

- Secured accommodations at work (1)
  - Secured accommodations in housing (2)
  - Secured government benefits (3)
  - Been refused accommodations (4)
  - Been refused accommodations for your disability/disabilities due to your LGBTQ+ identity (5)
  - Other (please specify): (6)
- 
- I have not experienced any of these (7)
  - I have never sought accommodations (8)



Q3.22

Have you experienced difficulty accessing LGBTQ+ supportive services, community centers, events, conferences or other community gatherings?

- Often (1)
  - Sometimes (2)
  - Occasionally (3)
  - Never (4)
  - Not applicable (5)
- 



Q3.23

What kind of barriers accessing LGBTQ+ supportive services, community centers, events, conferences or other community gatherings have you experienced?

*Check all that apply.*

- Facility was not ADA compliant (1)
  - No accommodation for caregiver (2)
  - ASL interpreter not provided (3)
  - Large print or braille not provided (4)
  - Seating did not accommodate my needs (5)
  - I was “othered” (6)
  - Some other kind of barrier (please specify): (7)
-





Q3.24

Which relationship type currently describes you best?

- Single, and sexually active (1)
- Single, and celibate or asexual (2)
- Partnered, and celibate or asexual (3)
- Partnered, in a monogamous relationship with a partner (4)
- Partnered, in a non-monogamous or open relationship with a partner (5)
- Polyamorous, living mostly solo (6)
- Polyamorous, living mostly with multiple partners (7)
- Other (please specify): (8)

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Q3.25

What best describes the sexual orientation of your partners, both current and past?

*Check all that apply.*

	Current (1)	Past (2)
Lesbian or gay (1)	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual (2)	<input type="checkbox"/>	<input type="checkbox"/>
Pansexual (7)	<input type="checkbox"/>	<input type="checkbox"/>
Queer (3)	<input type="checkbox"/>	<input type="checkbox"/>
Asexual (4)	<input type="checkbox"/>	<input type="checkbox"/>
Straight (5)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): (6)	<input type="checkbox"/>	<input type="checkbox"/>



Q3.26

What are the genders of your partners, both current and past?

Check all that apply.

\*Cis = your gender aligns with your sex assigned at birth

	Current (1)	Past (2)
Femme or on the feminine spectrum (1)	<input type="checkbox"/>	<input type="checkbox"/>
Butch or on the masculine spectrum (2)	<input type="checkbox"/>	<input type="checkbox"/>
Non-binary, fluid or genderqueer (3)	<input type="checkbox"/>	<input type="checkbox"/>
Cis* or gender "conforming" man (5)	<input type="checkbox"/>	<input type="checkbox"/>
Cis* or gender "conforming" <code>{e://Field/noun}</code> (6)	<input type="checkbox"/>	<input type="checkbox"/>
Trans woman / transfeminine / MTF (7)	<input type="checkbox"/>	<input type="checkbox"/>
Trans man / transmasculine / FTM (8)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): (4)	<input type="checkbox"/>	<input type="checkbox"/>

Page Break



Q3.27

How often do people see you as an LGBTQ+ [\\${e://Field/noun}](#) **even if you don't tell them?**

- Always (1)
  - Most of the time (2)
  - Sometimes (3)
  - Occasionally (4)
  - Never (5)
  - Don't know/not sure (6)
- 



Q3.28

How often do you tell the following categories of people that you are - or were - an LGBTQ+ [\[e://Field/noun\]](#)?

	Always (1)	Sometimes (2)	Never (3)	Not applicable (4)
Family (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close friends (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schoolmates and teachers (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work colleagues (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my religious/spiritual community (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q3.29

If you don't tell people, what are some of the reasons?

*Check all that apply.*

- To protect my personal privacy (1)
  - To avoid social stigma (2)
  - To preserve and protect my relationships (3)
  - To avoid discrimination (4)
  - Other (please specify): (5)
- 

Q3.30

Thank you for your great answers so far - keep going!

Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.

End of Block: A. Getting to Know You - Part 2

---

Start of Block: B. Home and Community



Q4.1

Do you live with other people?

*Check all that apply.*

- I live by myself (1)
- I live with roommates (2)
- I live with my spouse/partner (3)
- I live with a family member (4)
- I live with my or others' children (5)
- I live with friends (6)
- I live in an institution (7)

---

Page Break



Q4.2

How many people, including yourself, live in your household?

- 1 - just me (1)
- 2 people (2)
- 3 people (3)
- 4 people (4)
- 5 or more people (5)





Q4.3

How many people under the age of 18 live in your household?

- None (1)
  - 1 person (2)
  - 2 people (3)
  - 3 people (4)
  - 4 people (5)
  - 5 or more people (6)
- 

X→

Q4.4

How many people, including yourself, do you currently support through your income or assets?

- 1 - just me (1)
  - 2 people (2)
  - 3 people (3)
  - 4 people (4)
  - 5 or more people (5)
-

X→

Q4.5

Which of the following best describes your current housing?

*Check all that apply.*

- Apartment/Coop/Condo (1)
- Assisted living facility (2)
- Campus or University housing (3)
- Car (4)
- Domestic Violence Shelter (5)
- Federal Prison (6)
- Group Home (7)
- Halfway House (8)
- Homeless Shelter (9)
- Homeless (10)
- House (11)
- Immigration detention center or facility (12)
- Jail (13)

- Military Housing (14)
  - Mobile home (15)
  - Motel or Hotel (16)
  - Nursing home (17)
  - On the street (18)
  - State Prison (19)
  - Rooming House (20)
  - Subsidized Senior Housing (21)
  - Temporary shelter or SRO (22)
  - Other (please specify): (23)
- 



Q4.6

Do you own or rent your current residence?

For the purpose of the survey, you own your home even if you have outstanding debt that you owe on your mortgage loan.

- Own - Solo (1)
- Own - Jointly (6)
- Rent (2)
- Living with a friend or family member, not paying rent (3)
- Other (please specify): (4)  

---
- Not sure (5)



Q4.7

Have you experienced any of the following housing situations, *due to being an LGBTQ+ [\\${e://Field/noun}](#)*?

*Check all that apply.*

- I had to move into a less expensive home/apartment (1)
  - I became homeless (2)
  - I became homeless and went to a shelter (3)
  - I was evicted (4)
  - A break-up led to a difficult housing change or instability (5)
  - I was denied a home/apartment (6)
  - I had to move back in with family members or friends (7)
  - I had to find different places to sleep for short periods of time, such as on a friend's couch (8)
  - I have had sex with people to sleep in their bed/at their homes or to pay rent (9)
  - I moved to an LGBTQ+-welcoming housing development (10)
  - I moved to an affordable housing development (11)
  - I moved to an affordable housing development for older adults (12)
  - Other (please specify): (13)
-



I have not experienced any of these (14)



Q4.8

Did any of these things happen to you when you visited a shelter?

*Check all that apply.*

- I was denied access (1)
  - I was thrown out (2)
  - I was harassed by residents (3)
  - I was harassed by staff (4)
  - I was physically assaulted/attacked by residents (5)
  - I was physically assaulted/attacked by staff (6)
  - I was sexually assaulted/attacked by residents (7)
  - I was sexually assaulted/attacked by staff (8)
  - I was forced to hide my identity in order to be allowed to stay in a shelter (9)
  - I was forced to hide my identity in order to be/feel safe in a shelter (10)
  - I was offered a substandard or dehumanizing alternative accommodation (11)
  - I decided to leave a shelter even though I had no place to go because of poor treatment/unsafe conditions (12)
  - I was treated with dignity and respect (13)
  - Other (please specify): (14)
-



None of these happened to me (15)

---



Q4.9

How worried are you about having to hide your LGBTQ+ identity in order to access suitable housing for you and/or your partner as you age?

- Extremely worried (1)
  - Very worried (2)
  - Moderately worried (3)
  - Slightly worried (4)
  - Not worried at all (5)
- 

Q4.10

Thank you for your thoughtful answers so far. Please keep going!

Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.

---



Q4.11

How many people could you count on to...

	None, 0-1 (2)	A few people (2-4) (3)	A lot of people (5+) (4)
Talk to about a personal problem (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get a ride to work, school, shopping, or the doctor (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lend you money in a time of need (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Let you borrow something in a time of need (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to about a health problem (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q4.12

My close friends are...

- From my own racial group. (1)
  - Mostly from my own racial group. (2)
  - Half from my own racial group and half from a different racial group. (3)
  - Mostly from a different racial group. (4)
  - None of the above - I don't have any close friends (5)
- 



Q4.13

To what extent are LGBTQ+ women a part of your social life?

- A great extent of my social life (1)
  - Somewhat a part of my social life (2)
  - Moderately a part of my social life (3)
  - Not really a part of my social life (4)
  - Not at all (5)
- 



Q4.14

Prior to COVID-19, where did you go to socialize and meet people for friendships and partnerships?

*Check all that apply.*

- Family of origin connections (1)
- Friendship circles or networks (2)
- Groups for your children (PTA, scouts, sports, band) (3)
- My business, workplace, work networks, or professional groups (4)
- My neighbors or neighborhood associations (5)
- My school (6)
- Political clubs, advocacy groups, social justice organizing (7)
- Religious or spiritual communities (8)
- Dating apps, like OkCupid, Tinder, Bumble, Coffee and Bagels, and other apps/sites developed primarily to find intimate partners (9)
- Online communities, like Facebook groups, Slack (10)
- Social media and gaming sites/apps (non-dating centered), such as Snapchat (11)

- Zoom parties, virtual reality, and other virtual meeting spaces (12)
  - Classes, such as dance, yoga, or pottery (13)
  - Coffee shop or bookstore hangout (14)
  - Health centers or clubs, gyms, pools, or other workout spaces (15)
  - Sports teams, organized sports (16)
  - LGBTQ+ community orgs (17)
  - LGBTQ+ rights groups (18)
  - Online LGBTQ+ communities (19)
  - Women's rights groups (20)
  - Women's spirituality groups or circles (21)
  - Women's sports group (e.g. martial arts) (22)
  - Women's support groups (23)
  - Affinity groups based on racial or ethnic identity (24)
  - Other support groups (25)
  - Other (please specify): (26)
- 

I did not go anywhere to socialize and meet people (27)

---

X→

Q4.15

Are there LGBTQ+ women-focused services, organizations, or businesses in your area?

*Check all that apply.*

- Support groups (12 step, other support etc.) (1)
- Cultural groups (chorus, arts, theater etc.) (2)
- Advocacy/Organizing/Political (3)
- Sports teams (4)
- Book groups (5)
- Social Service providers (6)
- Bars (7)
- House parties, private events, other parties (8)
- Nightclubs/nightlife (9)
- Women's/feminist bookstore (10)
- Queer Coffeeshops (11)
- Friendly restaurants (12)
- Friendly salons, barbershops (13)

Women-owned LGBTQ+-friendly businesses (14)

Other (please specify): (15)

---

There are no LGBTQ+ women-focused organizations in my area (16)

---



Q4.16

Have you participated in playing team sports currently or in the past?

*Check all that apply.*

Yes, currently (1)

Yes, in the past (2)

No (3)

---





Q4.17

How frequently did/do you participate in playing team sports?

- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Frequently (4)
- 

Q4.18

What sport(s) did/do you play?

---

---



Q4.19

What kinds of LGBTQ+ organized events do you attend?

*Check all that apply.*

- Support groups (12 step, other support, etc.) (1)
- Cultural groups (chorus, arts, theater, etc.) (2)
- Advocacy/Organizing/Political (3)
- Sports teams (4)
- Book groups (5)
- Social Service providers (6)
- Bars (7)
- House parties, private events, other parties (8)
- Nightclubs/nightlife (9)
- Women's/feminist bookstore (10)
- Queer coffeeshops (11)
- Friendly restaurants (12)
- Friendly salons, barbershops (13)

Women-owned LGBTQ+-friendly businesses (14)

Other (please specify): (15)

---

None of these (16)

---



Q4.20

What are your views about race relations and racism **within** the LGBTQ+ [\\${e://Field/noun}](#) community?

BIPOC = Black, Indigenous, and People of Color

	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
LGBTQ+ women communities are more affirming to BIPOC LGBTQ+ women than other communities (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ+ women are leaders in movements for racial and ethnic equity (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My closest LGBTQ+ women friends are BIPOC (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't personally know any BIPOC LGBTQ+ women in my group of LGBTQ+ women (besides myself) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The BIPOC LGBTQ+ women I know feel isolated from other LGBTQ+ Women because of their race, ethnicity, or legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

status (5)

I have never had dinner or been to the home of another BIPOC LGBTQ+ woman (6)

BIPOC LGBTQ+ women have to create their own cultural spaces to be affirmed as LGBTQ+ women, such as racial or ethnic LGBTQ+ pride festivals (7)

BIPOC LGBTQ+ women are not often present at the queer women events I attend (11)

There are few BIPOC LGBTQ+ women present at the LGBTQ+ women's bars, clubs, or events I attend (8)

The LGBTQ+ women community is just as discriminatory towards BIPOC LGBTQ+ women as the mainstream society (9)

Misogyny directed towards BIPOC LGBTQ+ women is different than misogyny

directed towards  
LGBTQ+ women  
(10)

---

X→

Q4.21

How religious or spiritual do you consider yourself to be?

- Not religious or spiritual (1)
  - Slightly religious or spiritual (2)
  - Moderately religious or spiritual (3)
  - Very religious or spiritual (4)
  - I don't know (5)
- 

X→

Q4.22

How often do you attend services at a place of worship?

- Never (1)
  - Less than once a year (2)
  - Once or twice a year (3)
  - Several times a year (4)
  - Once a month (5)
  - 2-4 times a month (6)
  - Several times a week (7)
- 



Q4.23

Which of the following do you participate in regularly?

*Check all that apply.*

- Pray, chant, or meditate daily (1)
  - Look to my faith as providing meaning and purpose in my life (2)
  - Consider myself active in my faith or religious institution (3)
  - Sing in a religious choir (4)
  - Support the social services my faith institutions/community provides (5)
  - Volunteer for committees to help administer and run my faith institution (6)
  - Volunteer on committees dedicated to achieving social justice (7)
  - Enjoy my faith community (8)
  - Enjoy being around others who share my faith (9)
  - Find that my faith impacts many of my decisions (10)
  - None of these (11)
-





Q4.24

Did the religious tradition you grew up in...?

*Check all that apply.*

- Ignore or deny the existence of LGBTQ+ people (1)
  - Support and celebrate your LGBTQ+ identity (2)
  - Support your parents in dealing with your LGBTQ+ identity (3)
  - Become a source of pain and/or conflict because you were an LGBTQ+  (4)
  - Actively work against your identity, expression and/or family because you were an LGBTQ+  (5)
  - Advise your parents to send you to conversion therapy because you were an LGBTQ+  (6)
  - Advise your parents to kick you out because you were an LGBTQ+  (7)
  - None of these (8)
  - I didn't grow up with a religious tradition (9)
-



Q4.25

Has a **family member** ever used religious belief, doctrine or membership in a church to justify abuse toward you, including verbal or emotional?

Yes (1)

No (2)



Q4.26

Have you experienced any of the following from a **leader or authority figure** in your spiritual community?

*Check all that apply.*

	Yes, growing up (1)	Yes, as an adult (2)	No, never (3)
Verbal or emotional abuse in response to your sexuality (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal or emotional abuse as a reaction/response to your gender (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical abuse in response to your sexuality (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical abuse as a reaction/response to your gender (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse in response to your sexuality (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse as a reaction/response to your gender (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of Block: B. Home and Community

---

Start of Block: C Family

Q5.1

In this section, we will ask about the family that raised you (family of origin) and the family you are creating (family of choice).

---



Q5.2

How would you describe your family of origin's financial situation while growing up?

- Poor/Low-Income (Little to no regular work or dependable income) (1)
  - Working Class (Regular or sporadic work but few assets, savings, or safety net) (2)
  - Middle Class (Regular work with some assets, savings, and/or safer net) (3)
  - Upper Class (High income with significant assets and little financial worry) (4)
  - Top 1% (5)
- 



Q5.3

What type of household did you grow up in?

*Check all the apply.*

- Heterosexual parents (1)
  - LGBTQ+ parents (2)
  - A mix of heterosexual and LGBTQ+ parents (3)
  - One parent household (4)
  - Neither or none of my parents (5)
  - A step-parent or step-parents (6)
  - A grandparent or grandparents (7)
  - A guardian or guardians (8)
  - Extended family (9)
  - In foster care (10)
  - Other (please specify): (11)
-

Q5.4

This question may bring up memories of trauma or violence. If you need help or support, please click [here](#).



Q5.5

While in foster care, were any of your foster parents....?  
*Check all that apply.*

- Loving and supportive (1)
- Nurturing and affirming of my LGBTQ+ identity (2)
- Chose me to support my LGBTQ+ identity and expression (3)
- Abusive verbally or emotionally (4)
- Abusive physically (5)
- Abusive sexually (6)
- Abusive about/because of my LGBTQ+ identity (7)
- Not applicable, never in foster care (8)



Q5.6

How has your family of origin responded to you being LGBTQ+?

*Check all that apply.*

	... (1)
My family does not know that I am an LGBTQ+ (1)	<input type="checkbox"/>
My family has always known – there wasn't really a coming out phase (2)	<input type="checkbox"/>
My family celebrated my coming out (3)	<input type="checkbox"/>
My relationship with my family has got better since I came out to them (4)	<input type="checkbox"/>
My family does not acknowledge my sexuality or gender identity (5)	<input type="checkbox"/>
My family welcomes and includes my partner(s) in all family events (6)	<input type="checkbox"/>
Members of my family of origin cut me off when they found out I was LGBTQ+ (7)	<input type="checkbox"/>
I experienced verbal/emotional abuse by members of my family when they found out I was LGBTQ+ (8)	<input type="checkbox"/>
I experienced physical violence and abuse by members of my family when they found out I was LGBTQ+ (9)	<input type="checkbox"/>
Before I was 18, my family barred me from living at home when they found out I was LGBTQ+ (10)	<input type="checkbox"/>

After I was 18, my family barred me from living at home when they found out I was LGBTQ+ (11)

Other (please specify): (12)



Q5.7

Did your family of origin ever cut off your access to financial support or inheritance due to being LGBTQ+?

- Yes (1)
  - No (2)
  - Yes, but for another reason (3)
- 
- Not applicable (4)





Q5.8

Have you ever been..?

Check all that apply.

\*Cis = your gender aligns with your sex assigned at birth

	A Woman (cis* or trans) (1)	A Man (cis* or trans) (2)	Non-Binary / Gender Fluid Person (3)
Legally Married to (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Partnered with (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a Civil Union with (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term cohabitation with (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorced from (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed From (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> None of the above (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q5.9

Are you taking care of a parent, close relative, friend or member of your LGBTQ+ family?

	I am the primary caregiver (1)	I provide some support (2)	I do not provide support (3)
Parent(s) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close relative(s) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ex-lover or ex-partner (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than one Ex (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ+ Friends/Family (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q5.10

How concerned are you about having adequate family and/or social supports to rely on as you age?

- Extremely concerned (1)
- Very concerned (2)
- Moderately concerned (3)
- Slightly concerned (4)
- Not at all concerned (5)
- Not Applicable (6)

---

X→

Q5.11

How, if at all, have you been targeted due to your LGBTQ+ identity?

*Check all that apply.*

- I have been targeted by a school worker (1)
  - I have been targeted by an agency worker (2)
  - My children were placed in foster care (3)
  - My children were taken away from me (4)
  - I have been targeted by an ex-husband or ex-boyfriend for custody because of my sexual orientation or gender identity (5)
  - I have been targeted by an ex-spouse, or ex-lover who was a `{e://Field/noun}` for custody because of my sexual orientation or gender identity (6)
  - I have been targeted by family of deceased or ex-spouse for custody because of sexual orientation or gender identity (7)
  - Other (please specify): (8)
- 
- None of these (9)

Q5.12

On a daily basis, currently, what are your biggest worries concerning your family?

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Q5.13

Please keep going! We are moving on to a new section.

Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.

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Q5.13a The following question considers your plans to form a family. What situation best describes you?

Check all that apply.

- I do not have children now, but I am currently trying to have children. (1)
  - I do not have children now, but plan to have children in the future. (2)
  - I do not have children now, nor do I plan to have children. (3)
  - I already have children, and I plan to have more. (4)
  - I already have children, and I do not plan to have more. (5)
  - I tried to have a child but was not able to do so. (6)
  - Other (please specify) (7)
-

Q5.13b If you ever thought about having children, how did you plan to have children?

Check all that apply.

- Get pregnant (1)
  - A partner will get pregnant (2)
  - Care for my partner's child (3)
  - Adopt a child (4)
  - Foster a child (5)
  - Seek medical help (e.g. IVF, IUI, egg donor, sperm donor, freezing eggs, other assisted reproductive technologies) (6)
  - Work with a surrogate (7)
  - Serve as a Guardian (8)
  - Other (please specify) (9)
- 
- I have never thought of having children (10)



Q5.14

Do you have a child/children or have you had legal guardianship of a child/children, currently or in the past?

Yes (1)

No (2)





Q5.15

How many children do you have?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
- More than 10 (11)

---

Page Break



Q5.16

What are the ages, sexes, genders, and races of these children as of today?

Please describe to the best of your ability, up to 10 of your children.

	Age	Race								
Answer 1 (1)	American Indian or Alaska Native (1)	Asian (incl. East Asian, Central Asian, South Asians, Southeast Asians, West Asian) (2)	Black, African, or African American (3)	Hispanic, Latino, or Spanish origin (4)	Middle Eastern (5)	Native Hawaiian or Other Pacific Islander (6)	White (7)	Multiracial (8)	Fe or fer spe	

Child 1 (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child 2 (2)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child 3 (3)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child 4 (4)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child 5 (5)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child 6 (6)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child 7 (7)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child 8 (8)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Child 9 (9)		○	○	○	○	○	○	○	○	○
Child 10 (10)		○	○	○	○	○	○	○	○	○

---

X→

Q5.17

How did your child(ren) come into your life?

*Check all that apply.*

- I gave birth (1)
  - My partner gave birth (2)
  - I adopted (3)
  - My partner adopted (4)
  - My partner had a child/ren from a previous relationship (5)
  - I fostered (6)
  - My partner fostered (7)
  - They came into my life/chose me (8)
  - Guardianship (9)
  - Other (please specify): (10)
- 
- Not applicable (11)

X→

Q5.18

How did **you** become pregnant?

*Check all that apply.*

- Utilizing a donor at a sperm bank (1)
  - By a known donor who is not in my children's lives (2)
  - By a known donor who is in my child/ren's lives (3)
  - By a known donor with whom I/we share parenting responsibilities (4)
  - By anonymous/casual sex with an unknowing partner (5)
  - By casual sex with an informed partner (6)
  - Within a relationship with an LGBTQ+ partner (7)
  - Within a relationship with a trans partner (8)
  - Within a marriage or relationship with a cis, heterosexual man (9)
  - By engaging a surrogate (10)
  - By an egg donor (11)
  - Other (please specify): (12)
-



Not applicable (13)





Q5.19

How did **your partner(s)** become pregnant?

*Check all that apply.*

- Utilizing a donor at a sperm bank (1)
  - By a known donor who is not in my children's lives (2)
  - By a known donor who is in child/ren's lives (3)
  - By a known donor with whom I/we share parenting responsibilities (4)
  - By anonymous/casual sex with an unknowing partner (5)
  - By casual sex with an informed partner (6)
  - Within a relationship with an LGBTQ+ partner (7)
  - Within a relationship with a trans partner (8)
  - Within a marriage, relationship or partnership with a cis, heterosexual man (9)
  - By engaging a surrogate (10)
  - By an egg donor (11)
  - Other (please specify): (12)
-

Not applicable (13)

X→

Q5.20

Which of the following describes the child/ren you adopted?

*Check all that apply.*

A child within the US (1)

A child transnationally (2)

A child in my/our extended family of origin (3)

My or my partner's ex lover's child (4)

A child in my/our LGBTQ+ network of friends (5)

A child in my/our larger network of friends and colleagues (6)

I/we adopted an "out" LGBTQ+ child not known to me/us to support their LGBTQ+ development (7)

Other (please specify): (8)

Not applicable (9)



Q5.21

Which of the following describes the child/ren your partner adopted?

*Check all that apply.*

- A child within the US (1)
- A child transnationally (2)
- A child in my/our extended family of origin (3)
- My or my partner's ex lover's child (4)
- A child in my/our LGBTQ+ network of friends (5)
- A child in my/our larger network of friends and colleagues (6)
- I/we adopted an "out" LGBTQ+ child not known to me/us to support their LGBTQ+ development (7)
- Not applicable (8)



Q5.22

Which of the following describes the child/ren from your partner's previous relationship?

*Check all that apply.*

- My partner had a child/ren in a partnership or marriage with an LGBTQ+ Field/noun (1)
- My partner had a child/ren in a partnership or marriage with an LGBTQ+ person (2)
- My partner had a child/ren in a marriage or partnership with a cis/heterosexual man (3)
- My partner had a child/ren via casual sex with a cis/heterosexual man (4)
- My partner was/is serving as a guardian for a child/ren (5)
- My partner was/is fostering a child/ren (6)
- My partner adopted a child/ren (7)
- My partner created an informal parenting relationship with a child/ren (8)
- Other (please specify: (9)

---

- Not applicable (10)



Q5.23

Which of the following describes the child/ren you fostered?

*Check all that apply.*

- A child not known to me/us (1)
  - My partner's child (2)
  - My or my partner's ex-lover's child (3)
  - A child in my/our extended family of origin (4)
  - A child in my or my partner's LGBTQ+ network of friends (5)
  - An "out" LGBTQ+ child not known to me/us to support their LGBTQ+ development (6)
  - Other (please specify): (7)
- 
- Not applicable (8)



Q5.24

Which of the following describes the child/ren you became a guardian of?

*Check all that apply.*

- A child not known to me or us (1)
- My partner's child (2)
- My or my partner's ex-lover's child (3)
- A child in my or our extended family of origin (4)
- A child in my or my partner's LGBTQ+ network of friends (5)
- An "out" LGBTQ+ child not known to me/us to support their LGBTQ+ development (6)
- Other (please specify): (7)

---
- Not applicable (8)



Q5.25

Did you ever use any form of assisted reproductive technology?

Yes (1)

No (2)



Q5.26

How much have you spent on assisted reproductive technologies trying to get pregnant or deliver a child?

- None/No money/\$0 (1)
  - \$1-999 (2)
  - \$1,000-4,999 (3)
  - \$5,00-9,999 (4)
  - \$10,000-24,999 (5)
  - \$25,000-49,999 (6)
  - \$50,000-74,999 (7)
  - \$75,000-99,999 (8)
  - \$100,000+ (9)
  - I have never used assisted reproductive technologies (10)
- 





Q5.27

How much have you spent on amending birth certificates, fostering or preparing to foster, adopting or preparing to adopt, securing second parent adoption, or other legal expenses related to including children in your family of choice?

- I have never done any of these things (1)
- None (2)
- \$1-999 (3)
- \$1,000-4,999 (4)
- \$5,000-9,999 (5)
- \$10,000-24,999 (6)
- \$25,000-49,999 (7)
- \$50,000-74,999 (8)
- \$75,000-99,999 (9)
- \$100,000 or more (10)



Q5.28

How are you raising your child/children?

*Check all that apply.*

- Solo (1)
- With my LGBTQ+ spouse, partner or partners (2)
- With my LGBTQ+ ex-lover (3)
- With my LGBTQ+ ex-lover and their partner(s) (4)
- With my LGBTQ+ ex-lover's parents (5)
- With a chosen LGBTQ+ parenting partner or partners (6)
- With a chosen parenting partner or partners from my circle of friends or family (7)
- With a known donor or donor couple (8)
- With my or my partner(s) cis/heterosexual ex-partner or partner and family (9)
- In an extended family of LGBTQ+ friends and ex-lovers (10)
- Communally or village model (11)
- With significant support of my/our family of origin (12)

Other (please specify): (13)

---

I am not raising any of my children (14)

Not applicable (15)

---

X→

Q5.29

Who provides core, ongoing financial support to help raise your children?

*Check all that apply.*

- Myself (1)
  - LGBTQ+ spouse, partner or partners (2)
  - Cis/heterosexual spouse, partner or partners (3)
  - LGBTQ+ ex-lover (4)
  - The father of my child/children (5)
  - Sperm donor (6)
  - Ex-husband (7)
  - Parents and/or siblings (8)
  - LGBTQ+ chosen family/friends (9)
  - Larger world of friends (10)
  - Other (please specify): (11)
- 



Q5.30

Where did or do you get emotional and/or caregiving support as an LGBTQ+ parent?

*Check all that apply.*

- My LGBTQ+ partner or partners (1)
- My parents, siblings or extended family of origin (2)
- The parents, siblings, or extended family of origin of my partner(s) (3)
- The godparents I chose for my child (4)
- My ex (5)
- My ex's parents, siblings or extended family of origin (6)
- The ex(es) of my partner(s) (7)
- My community of LGBTQ+ friends (8)
- My village that I created for my child/ren (9)
- My community of friends of all kinds (10)
- My community of activists (11)
- My community around my job/work colleagues (12)
- My community around my religious or spiritual practices (13)
- A community child-care coop (14)

- (15) A government provided program (afterschool programs, summer camps, etc.)
  - An LGBTQ+ services or community program (16)
  - A parent skills workshop or series (17)
  - A parent support group (18)
  - Reading parenting support literature and/or LGBTQ+ parenting books (19)
  - Specialized summer program specifically for LGBTQ+ kids and/or families (20)
  - School or educational institutions (21)
  - Subsidized childcare (22)
  - Summer program (23)
  - Other (please specify): (24)
- 
- I do not get any emotional or caregiving support (25)



Q5.31

Have you interacted with the judicial system on behalf of your family?

- Yes (1)
- No (2)



Q5.32

Which of the following describes your interaction with the judicial system?

*Check all that apply.*

A judge ruled against me...

- or my family members unfavorably because I was/am an LGBTQ+ \${e://Field/noun} (1)
  - as a parent in favor of a cisgender or heterosexual ex-partner/co-parent (2)
  - as a parent in favor of my LGBTQ+ ex who asserted their right as a birth parent (3)
  - as a parent in favor of my LGBTQ+ ex who used an anti LGBTQ+ argument against me (4)
  - against retaining full or partial custody with my child from ex-spouse/partner (5)
  - Other (please specify): (6)
- 
- I have had no interactions with judges over my family or children (7)



Q5.33

Do any of your children identify as LGBTQ+?

- Yes (1)
  - No (2)
  - Not applicable (3)
- 

Q5.34

How many of your children identify as LGBTQ+?

\_\_\_\_\_

---

Q5.35

How do your LGBTQ+ children identify?

***Note: Each write-in below describes only one (1) child. Please report on each of your LGBTQ+ children in the order that they first appeared in the survey.***

*For each child on which you wish to report, you may list any and all of the LGBTQ+ identities and/or expressions with which this child identifies -- or, no information at all. You may list information on your LGBTQ+ children's gender and/or sexuality expressions, where you see fit.*

*Where you include information on a child, please be sure that there is a checkmark indicated by the textual information.*



Child 1 (1) \_\_\_\_\_

Child 2 (2) \_\_\_\_\_

Child 3 (3) \_\_\_\_\_

Child 4 (4) \_\_\_\_\_

Child 5 (5) \_\_\_\_\_

Child 6 (6) \_\_\_\_\_

Child 7 (7) \_\_\_\_\_

Child 8 (8) \_\_\_\_\_

Child 9 (9) \_\_\_\_\_

Child 10 (10) \_\_\_\_\_



Q5.36

Do any of your children have any disabilities?

*Check all that apply.*

- Physical or mobility condition (1)
  - Learning disability or condition (2)
  - Neurodiverse condition (3)
  - Sensory condition (4)
  - Mental health condition (5)
  - Some other condition (please specify): (6)
- 
- None (7)

Q5.37

In the next section, we ask questions about any abuse your child may have experienced. We understand that this information is sensitive and may be difficult to reflect upon and consider. Any information you provide in this section is anonymous. **Nothing you report here exposes you or your family members to state agencies or law enforcement.**

If you need help or support, please click [here](#).



Q5.38

Have your children experienced any type of abuse?

- Yes (1)
- No (2)
- I don't know (3)



Q5.39

From whom has your child experienced abuse?

*Check all that apply.*

- My LGBTQ+ partner or partners (1)
- A Parent (2)
- A Sibling (3)
- A Peer (4)
- A Religious leader/cleric (5)
- A member of our chosen/LGBTQ+ family (6)
- A Stranger (7)
- A Mentor/Teacher (8)
- An Online predator (9)
- My family of origin (10)
- My partner's family of origin (11)
- I don't know (12)

Other (please specify): (13)

---

X→

Q5.40

What type of abuse has your child experienced?

*Check all that apply.*

Emotional/Psychological (1)

Verbal (2)

Physical (3)

Sexual (4)

I don't know (5)

I prefer not to disclose (6)

X→

Q5.41

Do you think that your child experienced abuse **due to you** being LGBTQ+?

Yes (1)

No (2)

I don't know (3)

---

Page Break



Q5.42

Is there anything else you'd like to share with us about your family situation, children, or parenting?

Yes (1)

No (2)

---

Q5.43

What else would you like to share with us about your family situation, children, or parenting?

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Q5.44

You're doing great, more than a third of the way through!

Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.

End of Block: C Family

---

Start of Block: D Sexual and Intimate Life

Q6.1

LGBTQ+ women's social, sexual and intimate lives are understudied and stigmatized. The questions in this section will help us better advocate for our community. If any question feels too personal, feel free to skip it. **No responses can be traced back to you.**



Q6.2

How old were you when you started...

	Age	I have not done this
	(1)	(1)



Having consensual sex with anyone? (1)		<input type="checkbox"/>
Having consensual sex with women? (2)		<input type="checkbox"/>
Having consensual sex in your authentic gender? (3)		<input type="checkbox"/>
Having consensual sex in your authentic sexuality? (4)		<input type="checkbox"/>



Q6.3

How often do you...

	Rarely (1)	Sometimes (2)	Often (3)	I have not done this (4)
Have consensual sex with anyone? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have consensual sex with women? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have consensual sex in your authentic gender? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have consensual sex in your authentic sexuality? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q6.4

How much joy and pleasure does your sexual life give you?

- A great deal (1)
- A lot (2)
- A moderate amount (3)
- A little (4)
- None (5)
- I do not engage in sexual activity (6)



Q6.5

What are your favorite sexual activities?

*Check up to 4.*

- Cuddling, caressing, skin and body worship (1)
- Kissing, making out, all-over oral pleasuring (2)
- Grinding/dry humping - giving - grinding your thigh or other body part on your partner's genitals for pleasure (3)
- Grinding/dry humping - receiving - having a partner grind on your genitals for pleasure (4)
- Digital sex - receiving - having a partner play with your genitals, anus, and other parts of the body with fingers and hands (5)
- Digital sex - giving - playing with your partners genitals, anus, and other parts of the body with fingers and hands (6)
- Oral sex - giving - taking a partner's genitals or anus into your mouth for pleasure (7)
- Oral sex - receiving - a partner taking your genitals or anus into their mouth for pleasure (8)
- Penetrative sex - receiving - having a partner penetrate your vagina or anus for pleasure (9)
- Penetrative sex - giving - penetrating a partner's vagina or anus for pleasure (10)

Fisting - receiving - having a partner penetrate your vagina or anus with their fist for pleasure (11)

Fisting - giving - penetrating a partner's vagina or anus with your fist for pleasure (12)

Role play, taking on other personas and/or playing out scenes (13)

Rope play or bondage (14)

Simultaneous sexual activities - pleasuring each other at the same time (15)

Domination and Submission - playing with power for your/another's pleasure (16)

Impact play - hitting or pounding the body for your/another's pleasure (17)

Medical scenes, bloodletting or body modification (18)

Nipple play - simulating the nipples for pleasure, for some, to orgasm (19)

Sadism and masochism - playing with pain for your/another's pleasure (20)

Withholding sex - pleasuring a partner through control or teasing (21)

Other (please specify): (22)

---

I do not engage in sexual activity (23)

X→

Q6.6

Which of these, if any, are barriers to pleasure during sex for you?

*Check all that apply.*

- I cannot identify or locate appropriate/interesting sex partners (1)
- I am not living in my true gender in sex (2)
- I am not living in my true sexuality in sex (3)
- I am not pursuing my true desires during sex so I have mismatched sex partners (4)
- Internalized shame due to queer and/or transphobias (5)
- Internalized shame as a [\\${e://Field/noun}](#) pursuing sex (6)
- Internalized body shame (7)
- Body shame by my partner (8)
- History of child sexual abuse and triggers (9)
- History of adult sexual assault and triggers (10)
- History of emotional or physical abuse by cis/hetero/male partners (11)
- History of emotional or physical abuse by LGBTQ+ partners (12)
- I can only have sex when drunk or high (13)

- Low libido or lack of desire (mine or my partners) (14)
- My partner doesn't like the same kinds of sex as me (15)
- My partner doesn't understand my body (16)
- Parenting exhaustion and/or other care responsibilities (17)
- Racism in the world (18)
- Racism in my partners (19)
- Worry over money, housing insecurity, etc. (20)
- Ableism in partners (21)
- Being on anti-depressants (22)
- Current or ongoing illness such as cancer or diabetes (23)
- Disability that limits my mobility, range of motion and access to partners (24)
- Fatphobia (internalized) (25)
- Fatphobia from partners (26)
- Menopause (27)
- Vaginismus or other physical issue (28)
- Significant ongoing mental illness such as bipolar or suicidality (29)

- Depression (30)
  - Generalized anxiety (31)
  - I have no privacy (32)
  - I don't have any barriers to pleasure during sex (33)
  - Other (please specify): (34)
- 

-----

Q6.7

What are/were 3 of your favorite things about being an LGBTQ+ [\\${e://Field/noun}](#)?

- (4) \_\_\_\_\_
  - (5) \_\_\_\_\_
  - (6) \_\_\_\_\_
- 

Q301

Please keep going! We are moving on to a new topic.

Remember, if you need to leave the survey, make sure to return to the survey using the same



device or your place will be lost and you'll have to start over.

End of Block: D Sexual and Intimate Life

---

Start of Block: E Experiences of Violence

Q7.1

The following questions ask about experiences of violence. We hope to develop better support for  $\{e://Field/noun\}$  experiencing violence through these questions. We will offer supportive hotlines throughout this section. Take breaks, breathe, skip questions if you need to, and take good care of yourself. National Dating Abuse Helpline

1-866-331-9474

[www.loveisrespect.org](http://www.loveisrespect.org) National Child Abuse Hotline/Childhelp

1-800-4-A-CHILD (1-800-422-4453)

[www.childhelp.org](http://www.childhelp.org) National Sexual Assault Hotline

1-800-656-4673 (HOPE)

[www.rainn.org](http://www.rainn.org)



Q7.2

Have you ever experienced any of the following forms of violence?

*Check all that apply.*

- Robbery (1)
- Rape (2)
- Physical assault (3)
- Incest (family sexual violence) (4)
- Sexual harassment (5)
- Murder of someone close to you (6)
- Murder of more than one person close to you (7)
- I have not experienced any of these forms of violence (8)



Q7.3

Have any of your romantic or sexual partners been emotionally abusive or threatening to you?

- Yes (1)
- No (2)
- Prefer not to answer (3)



Q7.4

In what emotionally abusive or threatening ways did your romantic or sexual partners act?

*Check all that apply.*

	LGBTQ+ \${e://Field/noun} (1)	LGBTQ+ person (2)	Cisgender Heterosexual Man (3)	Cisgender Heterosexual \${e://Field/noun} (4)
Kept or tried to be kept from having money for own use (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept or tried to be kept from leaving the house freely (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept or tried to keep you from seeing or talking to your family or friends (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lied over a period of time to put you in a state of confusion/get you to question or doubt your reality (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotionally manipulated or emotionally hurt your child(ren) (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotionally manipulated or emotionally hurt your close friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

members (6)

Stalked you (7)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Threatened to call the police on you (8)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Threatened to have or had you committed to a psych facility against your will (9)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Threatened to "out" you (10)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Threatened to use or used your history of mental illness against you (11)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Threatened to use or used your immigration status against you (12)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Threatened to use or used your status as a survivor of sexual violence against you (13)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Told you that you were not a "real" man or [Field/noun](#) (14)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Told you that you were not "appropriately" masculine or feminine (15)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Told you that you were "sick" because you are or were an LGBTQ+  $\{e://Field/noun\}$  (16)

Wouldn't let you have your hormones (17)

Wouldn't let you have your other medications (18)

Other (please specify): (19)

Other (please specify): (20)

Other (please specify): (21)

Partners in this category have not abused me (22)

I have never had a partner in this category (23)



Q7.5

Have any of your romantic or sexual partners been physically abusive to you?

Yes (1)

No (2)

Prefer not to answer (3)

---

Q7.6

This question may bring up memories of trauma or violence. If you need help or support, please click [here](#).

---



Q7.7

In what physically abusive ways did your romantic or sexual partners act?

*Check all that apply.*

Where applicable, please indicate the social characteristics of the partner whom engaged in each of the following acts. Multiple responses are allowed per act.

	LGBTQ+ \${e://Field/noun} (1)	LGBTQ+ person (2)	Cisgender Heterosexual Man (3)	Cisgender Heterosexual \${e://Field/noun} (4)
Made threats to physically harm you (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically hurt your close friends or other family members (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made threats to physically harm your child/ren (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically hurt your child/ren (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulled your hair (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slapped you (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit you with a fist or something hard (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Kicked you (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushed or shoved you (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burned you on purpose (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slammed you against something (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beat you (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried to hurt you by suffocating you (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used a knife or a gun on you (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually harassed you (16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually assaulted or raped you (17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q7.8

Who or what was most supportive or helpful while you were dealing with an abusive partner?

*Check all that apply.*

- Friends (1)
- An Ex-Lover (2)
- Chosen family (3)
- Family of origin (4)
- My religious community (5)
- My self-defense class or martial arts community (6)
- A work colleague (7)
- An LGBTQ+ anti-violence organization (8)
- An LGBTQ+ community center (9)
- Hotline (10)
- Police (11)
- Victim Advocate (12)
- A shelter/shelter staff (13)
- A rape crisis center/center staff (14)
- The legal system or court proceedings (protection orders, etc.) (15)

Support groups (16)

Other (please specify): (17)

---

I did not receive any support (18)

Not applicable (19)

---

X→

Q7.9

Did you seek out any institutional help when dealing with an abusive partner?

Yes (1)

No (2)

---

X→

Q7.10

Which of the following, if any, do you have experience with?

*Check all that apply.*

- Domestic violence shelters (1)
  - Gender-based violence organizations (2)
  - LGBTQ+-specific community services (3)
  - Medical/hospital organizations (4)
  - The courts/legal system (5)
  - The police (6)
  - Other (please specify): (7)
- 
- None of these (8)



Q7.11

What was your experience with ...?

	Very helpful (1)	Somewhat helpful (2)	Not helpful at all (3)
Domestic violence shelters (x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender-based violence organizations (x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ+-specific community services (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/hospital organizations (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The courts/legal system (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The police (x6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): (x7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> None of these (x8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q7.12

Who or what institution was **most** helpful?

- Domestic violence shelters (1)
- Gender-based violence organizations (2)
- LGBTQ+-specific community services (3)
- Medical/hospital organizations (4)
- The courts/legal system (5)
- The police (6)
- Other (7)

End of Block: E Experiences of Violence

---

Start of Block: F. Education and Employment

Q8.1

Keep going! Your story is so important to us.

Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.

---

Q8.2

The next question may bring up memories of trauma or violence. If you need help or support, please click [here](#).



Q8.3

Did you ever experience any of the following while in an educational institution (e.g., elementary school, middle school, high school, college, university, graduate school, etc.)?

*Check all that apply.*

- Verbal harassment or teasing (1)
- Bullying (2)
- Physical assault (3)
- Sexual harassment (4)
- Sexual assault (5)
- Denied access or excluded from a sport or team (6)
- Expelled, thrown out, or denied enrollment (7)
- I did not experience any of these (8)



Q8.4

Who did it to you?

*Check all that apply.*

- Students (1)
  - Gym teacher (2)
  - Class teachers (3)
  - Head teachers (4)
  - Administrators (5)
  - Parents of students (6)
  - Professors (7)
  - Tutors (8)
  - Other (please specify): (9)
- 





Q8.5

Where did it happen to you?

*Check all that apply.*

- Elementary school (1)
  - Middle school (2)
  - High school (3)
  - College/university (or other post-secondary institution) (4)
  - Other (please specify): (5)
- 



Q8.6

What do you think was the **reason** why you were targeted?

*Check all that apply.*

- I am a woman (sexism) (1)
  - My gender expression (non-binary, trans) (2)
  - My sexuality (being LGBTQ+) (3)
  - My race, skin color, ethnicity (racism/colorism) (4)
  - My income level (5)
  - My religion (6)
  - My age (7)
  - My weight (8)
  - My disability (ableism) (9)
  - Some other reason (please specify): (10)
- 
- I don't know (11)

X→

Q8.7

As an **LGBTQ+**  , did you ever experience any of the following while at school (elementary, middle, or high school)?

*Check all that apply.*

- At least one teacher was queer or out and supported me (1)
  - I was supported by my friends (2)
  - I started an LGBTQ+ identity, social, or advocacy organization (3)
  - I found LGBTQ+ peers who were out (4)
  - I was part of my school's gay/straight alliance or LGBTQ+ group (5)
  - LGBTQ+ issues were positively included in the curriculum (6)
  - LGBTQ+ books were available in our school library (7)
  - Bathrooms appropriate to my gender were accessible (8)
  - No, I didn't experience any of these (9)
  - Not applicable [I did not identify or express myself as an LGBTQ+ woman while in school] (10)
- 

Q8.8

Would you like to share anything else about your experiences at school/an educational institution?

---

---

---

---

---

---

Q8.9

We appreciate your answers - you are about 2/3 of the way through!

Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.



Q8.10

What is your current employment status?

- Full-time (1)
  - Part-time (2)
  - More than one job (3)
  - Self-employed, own your business (4)
  - Self-employed, contract worker (5)
  - Unemployed but looking (6)
  - Unemployed and stopped looking (7)
  - Not working, not looking for work (8)
  - On disability (9)
  - Student (10)
  - Retired (11)
  - Homemaker or full-time parent (12)
  - Other (please specify): (13)
- 



Q8.11

In the last 12 months, how many months did you spend unemployed?

- I didn't spend any time unemployed (1)
  - Less than 1 month (2)
  - 1-2 months (3)
  - 3-4 months (4)
  - 5-6 months (5)
  - 7-8 months (6)
  - 9-10 months (7)
  - 11-12 months (8)
- 



Q8.12

What is your place of work?

- Private or publicly owned corporation (1)
  - Self-employed (2)
  - Non-profit including education (3)
  - Local, state, and federal government workers (4)
  - Other (please specify): (5)
-



Q8.13

In your place of work, what position do you hold?

- CEO (1)
- Senior/VP-Level (2)
- Middle level (3)
- Junior-level (4)
- Administrative, Associate (5)
- Frontline worker, customer service, core staff (6)
- Custodial, janitorial, maintenance (7)
- Entry-level (8)
- Contract (9)
- Gig Worker (Uber, Door Dash, Actor/Actress, etc.) (10)
- Intern (11)
- Sole Proprietor (12)



Q8.14

Which of the following best describes your industry?

- Agriculture (1)
- Art (e.g, painter, dancer, composer, writer etc.) (2)
- Agriculture, forestry, and fisheries (3)
- Business and repair services (4)
- Communications and Media (5)
- Construction and building trades (6)
- Education (7)
- Energy (8)
- Entertainment (film, music, video, TV, theater etc.) (9)
- Finance, insurance, and real estate (10)
- Health Services (11)
- Informal Economy (off the books) (12)
- Journalism (13)
- Marketing and Advertising (14)
- Manufacturing, nondurable goods (15)
- Manufacturing, durable goods (16)
- Mining (17)
- Non-Profit (18)
- Personal Services (19)



- Professional and related services (law, accounting, consulting, etc) (20)
  - Public Service/ Public Administration (government) (21)
  - Retail trade (22)
  - Sex Work (23)
  - Technology (24)
  - Transportation (25)
  - Wholesale trade (26)
  - Other (please specify): (27)
- 

Q8.15

What is your occupation? (For example, engineer, retail clerk, Uber driver, sex worker, artist, corporate executive, teacher, librarian, construction worker)? Fill in.

---



Q8.16

Have you ever worked in underground or street economies or done work off the books?

*Check all that apply.*

- Yes, currently (1)
- Yes, in the past (2)
- No, never (3)



Q8.17

What type of underground or street economy did you work in?

*Check all that apply.*

- Drug Sales (1)
  - In-person sex work for pay (2)
  - Sex industry (e.g., dancing, camming, porn production, etc.) (3)
  - Home-based services (e.g., cutting hair, babysitting, etc.) (4)
  - Other (please specify): (5)
-



Q8.18

Have you ever tried to start a small business?

- Yes, only once (1)
  - Yes, more than once (2)
  - No, never (3)
- 



Q8.19

If you received financial support when starting your business, where did you get your financial support?

*Check all that apply.*

- A loan from a bank (1)
  - My savings (2)
  - My credit cards (3)
  - My partner/lover/spouse (4)
  - My ex-lover (5)
  - Family of origin (6)
  - I didn't receive financial support (7)
-



Q8.20

Have you ever been or are you now a member of the armed forces?

- Yes, currently (1)
  - Yes, have been previously (2)
  - No, never (3)
- 

Q8.21

The next question may bring up memories of trauma or violence. If you need help or support, please click [here](#).

---



Q8.22

Did you experience any of the following in the military?

*Check all that apply.*

- I was treated with dignity and respect (1)
- Verbal or emotional abuse (2)
- Sexual harassment (3)
- Sexual assault (4)
- Physical assault (5)
- Dismissal of your concerns (6)
- Threats to “out” you against your will (7)
- Threats of demotion or destruction of career (8)
- Forced discharge (9)
- None of the above (10)



Q8.23

What kind of benefits does your place of work provide?

Check all that apply.

- Sick leave (1)
- Parental leave (2)
- Vacation leave (3)
- Family medical leave (4)
- Transition-related care coverage (5)
- Retirement program (6)
- Retirement program that is matched by employer (7)
- Health benefits, fully paid by employer (8)
- Health benefits, partially paid by employer, that I pay into (9)
- Disability insurance, full (10)
- Disability insurance that I pay into (11)
- Life insurance (12)
- Accidental/dental insurance (13)
- Legal aid benefits (14)
- Adoption benefits (15)
- Dental insurance (16)

Prescription insurance (17)

Other (please specify): (18)

---

My place of work has no work-related benefits (19)

---



Q8.24

Have you ever experienced discrimination at your place of work for any of the following reasons?

*Check all that apply.*

- I am a `#{e://Field/noun}` (sexism) (1)
  - My gender expression (non-binary, trans, butch, femme) (2)
  - My sexuality (being LGBTQ+) (3)
  - My race, skin color, ethnicity (racism/colorism) (4)
  - My income level (5)
  - My religion (6)
  - My age (7)
  - My weight (8)
  - My disability (ableism) (9)
  - Other (please specify): (10)
- 
- None of these (11)



X→

Q8.25

As an **LGBTQ+** **#{e://Field/noun}**, have you ever done or do you do any of the following to avoid discrimination at work?

*Check all that apply.*

- I have not done anything to avoid discrimination (1)
- Stayed in a job I'd prefer to leave (2)
- Didn't seek a promotion or a raise (3)
- Changed jobs (4)
- Delayed my gender transition (5)
- Hid my gender expression (6)
- Hid my sexuality (7)
- Dressed differently to hide my LGBTQ+ identity (8)
- Hid my partner (9)
- Hid my family members (10)
- Hid my children (11)
- Created a fake story or fake partners to keep my job or advance (12)
- Hid my identity in another way not listed here (13)
- Other (14) \_\_\_\_\_

---

X→

Q8.26

Because of being out or visible as **an LGBTQ+ \$e://Field/noun** on the job, have you had any of the following experiences at work?

*Check all that apply.*

(If you have not never been out as an LGBTQ+ \$e://Field/noun on the job, skip.)

- I feel more comfortable and my performance has improved (1)
- My workplace supports and celebrates my whole person and family (2)
- I am active in an LGBTQ+ employee affinity group (3)
- I did not get a job I applied for because of being out as LGBTQ (4)
- I am or have been under-employed, that is working in the field I should not be in or a position for which I am over-qualified (5)
- I was removed from direct contact with clients, customers or patients (6)
- I was denied a promotion (7)
- I was fired (8)
- If not for the Union, I would have lost my job (9)
- I was harassed by someone at work (10)
- A boss or supervisor suggested they could “fix” my sexuality (11)
- A boss or supervisor expressed difficulty or discomfort about relating to me because I am not heterosexual (12)
- A boss or supervisor suggested I stay closeted to advance in the workplace (13)

- I was the victim of physical violence by someone at work (14)
  - I was the victim of sexual assault by someone at work (15)
  - I was forced to present in the wrong gender or as “straight” to keep my job (16)
  - I was forced to hide my personal story or family to keep my job (17)
  - I was not able to work out a suitable bathroom situation with my employer (18)
  - I was denied access to appropriate bathrooms (19)
  - I was asked inappropriate questions about my sexuality or partners (20)
  - I was asked inappropriate questions about my gender (21)
  - I was asked inappropriate questions about my body (22)
  - I was referred to by the wrong pronoun, repeatedly and on purpose (23)
  - I endured “jokes” about my LGBTQ+ identity or expression (24)
  - Supervisors or coworkers shared private or exposing information about me (25)
  - I have never experienced any of these (26)
- 



Q8.27

What were your sources of income in 2020?

*Check all that apply.*

- Wages and Salaries (including commissions, bonuses, tips etc.) (1)
- Self-employment income (2)
- Interest, dividends, rental income, royalty income (3)
- Social Security Income (4)
- Supplemental Security Income (SSI) (5)
- Any public assistance or welfare payments from a state or local welfare office (6)
- Unemployment benefits (7)
- COVID related benefits from federal government (8)
- Child support or alimony (9)
- Workers compensation (10)
- Veteran's benefits or pensions (11)
- Retirement or pension funds (for example, 401k or IRA) (12)
- Income from informal or street economies (sex work, drug sales, off-book work like hair styling, other sales) (13)

Any other regular sources of income (please specify): (14)

---

I did not have any income in 2020 (15)



Q8.28

Which of the following assets, if any, do you have?

*Check all that apply.*

- Real estate (1)
  - Business (2)
  - Retirement account (401k/IRA/Roth/403b) (3)
  - Brokerage/investment accounts (4)
  - Checking accounts (5)
  - Savings/money market account/CDs (6)
  - Auto (7)
  - Antique/art/designer pieces for resale (8)
  - Other (please specify): (9)
- 
- I do not have any assets (10)



Q8.29



What is the value of each of the following assets?

	None (1)	\$1- 4,999 (2)	\$5,000- 9,999 (3)	\$10,000- 24,999 (4)	\$25,000- 49,999 (5)	\$50,000- 99,999 (6)	\$100,000- 249,999 (7)	\$250,000- 499,999 (8)	\$500,000- 999,999 (9)	\$1,000,000- or more (10)
Real estate (x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business (x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement account (401k/IRA/Roth/403b) (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brokerage/investment accounts (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checking accounts (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Savings/money market account/CDs (x6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auto (x7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antique/art/designer pieces for resale (x8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): (x9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> I do not have any assets (x10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q8.30

Which kind of debt, if any, do you have?

*Check all that apply.*

- Education/student loans (1)
  - Housing/mortgage (2)
  - Credit card (3)
  - Car loan (4)
  - Payday loan (5)
  - Healthcare debt (6)
  - Loans from family and friends (7)
  - Title loan (8)
  - Other (please specify): (9)
- 
- I do not have any debt (10)



Q8.31

How much debt do you have for each of the following?

	None (1)	\$1- 4,999 (2)	\$5,000- 9,999 (3)	\$10,000- 24,999 (4)	\$25,000- 49,999 (5)	\$50,000- 99,999 (6)	\$100,000- 249,999 (7)	\$250,000- 499,999 (8)	\$500,000- 999,999 (9)
Education/student loans (x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing/mortgage (x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Credit card (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car loan (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payday loan (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare debt (x6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loans from family and friends (x7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Title loan (x8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): (x9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> I do not have any debt (x10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q8.32

Who do you receive financial support from?

Check all that apply.

- Spouse or partner (1)
  - Family of origin (2)
  - LGBTQ+ chosen family (3)
  - Other (please specify): (4)
- 

- I don't receive financial support (5)



Q8.33

How frequently do you receive financial support from each of the following?

	Infrequently (1)	Sometimes (2)	Often (3)	We share all our resources (4)
Spouse or partner (x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family of origin (x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ+ chosen family (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> I don't receive financial support (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q8.34

How often do you **give or lend** money to people in your family of origin or LGBTQ+ chosen family network?

	Weekly (1)	More than once a month (2)	A few months a year (3)	Once a year or less (4)	Never (5)	I do not have this family unit (6)
Family of origin (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ+ chosen family (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q8.35

In what ways, if any, did the Coronavirus pandemic impact you?

*Check all that apply.*

- The pandemic didn't affect me much (1)
- I gained new income due to the pandemic (2)
- My employer reduced my pay (3)
- I lost my job (4)
- I had to file for unemployment assistance (5)
- I could not book gigs/events/appointments (6)
- I picked up a second (or, additional) job to make ends meet (7)
- I had to learn new skills to do my job remotely (8)
- I had to learn skills to get new sources of employment (9)
- I had to take up new forms of employment in a new industry (10)
- My food expenses increased substantially to maintain social distancing (11)
- My health care expenses increased significantly (12)
- I had to buy equipment to support myself working remotely (e.g., computer, home office) (13)
- I delayed making rent payments (14)

- I couldn't make my rent payments (15)
- I had to make arrangements not to be evicted (16)
- I was evicted (17)
- I was unable to make mortgage payments (18)
- I put my mortgage in covid-related forbearance (19)
- The bank foreclosed on my house (20)
- I asked for covid assistance for credit card payments (21)
- I asked for covid assistance for payment of installment loans (e.g., auto loans, improvement loans, service loans) (22)
- I had to make paid arrangements for my child to be supervised during school/working hours (23)
- I had to start home-schooling my children (24)
- I had to pay for someone to teach my child (25)
- I had to stay at home from employment to take care of my children (26)
- I had to buy equipment for my children to learn from home (27)
- I had to quit my job or business to stay at home and take care of my children or loved ones (28)
- My children moved back home (29)



- I took on primary caregiving for an older adult (30)
  - Relatives moved into my home to cut costs (31)
  - I started co-housing with others (32)
  - I had to buy a new house to support my family's needs (33)
  - I had to sell my house or other assets to cut costs (34)
  - Other (please specify): (35)
- 
- None of these (36)



Q8.36

For how long, if at all, did you receive food stamps in 2020?

- I did not receive food stamps in 2020 (1)
- Less than 1 month (2)
- 1-2 months (3)
- 3-5 months (4)
- 6-9 months (5)
- 10-12 months (6)



Q8.37

What are the most pressing **economic** challenges you face or faced as an LGBTQ+ [\\${e://Field/noun}](#)?

*Check up to 3.*

- Low wages (1)
- Cannot make ends meet with the job(s) I have (2)
- Unemployed and cannot get a job (3)
- Living on fixed income (social security, TANF, SSI or other) and cannot make ends meet (4)
- Living on credit to make ends meet (5)
- Debt (credit card, student loans, other loans) that I cannot pay (6)
- My taxes are too high (7)
- Not enough assets to build the life I want (8)
- Don't have health insurance (9)
- Cannot afford to go to the doctor even with health insurance (10)
- Lack of affordable quality housing (11)
- Cannot afford to buy a house or apartment (12)
- Food insecurity and hunger (13)
- Lack of affordable childcare (14)

- Cannot afford to get an education or training to achieve the career I want (15)
  - Providing my kids with what they need (16)
  - Providing caregiving and support for relatives strains my economic security (17)
  - I support a lot of people in my chosen family and it is an economic hardship (18)
  - Other (please specify): (19)
- 

- I have never faced economic challenges because of my LGBTQ+ identity (20)

-----

Q8.38

Thank you for sharing this side of yourself! Remember, you can stop and come back for up to 7 days. Just make sure to return to the survey using the same device!

-----

X→

Q8.39

How comfortable do you feel seeking help from the police?

- Extremely comfortable (1)
  - Very comfortable (2)
  - Moderately comfortable (3)
  - Slightly comfortable (4)
  - Not at all comfortable (5)
- 

Q8.40

The next question may bring up memories of trauma or violence. If you need help or support, please click [here](#).

---



Q8.41

Have you ever been stopped or questioned by the police?

Yes (1)

No (2)



Q8.42

Under what circumstance(s) and how often were you stopped or questioned by the police?

*Check all that apply.*

	Once (1)	A few times (2)	Frequently (3)	Never (4)
While on foot or the street (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While driving (automobile/motorcycle/scooter) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While a passenger in a vehicle (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While conducting sex work (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While using public transportation (bus/subway) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a protest (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a friend's house or party (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At queer bars or event (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At work (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For an outstanding warrant for your arrest (40)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): (37)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

X→

Q8.43

Have you ever received a fine or fee for a non-criminal city ordinance violation?

Yes (1)

No (2)

---

X→



Q8.44

For what reason and how often did you receive a fine or fee for a non-criminal city ordinance violation?

*Check all that apply.*

	Once (1)	A few times (2)	Frequently (3)	Never (4)
For no apparent reason (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For curfew violations (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For loitering (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For disorderly conduct (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For public drunkenness (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For failure to appear (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): (37)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q8.45

Have you ever been detained or held in a cell?

Yes (1)

No (2)



Q8.46

Were you detained or held in a cell for any of the following reasons?

*Check all that apply.*

Simply for being an LGBTQ+ woman (1)

Simply for being LGBTQ+ (2)

Because of my gender expression (3)

For sex work (4)

I was not detained or held in a cell for any of these reasons (5)



Q8.47

Have you ever been arrested?

Yes (1)

No (2)



Q8.48

Were you arrested for any of the following reasons?

*Check all that apply.*

Simply for being an LGBTQ+ woman (1)

Simply for being LGBTQ+ (2)

Because of my gender expression (3)

For sex work (4)

For driving under the influence (5)

I was not arrested for any of these reasons (6)



Q8.49

When interacting with the police, have officers treated you with courtesy and respect?

Yes (1)

No (2)



Q8.50

Have you experienced police officers using any of the following?

*Check all that apply.*

	Once (1)	More than once (2)	Frequently (3)	Never (4)
Sexist or anti-woman names/slurs (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-LGBTQ+ slurs (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other mocking and belittling terms (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rough physical treatment in their handling of you (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurting you in ways that you required medical attention afterwards (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Touching you in a sexual way (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurting you in a sexually abusive way (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A male officer strip searching you (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A body cavity search on you (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

X→

Q8.51

Have you ever been incarcerated for any length of time?

- Yes, currently (1)
  - Yes, previously (2)
  - No (3)
  - I would not like to answer (4)
- 

X→

Q8.52

We would like to learn more about your experience of incarceration if you are willing to share it by answering some more questions. These questions may be triggering and troubling so we do not want to burden you in any way. But we want to be sure to gather information from women about their experiences of incarceration. Take your time to think about this.

***These questions may bring up memories of trauma or violence. If you need help or support, please click [here](#).***

How many times have you been....

	Never (1)	1-2 (2)	3-4 (3)	5-6 (4)	7 or more (5)	I don't know (6)	Do not wish to disclose (7)
Incarcerated in a jail (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incarcerated in a prison (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held in jail prior to your conviction because you could not afford bail (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q8.53

If you are not currently incarcerated, how long you were you incarcerated?

	Less than 6 months (1)	6 months - 1 year (2)	2-4 years (3)	5-7 years (4)	8-10 years (5)	More than 10 years (6)
Incarcerated in jail or prison (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held in jail prior to your conviction because you could not afford bail (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q8.54

Have you ever been held in solitary confinement?

- Yes (1)
- No (2)
- Do not wish to disclose (3)





Q8.55

How many times have you been held in solitary confinement?

- 1 (1)
  - 2 (2)
  - 3 (3)
  - 4 (4)
  - 5 or more (5)
- 



Q8.56

How long were you held in solitary confinement?

- Less than 1 month (1)
- 1-5 months (2)
- 6 months - 1 year (3)
- 2-4 years (4)
- 5-7 years (5)
- 8-10 years (6)
- More than 10 years (7)

---

Q8.57

The next question may bring up memories of trauma or violence. If you need help or support, please click [here](#).

---



Q8.58

Have you ever experienced unwanted sexual attention or contact while incarcerated or in jail?

- Yes (1)
  - No (2)
  - I would not like to answer (3)
- 

Q8.59

The next question may bring up memories of trauma or violence. If you need help or support, please click [here](#).

---



Q8.60

From whom did you experience unwanted sexual attention or contact?

*Check all that apply.*

- A correctional officer (1)
  - An administrative staff person (2)
  - A medical or healthcare staff person (3)
  - An instructor or teacher (4)
  - A counselor or other mental health care provider (5)
  - A chaplain or other religious official (6)
  - A volunteer (7)
  - Some other type of facility staff official (8)
  - Another inmate (9)
  - Other (please specify): (10)
- 

Q8.61

The next question may bring up memories of trauma or violence. If you need help or support, please click [here](#).

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Q8.62

Did you report your experience with unwanted sexual attention or contact to anyone?

Yes (1)

No (2)

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Q8.63

To whom did you report your experience?

*Check all that apply.*

- A correctional officer (1)
  - An administrative staff person (2)
  - A medical or healthcare staff person (3)
  - An instructor or teacher (4)
  - A counselor or other mental health care provider (5)
  - A chaplain or other religious official (6)
  - A volunteer (7)
  - Some other type of facility staff official (8)
  - A telephone hotline (9)
  - Another inmate (10)
  - A family member or friend (11)
  - Other (please specify): (12)
-



Q8.64

Do or did you have any minor children while incarcerated?

*Check all that apply.*

Yes (1)

No (2)

---

Q8.65

Who cared for your child(ren) while you were incarcerated?

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Q8.66

Were you pregnant at any point while you were incarcerated?

Yes (1)

No (2)

---



Q8.67

Did you give birth while incarcerated?

Yes (1)

No (2)

---

Q8.68

The next question may bring up memories of trauma or violence. If you need help or support, please click [here](#).

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Q8.69

Were you shackled while giving birth?

- Yes (1)
  - No (2)
  - I prefer not to disclose this information (3)
- 





Q8.70

What were your best supports during re-entry?

*Check all that apply.*

- Friends (1)
- LGBTQ+ friends and chosen family (2)
- Partner or spouse (3)
- Family of origin (4)
- Church (5)
- Other (please specify): (6)  
\_\_\_\_\_
- Not Applicable (7)



Q8.71

What, if anything, would you like to tell us about your "other" response?

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Q8.72

Is there anything else you like to tell us about your answers in this section?

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Q8.73

Thank you for sharing your experiences. Keep going!

Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.

End of Block: F. Education and Employment

---

Start of Block: G. Health and Well-Being



Q9.1

Would you say that your health is... ?

- Excellent (1)
  - Very Good (2)
  - Good (3)
  - Fair (4)
  - Poor (5)
- 



Q9.2

The following questions ask about how you have been feeling **during the past 30 days**. For each question, please select the row that best describes how often you have had this feeling.

During the past 30 days, how often have you felt:

	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time (5)
...so sad nothing could cheer you up? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...nervous? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...restless of fidgety? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...hopeless? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...that everything was an effort? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...worthless (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q9.3

Have you ever been told by a doctor or health professional that you had any of the following conditions?

*Check all that apply.*

- Angina (1)
- Arthritis (2)
- Asthma (3)
- Asthma Episode or Attack (4)
- Cancer - Breast (5)
- Cancer - Cervical (6)
- Cancer - Colorectal (7)
- Cancer - Endometrial (8)
- Cancer - Uterine (9)
- Cancer - Lung (10)
- Cancer - Lymphoma (11)
- Cancer - Renal/Kidney (12)
- Cancer - Skin (13)
- Cancer - Thyroid (14)

- COPD (15)
- Coronary Heart Disease (16)
- Cysts in Ovaries (17)
- Diabetes (18)
- Differences of Sex Development (Intersex Condition) (19)
- Endometriosis (20)
- Heart Attack (21)
- High Cholesterol (22)
- Hypertension (Blood Pressure) (23)
- Immunocompromised Condition (24)
- Irregular or Absent Menstrual Cycle (25)
- Lupus (26)
- Menopause (27)
- Multiple Sclerosis (28)
- Osteoporosis (29)
- "Overweight" or "Obese" (30)

- PCOS (31)
  - Prediabetes (32)
  - Stroke (33)
  - Bacterial vaginosis (34)
  - Gonorrhoea (35)
  - Herpes (36)
  - HPV (37)
  - Syphilis (38)
  - Trichomoniasis (39)
  - Other STD (40)
  - Any type of alcohol or substance use problem (41)
  - Any type of anxiety disorder (42)
  - Any type of depression (43)
  - Any type of psychosis or personality disorder (44)
  - Bipolar disorder (45)
  - None of the above (46)
-

X→



Q9.4

Where do you go **most** often when you are sick or need advice about your health?

- Primary Care doctor I have a relationship with (1)
- Emergency room (2)
- A doctor's office (3)
- Health clinic or health center that I or my insurance pays for (4)
- Free health clinic (5)
- VA (veteran's) clinic or hospital (6)
- Friends who are knowledgeable about health (7)
- Planned Parenthood Health Center (8)
- LGBTQ+ health center (9)
- Online research and self-care (10)
- Chiropractor (11)
- Homeopath (12)
- Acupuncturist (13)
- Herbalist (14)
- Traditional or spiritual healer (15)
- Counselor/therapist (16)
- Religious advisor (17)

- Community healer or family member (18)
  - Retail urgent care or pharmacy (CVS, etc.) (19)
  - I don't go anywhere (20)
- 



Q9.5

Are you able to access quality health care?

*Check all that apply.*

- Yes, from any provider/health services (1)
  - Yes, from a women-affirming provider/health services (2)
  - Yes, from an LGBTQ+ affirming provider/health services (3)
  - Yes, from an LGBTQ+ women-affirming provider/health services (4)
  - None of these (5)
- 



Q9.6

When did you last receive any of the following services?

	Never (1)	In the last 2 years (2)	Between 2 and 5 years ago (3)	5 or more years ago (4)	Not Applicable (5)
Pap smear/test (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone Replacement Therapy (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Screening (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu vaccine (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Pressure Screening (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9.7

The next question may bring up memories of trauma or violence. If you need help or support, please click [here](#).



Q9.8

Have you ever experienced the following in a health care setting (for example, a hospital, office or clinic)?

*Check all that apply.*

- I postponed or did not try to get the **medical care** I needed because of disrespect or discrimination from doctors or health care providers (1)
- I postponed or did not try to get the **mental health care** I needed because of disrespect or discrimination from doctors or health care providers (2)
- I postponed or did not try to preventative, medical, and/or mental health care because I could not afford it (3)
- I experienced unnecessary or “rough” genital, breast or chest-related procedure in a health care setting that I believe was related to my LGBTQ+ identity or presentation (4)
- I experienced unwanted sexual contact (such as, fondling, sexual assault or rape) in a health care setting (5)
- I was given unnecessary and inappropriate birth control education and advice (6)
- I was given unnecessary pregnancy tests (7)
- I was not allowed to use the appropriate bathrooms or other facilities (8)
- I was physically attacked in a health care setting (9)
- I was verbally harassed in a health care setting (10)
- My doctor or other health care provider asked me unnecessary or inappropriate questions about my LGBTQ+ identity that were not related to the reason for my visit (11)

- My doctor or other health care provider gave me anti-LGBTQ+ “advice” during my visit (12)
- My doctor or other health care provider knew I was an LGBTQ+  and treated me with respect (13)
- My doctor or other health care provider properly gendered me (14)
- My doctor or other health care provider used harsh or abusive language with me (15)
- My doctor or other health care provider used sexist or anti-women language during my visit (16)
- My doctor or other health care provider was sexually suggestive or predatory (17)
- My doctor or other health care provider was well-trained in LGBTQ+ women’s health issues, asked good questions and provided great care (18)
- Upon finding out I was an LGBTQ+ , a doctor or other provider refused to treat me (19)
- Upon finding out I was an LGBTQ+ , a doctor refused to answer my questions (20)
- Other (please specify): (21)
- 
- None of the above (22)



Q9.9

Have you received a COVID-19 vaccine?

- Yes (1)
- No, cannot get one (2)
- No, don't want one (3)



Q9.10

How many of your close friends and/or family have been sick or died of COVID?

	0 (1)	1 (2)	2-5 (3)	5-10 (4)	More than 10 (5)
Been sick (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Died (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q9.11

Is there anything else you would like to tell us about your health?

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Q9.12

We are so excited to have your story, please stay with us!

Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.



Q9.13

**The following asks questions about self-harm and suicide. You may skip these if you'd prefer not to answer. If you need help or support, please click [here](#).**

Has a doctor, mental health professional or other health professional counseled or encouraged you to change your sexual orientation, gender identity, or gender expression against your wishes?

*Please indicate if and how so.*

	Yes, my sexual orientation (1)	Yes, my gender identity (2)	Yes, my gender expression (3)	No, none of these (4)
Doctor, Psychiatrist, Social Worker (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselor or Therapist (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health professional (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9.14

The next question may bring up memories of trauma, If you need help or support, please click [here](#).





Q9.15

Have you ever attempted suicide?

Yes (1)

No (2)



Q9.16

How, if ever, have you ever needed or sought help for recovery from **trauma** or **post-traumatic stress**?

*Check all that apply.*

- No, don't need it (1)
- No, don't know how to get help or what help to get (2)
- Denied insurance coverage for trauma or post-traumatic stress disorder (3)
- Left a trauma or post-traumatic stress disorder program because it was incompetent on LGBTQ+ identity or anti-LGBTQ+ (4)
- Lost my LGBTQ+ friends and social life trying to get help for or address trauma or post-traumatic stress disorder (5)
- Refused admission for trauma or post-traumatic stress disorder treatment due to my LGBTQ+ identity (6)
- Sought and relied on my network of LGBTQ+ friends to address trauma or post-traumatic stress disorder (7)
- Sought and relied on non-western medical or traditional or alternative medicines for trauma or post traumatic stress (8)
- Treated for trauma or post-traumatic stress disorder in an inpatient/residential program (9)
- Treated for trauma or post-traumatic stress disorder in an outpatient program or therapy (10)

Unable to get treatment for trauma or post-traumatic stress disorder due to cost of treatment (11)

Used free anonymous programs to address trauma or post-traumatic stress disorder (12)

Was expelled from a trauma or post-traumatic stress disorder treatment program for being LGBTQ+ (13)

Other (14) \_\_\_\_\_



Q9.17

How often have you thought that you have a problem with drugs or alcohol?

Never (1)

Sometimes (2)

A lot of the time (3)

Most of the time (4)

Always (5)



Q9.18

Has your partner or any of your partners had a problem with drug or alcohol use?

- Yes, one (1)
  - Yes, more than one (2)
  - No (3)
- 



Q9.19

Have you ever experienced the following?

*Check all that apply.*

- Received treatment at an inpatient/residential alcohol or drug treatment program (1)
- Received treatment at an outpatient alcohol or drug treatment program (2)
- Could not afford treatment for drug or alcohol problem or addiction (3)
- Denied insurance coverage for drug or alcohol treatment (4)
- Expelled from a drug or alcohol treatment program for being LGBTQ+ (5)
- Left a drug or alcohol treatment program because it was incompetent on LGBTQ+ identity or was anti-LGBTQ+ (6)
- Participated in a 12-step recovery program (7)
- Participated in an LGBTQ+ 12-step recovery program (8)
- Refused admission to drug or alcohol treatment due to LGBTQ+ identity (9)
- Sought and relied on my network of LGBTQ+ friends to address my alcohol or drug problem or addiction (10)
- Sought and relied on non-western medical or traditional or alternative medicines for drug or alcohol problem or addiction (11)

None of these (12)

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Q9.20

Is there anything else you would like to tell us about your answers in this section?

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Q9.21

You're almost done!

Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.

End of Block: G. Health and Well-Being

---

Start of Block: H. Civic Engagement

X→

Q10.1

Do you volunteer for any organizations?

Yes (1)

No (2)

---

X→

Q10.2

Which of the following kind of organizations do you volunteer for?

*Check all that apply.*

- National-level (1)
- State-level (2)
- Local-level (3)
- LGBTQ+ focused (4)
- [\\${e://Field/noun}](#) focused (5)
- Racial Justice focused (6)
- Religious/spiritual (7)
- Animal rights (8)
- Environmental (9)
- Arts and culture (10)
- Political (11)
- For-profit (12)
- Not-for-profit (13)



Feminist (14)

Other (please specify): (15)

---



Q10.3

Do you regularly donate funds to nonprofit or charitable organizations?

Yes (1)

No (2)

---



Q10.4

Which of the following do you donate to?

*Check all that apply.*

- LGBTQ+ focused (1)
  - `#{e://Field/noun}` focused (2)
  - Racial justice focused (3)
  - Religious/spiritual (4)
  - Animal rights (5)
  - Environmental (6)
  - Political (7)
  - Arts and culture (8)
  - Feminist (9)
  - Other (please specify): (10)
- 



Q10.5

Approximately how much did you donate in 2020?

- Less than \$100 (1)
  - \$100 - \$499 (2)
  - \$500 - \$999 (3)
  - \$1,000 - \$4,999 (4)
  - \$5,000 - \$9,999 (5)
  - \$10,000 - \$49,999 (6)
  - \$50,000 - \$74,999 (7)
  - \$75,000 - \$99,999 (8)
  - \$100,000 - \$249,999 (9)
  - \$250,000 - \$499,999 (10)
  - \$500,000 - \$999,999 (11)
  - More than a \$1 million (12)
- 

Q10.6

The next question may bring up memories of trauma or violence. If you need help or support, please click [here](#).

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X→

Q10.7

Have you ever been discriminated against in any of the places listed?

*Check all that apply.*

- Retail store (1)
- Hotel or restaurant (2)
- Bus, train, or taxi (3)
- Airplane or airport staff/TSA (4)
- Locker room (5)
- Public restroom (6)
- Doctor's office/doctor (7)
- Urgent Care Center (8)
- Hospital (9)
- Emergency Room (10)
- Rape Crisis Center (11)
- Domestic Violence Shelter/Program (12)
- Mental Health Clinic (13)

- Drug Treatment Program (14)
- Ambulance or EMT (15)
- Government Agency/Official (16)
- Police Officer (17)
- School Resource Officers (18)
- Judge or Court Official (19)
- Probation or Parole Offices (20)
- Bail Offices (21)
- Legal Services Clinic (22)
- The local jail or state prison (23)
- Halfway House or Treatment Facility (24)
- The Local Housing Authority (25)
- Child Welfare System (26)
- Family Court (27)
- Parks and Playgrounds (28)
- Recreational Spaces or Gyms (29)

While Walking on the Streets (30)

While Biking /Scootering (31)

While Driving a Vehicle (32)

While a Passenger in a Vehicle (33)

Other (please specify): (34)

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No, I have never been discriminated against (35)



Q10.8

Have you ever been verbally, physically, or sexually abused in the public spaces listed below?

*Check all that apply.*

- Retail store (1)
- Hotel or restaurant (2)
- Bus, train, or taxi (3)
- Airplane or airport staff/TSA (4)
- Locker room (5)
- Public restroom (6)
- Doctor's office or hospital (7)
- Emergency room (8)
- Rape crisis center (9)
- Domestic violence shelter/program (10)
- Mental health clinic (11)
- Drug treatment program (12)
- Ambulance or EMT (13)



- Government agency/official (14)
- Police officer (15)
- Judge or court official (16)
- Legal services clinic (17)
- Parks and playgrounds (18)
- Recreational spaces or gyms (19)
- While walking on the streets (20)
- Urgent care center/doctor (21)
- While driving or on a bike/motorcycle (22)
- I have never been abused in these places (23)



Q10.9

In your day-to-day life, how often do any of the following things happen to you?

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)
I am treated with less courtesy than other people are (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated with less respect than other people are (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive poorer service than other people at restaurants or stores (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they think I am not smart (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they are afraid of me (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they think I am dishonest (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they're better than me (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am called names or insulted (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am threatened or harassed (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q10.10

Please indicate what you think the main reason for your unfair treatment was.  
*Select all that apply.*

- I am a woman (sexism) (1)
  - My gender expression (non-binary, trans) (2)
  - My sexuality (being LGBTQ+) (3)
  - My race, skin color, ethnicity (racism/colorism) (4)
  - My income level (5)
  - My religion (6)
  - My age (7)
  - My weight (8)
  - My disability (ableism) (9)
  - Some other reason (please state): (10)
- 
- I don't know (11)



Q10.11

How do you identify politically?

*Check all that apply.*

- Conservative (1)
- Democrat (2)
- Democratic Socialist (3)
- Evangelical (4)
- Fundamentalist (5)
- Green Party (6)
- Independent (7)
- Liberal (8)
- Libertarian (9)
- Progressive (10)
- Radical (11)
- Republican (12)
- Socialist (13)

- Working Families Party (14)
- Abolitionist (15)
- Anti-capitalist (16)
- Anti-racist (17)
- BIPOC affirmative (18)
- Black feminist (19)
- Black nationalist (20)
- Critical Trans Feminist (21)
- Environmental justice affirmative (22)
- Feminist (23)
- Oppose Anti-black racism (24)
- Oppose Anti-indigenous racism (25)
- Oppose Anti-immigration racism (26)
- LGBTQ+ Women Centered (27)
- LGBTQ+ Women Exclusive (28)
- LGBTQ+ Women Separatist (29)

- Queer Nationalist (30)
  - [\\${Q2.3/ChoiceGroup/SelectedChoicesTextEntry}](#) of Color Feminist (31)
  - Women-Centered (32)
  - Women-Exclusive (33)
  - Some other orientation (please specify) (34)
- 
- Apolitical/not interested in politics (35)

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Q10.12

What political or policy goal(s) are **most important** to you?

(e.g., universal healthcare, gun control, reproductive rights, etc.)

- (56) \_\_\_\_\_
  - (57) \_\_\_\_\_
  - (58) \_\_\_\_\_
  - (59) \_\_\_\_\_
-



Q10.13

Did you vote in 2016 or 2020 Presidential election?

*Check all that apply.*

- Yes, the 2016 election (1)
- Yes, the 2020 election (2)
- No, neither election (3)



Q10.14

For whom did you vote in 2016?

- Clinton/Kaine (1)
  - Trump/Pence (2)
  - Other candidate on the ticket (3)
  - I wrote in a presidential candidate (4)
  - Not applicable, didn't vote (5)
  - I prefer not to say (6)
- 



Q10.15

For whom did you vote in 2020?

- Biden/Harris (1)
- Trump/Pence (2)
- Other candidate on the ticket (3)
- I wrote in a presidential candidate (4)
- Not applicable, didn't vote (5)
- I prefer not to say (6)





Q10.16

What were the main reasons you did not vote?

*Check up to 3.*

- I'm not eligible to vote (1)
- Not registered to vote (2)
- I keep forgetting to register (3)
- Did not know where or how to vote (4)
- Inaccessible voting sites (5)
- Inconvenient hours (6)
- Polling place or lines too long (7)
- Elections do not represent people (8)
- My vote doesn't matter, doesn't count, or won't make a difference (9)
- The system is corrupt and rigged (10)
- Dislike the candidates (11)
- Don't have enough information about candidates or issues (12)
- Don't have information on how to vote (13)

- Don't have enough time to research candidates and cast a vote (14)
  - I did not feel well informed on the issues (15)
  - I'm not interested, I don't care (16)
  - I did not feel safe voting (17)
  - Bad weather conditions (18)
  - Childcare issues (19)
  - Difficulty with English (20)
  - Illness (21)
  - Transportation problems (22)
  - Other (please specify): (23)
- 



Q10.17

In the last twelve months, which of the following have you done?

*Check all that apply.*

- Attended a meeting to discuss issues facing the community (1)
- Attended a protest march, demonstration, or rally (2)
- Boycotted a company or product for political reasons (3)
- Contacted a civilian review board in any way about a problem you have or to get help or information (e.g. writing a letter, emailing, calling, or in person) (4)
- Contacted an elected representative or a government official in the U.S. in any way about a policy or issue you care about (e.g. writing a letter, emailing, calling, or in person) (5)
- Contributed money to a candidate, political party, ballot issue, or some other campaign organization (6)
- Discussed a candidate or political issue on social media like Facebook or Twitter (7)
- Discussed politics with family and friends (8)
- Engaged in advocacy for a friend or family member who was targeted by the police (9)
- Engaged in advocacy for an LGBTQ+ person who was targeted by the police (10)

Engaged in advocacy for an LGBTQ+ \${e://Field/noun} who was targeted by the police (11)

Filed a complaint about officer misconduct to a civilian review board or advocacy organization (12)

Filed a criminal complaint against an officer for misconduct or excessive use of force (13)

Gave to a political campaign in past year (14)

Recorded an act of excessive use of force by the police on the mobile phone (15)

Signed an online or hard copy petition regarding an issue or problem that concerns you (16)

Volunteer for a political candidate (17)

Volunteered for a community organization (18)

Worked for a candidate, political party, or some other campaign organizations (19)

Worked or cooperated with others to try and solve a problem affecting your city or neighborhood (20)

Worn a campaign button, or posted a campaign sign or sticker (21)

Personally taken some other action on a political issue or in an election (please specify): (22) \_\_\_\_\_

None of the above (23)

X→

Q10.18

What are your views on the following issues?

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)	No opinion (5)
The Equal Rights Amendment should be ratified as soon as possible (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children should be supported to define their own gender identity (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehensive sexuality education should be available in public schools (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual hygiene products (pads, tampons, etc.) should be freely available in age-appropriate public schools, jails, and prisons (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance should cover the cost of gender-affirming healthcare (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender athletes should be able to compete in their affirmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

genders (12)

Safe and affordable birth control and abortion services should be legal, widely accessible, and covered by insurance (7)

Gender-neutral bathrooms should be available in all public institutions (8)

Informed consent should be required before any medical procedure is undertaken that affects the puberty, sexual function, or fertility of intersex people (people born with variations in sex characteristics or development) (9)

Benefits should be distributed based on how we configure our families, not marriage (13)

Transgender women should be welcome in "women only" and "lesbian



only” spaces  
(10)

There should  
be increased  
funding for  
research into  
endocrine-  
related  
diseases and  
conditions,  
including  
menopause.  
(11)



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Q10.19

Thank you for your participation. We have no more questions for you. If you have any additional comments about the topics in this survey or encountered any difficulty while taking the survey, please let us know in the space below.

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End of Block: H. Civic Engagement

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