

# The National Couples' Health and Time Study (NCHAT)

## Baseline Questionnaire Draft 5/2019

### Funding information:

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Give us your feedback on this draft here: <http://go.osu.edu/NCHATsurveyfeedback>

# NCHAT-Baseline Questionnaire

## Screener

1. This study is about couples who are living together (married or unmarried) with their spouse/husband/wife or partner/girlfriend/boyfriend. Are you currently living together most of the time? Y/N
  - a. If no, end survey here.

## Demographics of Main Participant

2. What is your birth month?
3. What is your birth year?
4. What sex were you assigned at birth, on your original birth certificate?
  - a. Male
  - b. Female
5. If you had to choose one of the following terms, which best describes your gender?
  - a. Male/man
  - b. Female/woman
  - c. Gender nonbinary
  - d. Do not identify as any of the above—please specify
6. A person's appearance, style, or dress may affect the way people think of them. On average, how do you think people would describe your appearance, style, or dress?
  - a. Very Feminine
  - b. Mostly Feminine
  - c. Somewhat Feminine
  - d. Equally Feminine and Masculine
  - e. Somewhat Masculine
  - f. Mostly Masculine
  - g. Very Masculine
7. A person's mannerisms such as the way they walk or talk may affect the way people think of them. On average, how do you think people would describe your mannerisms?
  - a. Very Feminine
  - b. Mostly Feminine
  - c. Somewhat Feminine
  - d. Equally Feminine and Masculine
  - e. Somewhat Masculine
  - f. Mostly Masculine
  - g. Very Masculine
8. What is your race and ethnicity (check all that apply)?

<input type="checkbox"/> White						
<input type="checkbox"/> American Indian, Native American, Alaska Native, or Indigenous						
<input type="checkbox"/> Hispanic or Latinx						
<input type="checkbox"/> Mexican or Mexican American	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Dominican	<input type="checkbox"/> Colombian	<input type="checkbox"/> Other (for example, Guatemalan, Spaniard, Ecuadorian)
<input type="checkbox"/> Black or African American						
<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Other (for example, Ghanaian, South African,

						Barbadian)
<input type="checkbox"/> Asian						
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other (for example, Pakistani, Cambodian, Hmong)
<input type="checkbox"/> Middle Eastern or North African						
<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Other (or example, Israeli, Iraqi, Tunisian)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander						
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Other (for example, Palauan, Tahitian, Chuukese)
<input type="checkbox"/> Some other Race, Ethnicity, or Origin: (text entry)						

### Street Race

Modified question from ([López, Vargas, Juarez, Cacari-Stone, & Bettez, 2018](#)).

9. If you were walking down the street, what race do you think people who do not know you personally would assume you are based on what you look like?

<input type="checkbox"/> White
<input type="checkbox"/> American Indian, Native American, Alaska Native, or Indigenous
<input type="checkbox"/> Hispanic or Latinx
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Asian
<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Some other Race, Ethnicity, or Origin: (text entry)

10. What is your current level of education?

- Less than high school
- High school degree or GED
- Vocational or Technical Program or Training
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate or Professional degree (e.g., Ph.D., M.D., J.D., etc.)

11. Is your education complete?

- Yes
- No

➔ If no is selected in the question above, ask:

12. Are you currently enrolled in school?

- Yes
- No

➔ If yes is selected in the question above, ask:

13. Where are you enrolled in school?

- a. Vocational or tech school/Certificate Program
- b. Community college
- c. Four-year college or university
- d. Graduate school
- e. Medical school
- f. Law school
- g. Other

- End skip logic

14. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- a. Never served in the military
- b. On active duty for training in the Reserves or National Guard
- c. Now on active duty
- d. On active duty in the past, but not now

#### Demographics of Household Members

*Next, we will ask you about all of the members of your household who live there most of the time. We will use initials (first letter of their first name and first letter of their last name) to identify members of your household. If members of your household have the same initials we will also include their date of birth next to their initials.*

*Please complete the following questions for your current spouse/partner(s) who live(s) in your household most of the time. If you have more than one spouse/partner living in your household most of the time, you will be asked if you have another spouse/partner after you complete the series of question for your first partner.*

15. What are your partner's/spouse's initials?

16. Please choose the appropriate relationship(s) of this person **to you**:

- a. My spouse/wife/husband
- b. My partner/boyfriend/girlfriend

17. [If A is selected above, ask:] Are you legally married? Y/N

18. What is [initials]'s month and year of birth? If unknown ask, "how old are they?"

19. What sex was this person assigned at birth, on their original birth certificate?

- a. Male
- b. Female

20. How would [initials] describe their gender?

- a. Male/man
- b. Female/woman
- c. Gender nonbinary
- d. Do not identify as any of the above—please specify
- e. Don't know

21. What is [initials]'s highest level of completed education?

- a. Less than high school
- b. High school degree or GED
- c. Vocational or Technical Program or Training
- d. Some college
- e. Associate degree
- f. Bachelor's degree
- g. Master's degree

h. Doctorate or Professional degree (e.g., Ph.D., M.D., J.D., etc.)

22. Is [insert initials] currently employed for pay? Y/N

If yes, ask:

23. Which of the following best describes [insert initials]'s current paid employment?

- a. Currently employed full-time (35 or more hours per week) and working
- b. Currently employed part-time (less than 35 hours per week) and working
- c. Currently employed but not working (parental leave, sick leave, military leave, etc.)

24. Is [initials] currently enrolled in school?

- a. Yes, full-time
- b. Yes, part-time
- c. No

25. What is their race and ethnicity (check all that apply)?

<input type="checkbox"/> White						
<input type="checkbox"/> American Indian, Native American, Alaska Native, or Indigenous						
<input type="checkbox"/> Hispanic or Latinx						
<input type="checkbox"/> Mexican or Mexican American	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Dominican	<input type="checkbox"/> Colombian	<input type="checkbox"/> Other (for example, Guatemalan, Spaniard, Ecuadorian)
<input type="checkbox"/> Black or African American						
<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Other (for example, Ghanaian, South African, Barbadian)
<input type="checkbox"/> Asian						
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other (for example, Pakistani, Cambodian, Hmong)
<input type="checkbox"/> Middle Eastern or North African						
<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Other (for example, Israeli, Iraqi, Tunisian)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander						
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Other (for example, Palauan, Tahitian, Chuukese)
<input type="checkbox"/> Some other Race, Ethnicity, or Origin: (text entry)						

26. Do you have another spouse/partner who lives in your household most of the time? Y/N (If yes, loop back to question 15).

➔ If the participant has more than one spouse/partner listed in the household roster, prompt:

You said that you have more than one spouse/partner living with you. Please answer the questions as they pertain to your primary partner, for example, your closest relationship or the partner you spend the most time with.

27. Please select your primary spouse or partner:

- a. [Initials]
- b. [Initials]
- c. Both partners are equally significant.

28. If both partners are equally significant, please choose the partner whose birthday is closest to January 1.

- a. [Initials]

b. [Initials]

*[If unmarried and only has one partner in the household] In this survey, the term partner is used for a boyfriend, girlfriend, or partner that you live with. Any time you see this term, answer the question(s) about your significant other that you live with.*

*Please complete the roster for all the other members of your household living there most of the time, not including yourself and your spouse(s)/partners(s).*

29. Initials of household member

30. What is [initials]'s month and year of birth? If unknown ask, "how old are they?"

31. How is [insert initials] related **to you** (check as many that apply):

- a. My biological child
- b. My adopted child
- c. My spouse/partner's child
- d. My non-biological child
- e. My foster child
- f. My grandchild
- g. My parent
- h. My spouse/partner's parent
- i. My sibling
- j. My spouse/partner's sibling
- k. My other family member or relative
- l. My spouse/partner's other family member or relative
- m. Friend (no family relation)
- n. Roommate (no relation)
- o. Other—please specify

32. [If [insert initials] was identified as less than 18/they were identified as a child in the question above, ask]: How is [insert child's initials] related **to your current spouse/partner**:

- a. Their biological child
- b. Their adopted child
- c. Their non-biological child
- d. Their foster child
- e. Their grandchild
- f. They are not related to this child
- g. Other—please specify

33. What sex was [insert initials] assigned at birth, on their original birth certificate?

- a. Male
- b. Female
- c. Other—please specify

34. How would [initials] describe their gender [if person is at least 5 years old]?

- a. Male/man
- b. Female/woman
- c. Gender nonbinary
- d. Do not identify as any of the above—please specify

35. What is [initials]'s highest level of completed education? (ask for all household members age 18 and older)

- a. Less than high school
- b. High school degree or GED

- c. Vocational or Technical Program/Training
- d. Some college
- e. Associate's degree
- f. Bachelor's degree
- g. Master's degree
- h. Doctorate or Professional degree (e.g., Ph.D., M.D., J.D., etc.)

36. Is [insert initials] currently employed for pay? Y/N (ask for all household members age 15 and older)

If yes, ask:

37. Which of the following best describes [insert initials]'s current paid employment?

- a. Currently employed full-time (35 or more hours per week) and working
- b. Currently employed part-time (less than 35 hours per week) and working
- c. Currently employed but not working (parental leave, sick leave, military leave, etc.)

38. Is [initials] currently enrolled in school? (ask for all household members age 18 and older)

- a. Yes, full-time
- b. Yes, part-time
- c. No

39. What is their race and ethnicity (check all that apply)?

<input type="checkbox"/> White
<input type="checkbox"/> American Indian, Native American, Alaska Native, or Indigenous
<input type="checkbox"/> Hispanic or Latinx
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Asian
<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Some other Race, Ethnicity, or Origin: (text entry)

40. Do you have another member of your household living there most of the time? Y/N (If yes, loop back to question 29)

#### Children and Pregnancy

For anyone who was identified as a child in the household roster above, ask the following starting with the oldest child to the youngest child:

41. Sometimes children are conceived in different ways. Were any of the following used in the conception of [insert initials of child] (check all that apply):

- a. Surrogacy
- b. Egg donation
- c. Sperm donation
- d. Surgery to treat endometriosis
- e. Took fertility drug(s)
- f. Had Intrauterine/cervical Insemination or In Vitro Fertilization
- g. Other: \_\_\_\_\_
- h. Not applicable/ None of the above
- i. I'm not sure

	Not at all stressful				Very stressful
42. How stressful was it to conceive/become the parent of [insert child initials]?	1	2	3	4	5

	Not at all close				Very close
43. How close is your relationship with [insert child initials]?	1	2	3	4	5
	Not at all stressful				Very stressful
44. How stressful is your relationship with [insert child initials]?	1	2	3	4	5

*Main participant's biological child:*

45. Thinking back to right before you got pregnant with [insert initials], did you want to have a baby then?
- Yes
  - No, but I wanted to have a baby later
  - No, I did not want to have any (more) children
46. Thinking back to right before you got pregnant with [insert initials], did your partner want to have a baby then?
- Yes
  - No, but they wanted to have a baby later
  - No, they did not want to have any (more) children
  - I did not have a partner

**Any Adopted child:**

47. How old was [insert initials] when you adopted them? Enter #

	Entirely confidential				Completely open
48. What was the degree of openness of the adoption?	1	2	3	4	5

49. Were you ever a foster parent to this child prior to adoption? Y/N

*Grandchildren*

50. How old was [insert initials] when they began living with you?

*Foster Children*

51. How old was [insert initials] when you began fostering them?

*Surrogate children*

**Children obtained via a surrogate:**

52. Which of the following best describes the type of process you used to have [insert initials]?
- Traditional Surrogacy: Another woman provided her own egg(s) and carried the child for you
  - Gestational Surrogacy: Another woman carried the child for you, but the egg(s) were not hers
53. [If gestational surrogacy, ask:] Whose egg(s) did the surrogate carry?
- My egg(s)
  - My spouse/partners egg(s)
  - My sibling's egg(s)
  - My friend's egg(s)
  - An anonymous egg donor
  - Other
54. [If traditional or gestation surrogacy, ask:] What was your relationship with the surrogate of [insert initials] (check all that apply)?
- My current spouse/partner was the surrogate
  - We connected through an agency
  - A friend



- d. A sibling
- e. My ex
- f. Other family member
- g. Other, please specify

55. [If no male biological parent in the household roster, ask:] What was your relationship with the sperm donor? They were...

- a. An anonymous sperm donor
- b. My spouse/partner
- c. My friend
- d. My ex
- e. An acquaintance
- f. A stranger
- g. Other, please specify

56. [If more than one child was conceived via a sperm donor, ask:] You indicated that you have had more than one child conceived through sperm donation. Were your children conceived via the same sperm donor? Y/N

57. [If more than one child was conceived via traditional surrogacy, ask:] You indicated that you have had more than one child via traditional surrogacy, did your children have the same surrogate? Y/N

58. [If more than one child was conceived via gestational surrogacy, ask:] You indicated that you have had more than one child via gestational surrogacy, were your children conceived via the same egg donor? Y/N

#### *Sperm donation (no surrogate)*

#### **Children obtained via a sperm donor:**

59. What was your relationship with the sperm donor? They were...

- a. An anonymous sperm donor
- b. My spouse/partner
- c. My friend
- d. My ex
- e. An acquaintance
- f. A stranger
- g. Other, please specify

60. [If more than one child was conceived via a sperm donor, ask:] You indicated that you have had more than one child via a sperm donor, did you use the same donor for each child? Y/N

#### *Non-household Children*

61. Do you have any other children that do not live with you? Y/N

62. If yes, how many?

Loop through this series as many times as indicated above:

63. First and Last Initials of non-household child #X

64. What is [insert initials]'s month and year of birth? If unknown ask, "how old are they?"

65. Please choose the appropriate relationship(s) of this person to you (check as many that apply):

- a. My biological child
- b. My adopted child
- c. My non-biological child
- d. My spouse/partner's child
- e. My foster child
- f. My grandchild
- g. Other—please specify

66. Please choose the appropriate relationship(s) of [insert child initials] to your current partner/spouse (check as many that apply):

- a. Their biological child

- b. Their adopted child
- c. Their non-biological child
- d. Their foster child
- e. Their grandchild
- f. They are not related to this child
- g. Other—please specify

67. What sex was [insert child initials] assigned at birth, on their original birth certificate?

- a. Male
- b. Female

68. How would [insert child initials] describe their gender?

- a. Male/man
- b. Female/woman
- c. Gender nonbinary
- d. Do not identify as any of the above—please specify

69. How often do you and [insert child initials] see each other?

- a. Never
- b. Once a year or less
- c. A few times a year
- d. Once or twice a month
- e. once or twice a week
- f. almost every day

70. How often do you and [insert child initials] talk?

- a. Never
- b. Once a year or less
- c. A few times a year
- d. Once or twice a month
- e. once or twice a week
- f. almost every day

	Not at all stressful				Very stressful
71. How stressful was it to conceive/become the parent of [insert child initials]?	1	2	3	4	5

	Not at all close				Very close
72. How close is your relationship with [insert child initials]?	1	2	3	4	5
	Not at all stressful				Very stressful
73. How stressful is your relationship with [insert child initials]?	1	2	3	4	5

#### Residence

74. The home or apartment where you currently reside is:

- a. Owned by you and/or your spouse/partner
- b. Owned by someone else in your household besides you and your spouse/partner
- c. Rented by you and/or your spouse/partner
- d. Rented by someone else in your household besides you and your spouse/partner

75. How long have you lived in your current residence? (in months or years)

### Paid Work

If currently employed, ask:

76. How many paid jobs do you currently have? Enter #
77. In a typical 7 days, how many hours do you work? Enter #
78. Please indicate your job title [of your main job] (text entry)
79. Please provide a short description of your responsibilities at your [main] job (text entry)
80. Which of the following best describes the hours you usually work at your [main] job?
  - a. A regular daytime shift (between 6 A.M. and 6 P.M.)
  - b. A regular evening shift (any time between 2 P.M. and midnight)
  - c. A regular night shift (any time between 9 P.M. and 8 A.M.)
  - d. A rotating shift (changes periodically from days to evenings or nights)
  - e. Some other schedule (describe via text entry)
81. All in all, how satisfied would you say you are with your [main] job?
  - a. Extremely dissatisfied
  - b. Moderately dissatisfied
  - c. Slightly dissatisfied
  - d. Slightly satisfied
  - e. Moderately satisfied
  - f. Extremely satisfied

### Workplace Acceptance

(Modified from [Gallup World Poll, 2008](#); [Meyer, Frost, Hammack, Lightfoot, Russell, & Wilson, 2016](#))

Is your main place of work a good place or not a good place to work for...	Not a good place				Good place
82. Racial and ethnic minorities	1	2	3	4	5
83. Gay, lesbian, or bisexual people	1	2	3	4	5
84. Transgender people	1	2	3	4	5
85. Immigrants from other countries	1	2	3	4	5

86. Using your best estimate, what is your **personal** annual income, earned from work you do for an employer or for yourself? This includes all wages, salary, commissions, bonuses or tips from all jobs. Enter estimate to the nearest thousandth
87. If unknown, please estimate:
  - a. Under \$6,000
  - b. \$6,000 to \$11,999
  - c. \$12,000 to \$23,999
  - d. \$24,000 to \$35,999
  - e. \$36,000 to \$47,999
  - f. \$48,000 to \$59,999
  - g. \$60,000 to \$89,999
  - h. \$90,000 to \$119,999
  - i. \$120,000 to \$179,999
  - j. \$180,000 to \$239,999
  - k. \$240,000 and over

88. Using your best estimate, what is your total **household** income (including everyone you live with as part of your household)?  
Enter estimate to the nearest thousandth
89. If unknown, please estimate:
- Under \$6,000
  - \$6,000 to \$11,999
  - \$12,000 to \$23,999
  - \$24,000 to \$35,999
  - \$36,000 to \$47,999
  - \$48,000 to \$59,999
  - \$60,000 to \$89,999
  - \$90,000 to \$119,999
  - \$120,000 to \$179,999
  - \$180,000 to \$239,999
  - \$240,000 and over

**Subjective SES Scale** ([Adler, Epel, Castellazzo, & Ickovics, 2000](#))

90. Think of this ladder as representing where people stand in our society. At the top of the ladder are the people who are the best off, those who have the most money, most education, and the best jobs. At the bottom are the people who are the worst off, those who have the least money, least education, and worst jobs or no job. Please select the rung that best represents where you think you stand on the ladder.



**Work-Family**

Thinking about your family in your household, that is, your family that you live with, please answer the following questions.

**Work-Family Conflict Scale** ([Haslam, Filus, Morawska, Sanders, & Fletcher, 2015](#))

	Strongly disagree	Disagree	Slightly disagree	Neither agree or disagree	Slightly agree	Agree	Strongly agree
91. My work prevents me from spending sufficient quality time with my family	1	2	3	4	5	6	7
92. There is no time left at the end of the day to do the things I'd like at home (e.g., chores and leisure activities)	1	2	3	4	5	6	7
93. My family misses out because of my work commitments	1	2	3	4	5	6	7
94. My work has a negative impact on my family life	1	2	3	4	5	6	7
95. Working often makes me irritable or short tempered at home	1	2	3	4	5	6	7

96. My work performance suffers because of my personal and family commitments	1	2	3	4	5	6	7
97. Family related concerns or responsibilities often distract me at work	1	2	3	4	5	6	7
98. If I did not have a family I'd be a better employee	1	2	3	4	5	6	7
99. My family has a negative impact on my day to day work duties	1	2	3	4	5	6	7
100. It is difficult to concentrate at work because I am so exhausted by family responsibilities	1	2	3	4	5	6	7

Division of Unpaid Labor (Kamp Dush & Berrigan, 2019)

In your home,	I do all of it			My partner/spouse and I divide it equally			My spouse/partner does all of it
101. Who normally does the housework (i.e., loads the dishwasher; cleans, cooks)?	1	2	3	4	5	6	7
102. [If children under 18 reported in household] Who normally does the childcare (i.e., puts the child to bed, drives the child, changes diapers)?	1	2	3	4	5	6	7
103. Who normally does household planning and management (i.e., meal planning, birthday and holiday planning, scheduling appointments, paying bills etc.)?	1	2	3	4	5	6	7

Division of Unpaid Labor (Kamp Dush & Berrigan, 2019)

In general, how satisfied are you with the way you and your spouse/partner...	Very dissatisfied	Somewhat dissatisfied	Neutral	Pretty satisfied	Very satisfied
104. divide housework (i.e., loads the dishwasher; cleans, cooks)?	1	2	3	4	5
105. divide childcare (i.e., puts the child to bed/wakes the child up, driving the child)?	1	2	3	4	5
106. divide household planning and management (i.e., meal planning, birthday and holiday planning, scheduling appointments, paying bills etc.)?	1	2	3	4	5

Religion

107. What is your religion?

- Adventist
- AME, AME Zion, CME
- Assemblies of God
- Baptist
- Buddhist
- Catholic

- g. Christian Church/Disciples of Christ
- h. Christian Science
- i. Congregational
- j. Eastern Orthodox
- k. Episcopal
- l. Friends/Quakers
- m. Hindu
- n. Holiness
- o. Islam, Moslem, Muslim
- p. Jehovah's Witness
- q. Jewish (Conservative, Reformed, Orthodox, or Reconstructionist)
- r. Latter Day Saints (Mormon)
- s. Lutheran
- t. Methodist
- u. Protestant
- v. Pentecostal
- w. Presbyterian
- x. Unitarian
- y. No religion

108. Aside from weddings and funerals, how often do you attend religious services?

- a. Never
- b. Seldom
- c. A few times a year
- d. Once or twice a month
- e. Once a week
- f. More than once a week

#### Previous Marriage and Cohabitation History

109. Apart from your current partner/spouse, have you ever lived with a romantic partner/spouse? By living together we mean that you were in a relationship and neither of you had a separate residence.

- a. Yes
- b. No

Think of the first partner/spouse [think of the next partner/spouse] that you lived with.

110. What was their gender?

- a. Male/man
- b. Female/woman
- c. Gender nonbinary
- d. Do not identify as any of the above—please specify

111. What was their race (check all that apply)?

- ☐ White
- ☐ American Indian, Native American, Alaska Native, or Indigenous
- ☐ Hispanic or Latinx
- ☐ Black or African American
- ☐ Asian
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander

☐ Some other Race, Ethnicity, or Origin: (text entry)

112. Were you married? Y/N

113. Did you and this spouse/partner have any of the following: (select all that apply)

- a. Legal marriage
- b. Commitment ceremony
- c. Registered domestic partnership
- d. Civil union
- e. None of the above

	Month	Year
When did you move in together?		
When were you married? (if applicable)		
When was your commitment ceremony? (if applicable)		
When did you form a domestic partnership? (if applicable)		
When was your civil union? (if applicable)		
When did you separate or break-up?		
When did you divorce? (if married)		

114. How many children did you have with this spouse/partner? None, #

115. Think of your next romantic partner/spouse that you lived with, do you have another partner/spouse that you lived with? Y/N

#### Current Relationship (Basics)

116. Have you and your current spouse/partner ever had any of the following with each other: (select all that apply)

- a. Legal marriage
- b. Commitment ceremony
- c. Registered domestic partnership
- d. Civil union
- e. None of the above

Please approximate when the following relationship events **first occurred/began** with your current/primary spouse/partner.

	Month	Year
When did you begin your romantic relationship?		
When did you begin your sexual relationship?		
When did you move in together?		
When is your anniversary? (if married)		
When were you legally married? (if applicable)		
When was your commitment ceremony? (if applicable)		
When did you form a domestic partnership? (if applicable)		
When was your civil union? (if applicable)		

If unmarried:

117. How likely are you to marry your partner in the next 3 years?

- a. Very unlikely
- b. Unlikely
- c. Somewhat unlikely
- d. Likely
- e. Very likely

118. Are you and your partner/boyfriend/girlfriend engaged or have definite plans to marry in the future?
- Yes
  - No
119. Do you have a wedding or marriage date? Y (Month/Year)/N

[If married, ask:] How important were the following when thinking about when to get married?	Not at all important				Very important
120. Having enough money saved	1	2	3	4	5
121. Finishing all the schooling you planned to get	1	2	3	4	5
122. Being established in your job	1	2	3	4	5
[If not married, ask:] How much different would your life be if you were married?	Much worse		The same		Much better
123. Your standard of living	1	2	3	4	5
124. Your economic security	1	2	3	4	5
125. Your overall happiness	1	2	3	4	5
126. Your freedom to do what you want	1	2	3	4	5
127. Your economic independence	1	2	3	4	5
128. Your sex life	1	2	3	4	5
129. Your friendship with others	1	2	3	4	5
130. Your relationship(s) with your parent(s)	1	2	3	4	5
131. Your emotional security	1	2	3	4	5
132. Your insurance	1	2	3	4	5
[If not married, ask:] Here are some reasons why a person might want to live with someone without marrying. Please indicate how important each reason is to you.	Not at all important				Very important
133. It requires less personal commitment than marriage	1	2	3	4	5
134. It requires less sexual faithfulness than marriage	1	2	3	4	5
135. You want to make sure you and your partner are compatible	1	2	3	4	5

#### Current Pregnancy

136. Are you and your spouse/partner currently pregnant or expecting a child?
- Yes, we are pregnant
  - Yes, we are expecting a child through surrogacy
  - Yes, we are expecting a child through adoption
  - No, we are not pregnant or expecting a child
  - Maybe/not sure

#### Pregnancy Intentions

137. [After the child you are currently expecting], Would you, yourself, want to have a child (another child)?
- Definitely yes
  - Probably yes
  - Probably no
  - Definitely no
138. [After the child you are currently expecting], Would your **current partner/spouse** want to have a child (another child)?
- Definitely yes
  - Probably yes
  - Probably no



d. Definitely no

139. Do you intend to have a child in the next 3 years?

a. Yes

b. No

c. Don't know

140. [If not currently pregnant, ask:] Are you or your spouse/partner currently receiving medical treatment to help you/them get pregnant? Y/N

141. [If you/they are receiving treatment] What kind of treatment are you/they receiving (check all that apply)?

a. Had surgery to deal with endometriosis

b. Took fertility drug(s)

c. Had In Vitro Fertilization

d. Other: \_\_\_\_\_

142. [Different gender couples only and not currently pregnant] Are you using birth control? Y/N

143. [If not currently pregnant, ask:] What is the primary type of birth control you are using?

a. None

b. Not applicable

c. Female sterilization (tubal ligation)

d. Male sterilization (vasectomy)

e. Birth control pills (oral contraception)

f. A condom (male or female)

g. Contraceptive implant (Norplant)

h. Depo-provera (the three month shot)

i. An IUD (intrauterine device), coil, loop

j. A diaphragm, sponge, cervical cap or shield

k. Emergency contraception or the morning after pill

l. Spermicide

m. Natural family planning (safe periods by temperature, cervical mucus test, or calendar)

n. Withdrawal (pulling out)

o. Other method

#### Current Relationship (Functioning)

#### Couple Satisfactions Index (Funk & Rogge, 2007)

144. Please indicate the degree of happiness, all things considered, of your relationship	Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfect
145. I have a warm and comfortable relationship with my spouse/partner	Not at all true	A little true	Somewhat true	Neutral	Mostly true	Almost completely true	Completely true
146. How rewarding is your relationship with your spouse/partner?	Not at all	A little	Somewhat	Neutral	Mostly	Almost completely true	Completely true
147. In general, how satisfied are you with your relationship?	Not at all	A little	Somewhat	Neutral	Mostly	Almost completely true	Completely true

Commitment (Dedication and Constraint subscales; Stanley & Markman, 1992)

Please answer each of the following questions by indicating how strongly you agree or disagree with the idea expressed.	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
148. My relationship with my spouse/partner is more important to me than almost anything else in my life.	1	2	3	4	5	6	7
149. I may not want to be with my spouse/partner a few years from now.	1	2	3	4	5	6	7
150. I like to think of my spouse/partner and me more in terms of “us” and “we” than “me” and “they/them”.	1	2	3	4	5	6	7
151. I want this relationship to stay strong no matter what rough times we may encounter.	1	2	3	4	5	6	7
152. I feel trapped or stuck in this relationship.	1	2	3	4	5	6	7
153. I would leave my spouse/partner if it was not so difficult to do so.	1	2	3	4	5	6	7
154. I stay with my spouse/partner because I have to stay, not because I want to stay.	1	2	3	4	5	6	7
155. If I didn't have so much to lose by leaving this relationship, I would leave my spouse/partner.	1	2	3	4	5	6	7

Marital Risk Scale (from MIDUS)

156. During the past year, how often have you thought your relationship might be in trouble?	Never	Once	A few times	Most of the time	All of the time
157. What do you think the chances are that you and your spouse/partner will eventually separate?	Very unlikely	Unlikely	Somewhat unlikely	Likely	Very likely
<b>How much do you and your spouse disagree on the following issues?</b>					
158. Money matters, such as how much to spend, save or invest?	Very rarely	Rarely	Sometimes	Often	Very Often
159. Household tasks, such as what needs doing and who does it?	Very rarely	Rarely	Sometimes	Often	Very Often
160. Leisure time activities, such as what to do and with whom?	Very rarely	Rarely	Sometimes	Often	Very Often
161. Sexual commitment to one another or concerns about cheating	Very rarely	Rarely	Sometimes	Often	Very Often
162. Use of drugs/alcohol	Very rarely	Rarely	Sometimes	Often	Very Often
163. Extended family (parents, siblings, etc.)	Very rarely	Rarely	Sometimes	Often	Very Often

Perceived Social Support-Spouse/Partner (adapted from [Procidano & Heller, 1983](#))

We are interested in how you feel about the following statements regarding your spouse/partner. Read each statement carefully. Indicate how you feel about each statement.

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
164. Most other people are closer to their spouse/partner than I am.	1	2	3	4	5	6	7
165. I rely on my spouse/partner for emotional support.	1	2	3	4	5	6	7
166. I could go to my spouse/partner if I were just feeling down, without feeling funny about it later.	1	2	3	4	5	6	7
167. My spouse/partner is sensitive to my personal needs.	1	2	3	4	5	6	7
168. When I confide in my spouse/partner, it makes me uncomfortable.	1	2	3	4	5	6	7
169. I wish my spouse/partner were much different.	1	2	3	4	5	6	7

Dyadic Coping Inventory ([Bodenmann et al., 2008](#))

	Very rarely	Rarely	Sometimes	Often	Very often
170. My spouse/partner shows empathy and understanding.	1	2	3	4	5
171. My spouse/partner expresses that they are on my side.	1	2	3	4	5
172. My spouse/partner helps me to see stressful situations in a different light.	1	2	3	4	5
173. My spouse/partner helps me analyze the situation so that I can better face the problem	1	2	3	4	5

Communication Danger Signs Scale ([Stanley & Markman, 1997](#))

Now we'd like you to describe how often you and your spouse/partner experience each of the following situations.

	Very rarely	Rarely	Sometimes	Often	Very often
174. Little arguments that escalate into ugly fights with accusations, criticisms, name calling, or bringing up past hurts.	1	2	3	4	5
175. My spouse/partner criticizes or belittles my opinions, feelings, or desires.	1	2	3	4	5
176. My spouse/partner seems to view my words or actions more negatively than I mean them to be.	1	2	3	4	5
177. When we argue, one of us withdraws...that is, does not talk about it anymore, or leaves the scene.	1	2	3	4	5

Finances/Hardship

178. Couples handle their money differently. Which of the following do you do?

- Each keep our money separate
- Put some money together
- Put all our money together

Did any of the following happen to you in the past year?	No, this did not	Yes, this did happen
----------------------------------------------------------	------------------	----------------------

	happen	
179. You didn't pay the full amount of rent or mortgage because you didn't have enough money	0	1
180. You were evicted from your house or apartment for not paying the rent or mortgage	0	1
181. You went hungry because there wasn't enough money to buy food	0	1
182. You needed to see a doctor or go to the hospital but didn't because you didn't have enough money	0	1
183. You were unable to pay the full gas, electric, or other utility bill because there wasn't enough money	0	1
184. You were unable to make the minimum payment on your credit card because there wasn't enough money	0	1

### Health of Main Participant

#### Health Insurance

(American Community Survey, 2016; [Meyer et al., 2016](#))

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

- a. I currently do not have health insurance.
- b. Insurance through my current or former employer or union
- c. Insurance through my spouse/partner
- d. Insurance through my parent
- e. Insurance through someone other than my spouse/partner or parent
- f. Insurance I purchased through Healthcare.Gov or a Health Insurance Marketplace (sometimes called "Obamacare")
- g. Insurance I purchased directly from an insurance company
- h. Medicare (for people 65 and older, or people with certain disabilities)
- i. Medicaid (government-assistance plan for those with low incomes or a disability)
- j. TRICARE or other military healthcare VA (including if you ever used or enrolled for VA healthcare)
- k. Indian Health Service
- l. Another type of health insurance or health coverage plan... please specify

#### BMI

186. What is your height? Feet and inches

187. What is your weight? In pounds

#### Physical Functioning and Activity

#### [PROMIS for Global Health](#)

	Poor	Fair	Good	Very good	Excellent
188. In general, would you say your health is:	1	2	3	4	5
189. In general, would you say your quality of life is:	1	2	3	4	5
190. In general, how would you rate your physical health?	1	2	3	4	5
191. In general, how would you rate your mental health, including your mood and your ability to think?	1	2	3	4	5
192. In general, how would you rate your satisfaction with your social activities and relationships?	1	2	3	4	5

193. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	1	2	3	4	5
194. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	Completely	Mostly	Moderately	A little	Not at all

#### Physical Activity and Eating (From Add Health)

195. In the past 7 days, how many times did you eat food from a fast food restaurant, such as McDonald's, Burger King, Wendy's, Arby's, Pizza Hut, Taco Bell, oKentucky Fried Chicken or a local fast food restaurant? Enter #
196. In the past 7 days, how many regular (non-diet) sweetened drinks did you have? Include regular soda, juice drinks, sweetened tea or coffee, energy drinks, flavored water, or other sweetened drinks. Enter #
197. In the past 7 days, how many hours did you watch television, movies or videos, including DVDs or music videos? Enter #
198. In the past 7 days, how many times did you bicycle, skateboard, dance, hike, hunt, or do yard work? Enter #
199. In the past 7 days, how many times did you roller blade, roller skate, downhill ski, snowboard, play racquet sports, or do aerobics? Enter #
200. In the past 7 days, how many times did you participate in gymnastics, weight lifting, or strength training? Enter #
201. In the past 7 days, how many times did you participate in individual sports such as running, wrestling, swimming, cross-country skiing, cycle racing, martial arts, or in strenuous team sports such as football, soccer, basketball, lacrosse, rugby, field hockey, or ice hockey? Enter #
202. In the past 7 days, how many times did you play golf, go fishing or bowling, or play softball or baseball? Enter #
203. In the past 7 days, how many times did you walk for exercise? Enter #
204. Were the past 7 days typical in terms of your physical activity? Yes/No
205. In the past 7 days, were you more or less active than usual? More active/Less active

#### Sleep

##### [PROMIS Sleep Disturbance Short Form 4a](#)

In the past 7 days...					
206. My sleep quality was	Very poor	Poor	Fair	Good	Very good
	Not at all	A little bit	Somewhat	Quite a bit	Very much
207. My sleep was refreshing.	1	2	3	4	5
208. I had a problem with my sleep.	1	2	3	4	5
209. I had difficulty falling asleep.	1	2	3	4	5

210. Do you currently use a sleep aid to help you fall asleep or stay asleep? Y/N

211. Have you ever been told by a doctor or health professional or do you currently have any of the following? Please mark all that apply.

	Currently have	Previously had
212. Hypertension (high blood pressure)		
213. High cholesterol		
214. Heart condition or heart disease		
215. Angina		
216. A heart attack		
217. A stroke		
218. Emphysema		
219. Asthma		
220. An ulcer		

221. Cancer or a malignancy of any kind		
222. Diabetes		
223. Prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar		
224. Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia		
225. Blood clots in legs or lungs		
226. Osteoporosis or loss of bone density		
227. Thyroid problems		
228. Liver disease		
229. Chronic obstructive pulmonary disease (COPD)		
230. Crohn's disease or ulcerative colitis		
231. Kidney disease		
232. Sleep disorder (e.g., insomnia or sleep apnea)		

### Mental Health

#### Cantril Scale

(Cantril, 1965)

Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

233. On which step of the ladder would you say you personally feel you stand at this time?



### Center for Epidemiological Studies Depression Scale

(Radloff, 1997)

Below is a list of the ways you might have felt or behaved. Please select options that reflect how often you have felt this way in the past week or so.	Not at all or less than 1 day	1-2 days	3-4 days	5-7 days	Nearly every day for 2 weeks
234. My appetite was poor.					
235. I could not shake off the blues.					
236. I had trouble keeping my mind on what I was doing.					
237. I felt depressed.					
238. My sleep was restless.					
239. I felt sad.					
240. I could not get going.					
241. Nothing made me happy.					
242. I felt like a bad person.					
243. I lost interest in my usual activities.					
244. I slept much more than usual.					
245. I felt like I was moving too slowly.					
246. I felt fidgety.					

247. I wished I were dead.					
248. I wanted to hurt myself.					
249. I was tired all the time.					
250. I did not like myself.					
251. I lost a lot of weight without trying to.					
252. I had a lot of trouble getting to sleep.					
253. I could not focus on the important things.					

Trait Anxiety Inventory  
([Marteau & Bekker, 1992](#))

Please indicate how you generally feel:				
	Almost never	Sometimes	Often	Almost Always
254. I feel calm.	1	2	3	4
255. I feel tense.	1	2	3	4
256. I feel upset.	1	2	3	4
257. I feel relaxed.	1	2	3	4
258. I feel content.	1	2	3	4
259. I feel worried.	1	2	3	4

Stress

	Not at all				Very
260. Overall, how stressed have you been in the last year?	1	2	3	4	5
261. How stressed have you been about your own health in the last year?	1	2	3	4	5
262. How stressed have you been about your spouse/partner's health in the last year?	1	2	3	4	5
263. How stressed have you been about your job in the last year?	1	2	3	4	5
264. How stressed have you been about money/finances in the last year?	1	2	3	4	5
265. How stressed have you been about your relationship with your spouse/partner in the last year?	1	2	3	4	5
266. How stressed have you been about your relationship with your family in the last year?	1	2	3	4	5

Stress Overload Scale  
([Amirkhan, 2011](#))

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way.

In the past week, have you felt:					
	Not at all				Very
267. Strained?	1	2	3	4	5

268. Inadequate?	1	2	3	4	5
269. Overextended?	1	2	3	4	5
270. Confident?	1	2	3	4	5
271. No sense of getting ahead?	1	2	3	4	5
272. Swamped by your responsibilities?	1	2	3	4	5
273. That the odds were against you?	1	2	3	4	5
274. That there wasn't enough time to get to everything?	1	2	3	4	5
275. Like you were rushed?	1	2	3	4	5
276. Like you couldn't cope?	1	2	3	4	5
277. Like you had a lot on your mind?	1	2	3	4	5
278. Like nothing was going right?	1	2	3	4	5
279. Powerless?	1	2	3	4	5
280. Overcommitted?	1	2	3	4	5
281. Like your life was "out of control"?	1	2	3	4	5
282. Like things kept piling up?	1	2	3	4	5
283. Like you had to make quick decisions?	1	2	3	4	5
284. Like asking "what else can go wrong"?	1	2	3	4	5
285. Like you didn't have time to breathe?	1	2	3	4	5
286. Like things couldn't get worse?	1	2	3	4	5
287. Like there was no escape?	1	2	3	4	5
288. Like you were carrying a heavy load?	1	2	3	4	5
289. Like just giving up?	1	2	3	4	5
290. Like there was "too much to do, too little time"?	1	2	3	4	5

Loneliness  
R- UCLA  
Three-  
Item  
Loneliness

Scale ([Hughes, Waite, Hawkey, & Cacioppo, 2004](#))

The next questions are about how you feel about different aspects of your life. For each one, report how often you feel that way.			
	Hardly Ever	Some of the Time	Often
291. How often do you feel that you lack companionship?	1	2	3
292. How often do you feel left out?	1	2	3
293. How often do you feel isolated from others?	1	2	3

### Emotion Regulation

[Difficulties in Emotional Regulation Scale \(DERS-16\) \(Bjureberg et al., 2016\)](#)

Almost never 0-10%	Sometimes 11-35%	About half the time 36-65%	Most of the time 66-90%	Almost always 91-100%
Please indicate how often the following statements apply to you by writing the appropriate number from the scale above (1–5) on the line beside each item.				
294. I experience my emotions as overwhelming and out of control.				
295. I have difficulty making sense out of my feelings.				
296. When I am upset, I have difficulty getting work done.				
297. When I am upset, I believe that my feelings are valid and important.				
298. When I am upset, I believe that I will remain that way for a long time.				
299. When I am upset, I believe that I'll end up feeling very depressed.				
300. When I am upset, I have difficulty focusing on other things.				
301. When I am upset, I feel out of control.				
302. When I am upset, I feel ashamed with myself for feeling that way.				



303. When I am upset, I feel like I am weak.
304. When I am upset, I have difficulty controlling my behaviors.
305. When I am upset, I believe that there is nothing I can do to make myself feel better.
306. When I am upset, I become irritated with myself for feeling that way.
307. When I am upset, I start to feel very bad about myself.
308. When I am upset, I have difficulty thinking about anything else.
309. When I am upset, my emotions feel overwhelming.

### Suicide

Two items from the Suicide Behaviors Questionnaire-Revised (SBQ-R) ([Osman, Bagge, Guitierrez, Konick, Kooper, & Barrios, 2001](#))

310. Have you ever thought about or attempted to kill yourself?
- Never
  - It was just a brief passing thought
  - I have had a plan at least once to kill myself but did not try to do it
  - I have had a plan at least once to kill myself and really wanted to die
  - I have attempted to kill myself, but did not want to die
  - I have attempted to kill myself, and really hoped to die
311. How often have you thought about killing yourself in the past year?
- Never
  - Rarely (1 time)
  - Sometimes (2 times)
  - Often (3-4 times)
  - Very often (5 or more times)

### Alcohol, Smoking, and Drug Use

#### AUDIT-C

([Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998](#))

312. How often do you have a drink containing alcohol?
- Never
  - Monthly or less
  - 2-4 times a month
  - 2-3 times a week
  - 4 or more times a week
313. How many standard drinks containing alcohol (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. distilled spirits, 14 g of pure alcohol) do you have on a typical day?
- None
  - 1 or 2
  - 3 or 4
  - 5 or 6
  - 7 to 9
  - 10 or more
314. How often do you have six or more drinks on one occasion?
- Never
  - Less than monthly
  - Monthly

- d. Weekly
- e. Daily or almost daily

Cage Questionnaire for Alcohol Use  
([Mayfield, McLeod, & Hall, 1974](#))

	No	Yes
Have you ever felt that you needed to cut down on your drinking?	0	1
Have people annoyed you by criticizing your drinking?	0	1
Have you ever felt guilty about drinking?	0	1
Have you ever felt you needed a drink first thing in the morning (eye-opener) to steady your nerves or to get rid of a hangover	0	1

Cigarette Use

(Modified version of the [CDC-BRFSS Survey, 2014](#))

315. Have you smoked at least 100 cigarettes in your entire life? Five packs of cigarettes are equal to 100 cigarettes. Please **do not** include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

- a. Yes
- b. No

➔ If no, skip the next question

316. Do you now smoke cigarettes every day, some days, or not at all?

- a. Every day
- b. Some days
- c. Not at all

317. Have you ever used or smoked electronic cigarettes (e-cigarettes, NJOY, Bluetip, JUUL)? Y/N

- a. If no, skip the next question

318. Do you now smoke electronic cigarettes every day, some days, or not at all?

- a. Every day
- b. Some days
- c. Not at all

319. Have you ever used any of the following without a prescription from a doctor?

- a. Marijuana / Weed / Cannabis; Y/N
- b. Opioids/Pain Pills; Y/N

- b. If yes, ask:

320. How often do you currently use [insert drug]?

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

321. Have you ever used Heroin? Y/N

- a. If yes, ask:

322. How often do you currently use Heroin?

- a. Never
- b. Monthly or less

- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

#### STIs and PrEP

(Modified from [Meyer et al., 2016](#); [Sales et al., 2009](#))

323. What is your current HIV status?

- a. Positive
  - [If positive, ask:] Based on your most recent viral load test, which of the following best describes your HIV viral load? \*\*
  - i. Undetectable
  - ii. Detectable
  - iii. Don't know/Not sure
- b. Negative
- c. Don't know

324. What is your current spouse/partner's current HIV status?

- a. Positive
  - [If positive, ask:] Based on your most recent viral load test, which of the following best describes your HIV viral load? \*\*
  - i. Undetectable
  - ii. Detectable
  - iii. Don't know/Not sure
- b. Negative
- c. Don't know

\*\* This definition will be provided: When copies of HIV cannot be detected by standard viral load tests, an HIV-positive person is said to have an "undetectable viral load." For most tests used clinically today, this means fewer than 50 copies of HIV per milliliter of blood (<50 copies/mL).

325. (If HIV status is negative or don't know) About how often do you get tested for HIV?

- a. Once every 1 to 3 months
- b. About once every 6 months
- c. About once a year
- d. About once every 2 years or less often
- e. I would only get tested if I felt I was at risk
- f. I've never been tested for HIV

326. How often do you worry that you might get HIV?

- a. Never
- b. Sometimes
- c. Often
- d. Always

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

- a. Very unlikely
- b. Unlikely
- c. Somewhat unlikely
- d. Likely

e. Very likely

328. Truvada is a pill that HIV-negative people can take to prevent HIV infection. This is called PrEP (or Pre-Exposure Prophylaxis).

Are you currently taking Truvada as PrEP?

- a. Yes
- b. No

329. Did you use a condom the last time you had sex? Y/N/Not applicable

330. Have you ever been told by a nurse, doctor, or other health care provider that you have a sexually transmitted infection or disease (STI/STD) other than HIV? Y/N

331. In the past 12 months, has a nurse, doctor, or other health care provider told you that you had any of the following STIs/STDs?

- a. Syphilis
- b. Gonorrhea (clap or drip)
- c. Chlamydia
- d. Genital herpes (HSV)
- e. Genital warts (HPV)
- f. Any other STI/STD
- g. No

332. About how often do you get tested for STIs/STDs other than HIV?

- a. Once every 1 to 3 months
- b. About once every 6 months
- c. About once a year
- d. About once every 2 years or less often
- e. I would only get tested if I felt I was at risk
- f. I've never been tested for a STI/STD

### General Life Questions

#### Perceived Community Climate

Neighborhood Acceptance (Adapted from [Gallup World Poll, 2008](#); [Meyer et al., 2016](#))

Is the city or area where you live a good place or not a good place to live for...	Not a good place				Good place
333. Racial and ethnic minorities	1	2	3	4	5
334. Gay, lesbian, or bisexual people	1	2	3	4	5
335. Transgender people	1	2	3	4	5
336. Immigrants from other countries	1	2	3	4	5

### Social Support

Social Support Friend (Modified from [Procidano & Heller, 1983](#))

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
337. Most other people are closer to their friends than I am.	1	2	3	4	5	6	7
338. I rely on my friends for emotional support.	1	2	3	4	5	6	7
339. There is a friend that I could go to if I were just feeling down, without feeling funny about it later.	1	2	3	4	5	6	7
340. My friends are sensitive to my personal needs.	1	2	3	4	5	6	7

341. When I confide in my friends, it makes me uncomfortable.	1	2	3	4	5	6	7
342. I wish my friends were much different.	1	2	3	4	5	6	7

### Social Support

Social Support Family of Origin (Modified from [Procidano & Heller, 1983](#))

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
343. Most other people are closer to their family than I am.	1	2	3	4	5	6	7
344. I rely on my family for emotional support.	1	2	3	4	5	6	7
345. There is a family member that I could go to if I were just feeling down, without feeling funny about it later.	1	2	3	4	5	6	7
346. My family is sensitive to my personal needs.	1	2	3	4	5	6	7
347. When I confide in my family, it makes me uncomfortable.	1	2	3	4	5	6	7
348. I wish my family were much different.	1	2	3	4	5	6	7

### Sexual Orientation and Attraction ([Meyer et al., 2016](#))

Please indicate how romantically or sexually attracted you are to the following people:	Not at all	Not very	Some what	Very	Not Sure
349. Women	1	2	3	4	5
350. Men	1	2	3	4	5
351. Non-binary (agender, gender-neutral, gender fluid)	1	2	3	4	5

Note: Our team has gone back and forth as whether or not to include trans women and trans men in the attraction scale above. We would love to have your thoughts on this.

Informed by the question above if not very, somewhat, or very are selected (this is asked up to 3 times depending on the answers above):

352. At what age were you first romantically or sexually attracted to [insert term]? (enter age, don't know/ cannot recall)

353. Do you consider yourself to be (check all that apply):

- Heterosexual or straight
- Gay or Lesbian
- Bisexual
- Same-gender loving
- Queer
- Pansexual
- Omnisexual
- Asexual
- Don't know
- Questioning
- Something else

➔ If not a) heterosexual or straight above, ask:

354. At what age did you first tell a friend that you were LGBTQ+? (age, never, don't know/ cannot recall)

355. At what age did you first tell a parent that you were LGBTQ+? (age, never, don't know/ cannot recall)

#### Outness

Are you out to all, most, some, or none of your...	None	Some	Most	All	Don't know/doesn't apply
356. Family					
357. Friends					
358. Co-workers					
359. Healthcare providers					

#### First Sexual Experiences

360. Have you ever had a sexual experience with someone of a different gender than you? Y/N

a. If yes, how many partners? Enter #

361. At what age were you the first time you had a sexual experience with someone of a different gender? (age, never, don't know/ cannot recall)

362. Have you ever had a sexual experience with someone of the same gender as you? Y/N

a. If yes, how many partners? Enter #

363. At what age were you the first time you had a sexual experience with someone of the same gender? (age, never, don't know/ cannot recall)

#### Identity Centrality of Main Participant

##### Racial Identity

(Adapted from [Mohr & Kendra, 2012](#))

For each of the following questions, please mark the response that best indicates your current experience as a [insert term here; multiracial if more than one race/ethnicity is selected] person. Please be as honest as possible. Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

	Disagree Strongly	Disagree	Disagree Somewhat	Neither Disagree or Agree	Agree Somewhat	Agree	Agree Strongly
364. My racial identity is an insignificant part of who I am.	1	2	3	4	5	6	7
365. My racial identity is a central part of my identity.	1	2	3	4	5	6	7
366. To understand who I am as a person, you have to know that I'm [insert racial identity].	1	2	3	4	5	6	7
367. Being a [insert racial identity] person is a very important aspect of my life.	1	2	3	4	5	6	7
368. I believe being [insert racial identity] is an important part of me.	1	2	3	4	5	6	7

Modified version of Identity Centrality subscale of Lesbian, Gay, and Bisexual Identity Scale ([Mohr & Kendra, 2012](#))

[If sexual minority] Some of you may prefer to use labels other than 'lesbian, gay, bisexual, and queer' to describe your sexual orientation. We use the term LGBTQ+ in this survey as a convenience, and we ask for your understanding if the term does not completely capture your sexual identity.

For each of the following questions, please mark the response that best indicates your current experience as [an LGBTQ+/a straight] person. Please be as honest as possible. Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

	Disagree Strongly	Disagree	Disagree Somewhat	Neither Disagree or Agree	Agree Somewhat	Agree	Agree Strongly
369. My sexual orientation is an insignificant part of who I am.	1	2	3	4	5	6	7
370. My sexual orientation is a central part of my identity.	1	2	3	4	5	6	7
371. To understand who I am as a person, you have to know my sexual orientation.	1	2	3	4	5	6	7
372. Being [an LGBTQ+/a straight] person is a very important aspect of my life.	1	2	3	4	5	6	7
373. I believe being [LGBTQ+/straight] is an important part of me.	1	2	3	4	5	6	7

### Gender Identity

#### Identity Centrality for Gender

(Adapted from [Mohr & Kendra, 2012](#))

For each of the following questions, please mark the response that best indicates your current experience of your gender. Please be as honest as possible. Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

	Disagree Strongly	Disagree	Disagree Somewhat	Neither Disagree or Agree	Agree Somewhat	Agree	Agree Strongly
374. My gender is an insignificant part of who I am.	1	2	3	4	5	6	7
375. My gender is a central part of my identity.	1	2	3	4	5	6	7
376. To understand who I am as a person, you have to know my gender.	1	2	3	4	5	6	7
377. My gender is a very important aspect of my life.	1	2	3	4	5	6	7
378. I believe my gender is an important part of me.	1	2	3	4	5	6	7

### Discrimination Experiences

#### In Everyday Life

(Modified from [Williams, Yu, Jackson, & Anderson, 1997](#); [Meyer et al., 2016](#))

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

	Never	Rarely	Sometimes	Often	Very often
379. You were treated with less courtesy than other people	1	2	3	4	5
380. You were treated with less respect than other people	1	2	3	4	5
381. You received poorer service than other people at restaurants or stores	1	2	3	4	5
382. People acted as if they thought you were not smart	1	2	3	4	5

383. People acted as if they were afraid of you	1	2	3	4	5
384. People acted as if they thought you were dishonest	1	2	3	4	5
385. People acted as if they were better than you	1	2	3	4	5
386. You were called names or insulted	1	2	3	4	5
387. You were threatened or harassed	1	2	3	4	5
388. You were hit, beaten, physically attacked, or assaulted	1	2	3	4	5
389. You were robbed, or your property was stolen, vandalized, or purposely damaged	1	2	3	4	5

If 2, 3, or 4 are selected, ask:

390. On average, how upset did this(these) make you?

<b>Not at all upset</b>				<b>Very Upset</b>
1	2	3	4	5

391. Would you say these experiences happened because of your... (select all that apply):

- Race/ethnicity
- Sexual orientation
- Gender
- Gender expression or appearance
- Age
- Income level
- Education
- Physical appearance (e.g., weight, height)
- Religion/spirituality
- Disability
- Other (please specify)

392. Who has treated you like this? (select all that apply):

My current spouse/partner
Mother(s)
Father(s)
Your child
Stepmother(s)
Stepfather(s)
In-Laws
Other family member 18 and older
Other family member under the age of 18
Friend(s)
Boss or Manager(s)
Coworker(s)
Neighbors or acquaintances
Stranger(s)
Medical professional(s)

(Balsam, Beadnell, & Molina, 2013)

Have the following things happened to you? If so, how much did it bother you?	0 (Did not happen/not applicable to me)	1 (It happened, but it DIDN'T BOTHER ME AT ALL)	2 (It happened, and it bothered	3 (It happened, and it bothered	4 (It happened, and it bothered me EXTREMELY)
----------------------------------------------------------------------------------	-----------------------------------------------------	-------------------------------------------------------------	---------------------------------------------	---------------------------------------------	-----------------------------------------------------------



			me A LITTLE BIT)	me QUITE A BIT)	
393. Family members not accepting your current spouse/partner as part of the family.					
394. Your current spouse/partner's family members not accepting you as part of the family.					

### In Healthcare

Modified from (Abdou & Fingerhut, 2014)

The following questions are about your experiences with healthcare. Please rate your level of agreement with the following items.

When seeking healthcare...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
395. I worry about being negatively judged because of my sexual orientation or gender identity.	1	2	3	4	5
396. I worry that evaluations of me may be negatively affected by my sexual orientation or gender identity.	1	2	3	4	5
397. I worry that diagnoses of me/my health may be negatively affected by my sexual orientation or gender identity.	1	2	3	4	5
398. I worry that I might confirm negative stereotypes about LGBTQ+ people.	1	2	3	4	5
When seeking healthcare...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
399. I worry about being negatively judged because of my racial identity(ies).	1	2	3	4	5
400. I worry that evaluations of me may be negatively affected by my racial identity(ies).	1	2	3	4	5
401. I worry that diagnoses of me/my health may be negatively affected by my racial identity(ies).	1	2	3	4	5
402. I worry that I might confirm negative stereotypes about my racial identity(ies).	1	2	3	4	5

### Intersectional Microaggressions

For participants who identify as both sexual or gender minority and racial/ethnic minority only:

*LGBT-POC Microaggressions Scale (Balsam, Molina, Beadnell, Simoni, & Walters, 2011)*

Have the following things happened to you? If so, how much did it bother you?	Did not happen/not applicable to me	It happened, and it bothered me NOT AT ALL	It happened, and it bothered me A LITTLE BIT	It happened, and it bothered me QUITE A BIT	It happened, and it bothered me EXTREMELY
403. Not being accepted by other people of your race/ethnicity because you are LGBTQ+.	1	2	3	4	5
404. Not being able to trust White LGBTQ+ people.	1	2	3	4	5
405. Feeling misunderstood by White LGBTQ+ people.	1	2	3	4	5
406. Feeling misunderstood by people in	1	2	3	4	5

your ethnic/racial community.					
407. Having to educate White LGBTQ+ people about race issues.	1	2	3	4	5
408. Being the token LGBTQ+ person of color in groups or organizations.	1	2	3	4	5
409. Feeling invisible because you are LGBTQ+.	1	2	3	4	5
410. Being rejected by other LGBTQ+ people of your same race/ethnicity.	1	2	3	4	5
411. Being rejected by potential dating or sexual partners because of your race/ethnicity.	1	2	3	4	5
412. Being seen as a sex object by other LGBTQ+ people because of your race/ethnicity.	1	2	3	4	5
413. Reading personal ads that say "White people only".	1	2	3	4	5
414. Feeling like White LGBTQ+ people are only interested in you for your appearance.	1	2	3	4	5
415. Difficulty finding friends who are LGBTQ+ and from your racial/ethnic background.	1	2	3	4	5
416. Being told that "race isn't important" by White LGBTQ+ people.	1	2	3	4	5
417. White LGBTQ+ people saying things that are racist.	1	2	3	4	5
418. Feeling unwelcome at groups or events in your racial/ethnic community.	1	2	3	4	5
419. Not having any LGBTQ+ people of color as positive role models.	1	2	3	4	5

Internalized Homophobia/ Trans men and women and gender queer will also receive 420 and 421

(Modified from [Herek, Gillis, & Cogan, 2009](#))

The next questions are about the ways you feel about being LGBTQ+. Please rate your level of agreement with the following statements.	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
420. I have tried to stop being attracted to people who are the same gender as me.	1	2	3	4	5
421. If someone offered me the chance to be completely heterosexual, I would accept the chance.	1	2	3	4	5
422. I wish I weren't LGBTQ+.	1	2	3	4	5
423. I feel that being LGBTQ+ is a personal shortcoming for me.	1	2	3	4	5
424. I would like to get professional help in order to change my sexual orientation from LGBTQ+ to straight.	1	2	3	4	5

## Sexual Relationships and Concurrency

### Sexual Concurrency

425. Are you and [insert partner/spouse initials] sexually exclusive (not having sex with other people)? Y/N

426. Since you have been romantically involved with [insert partner/spouse initials] have you ever had sex with someone other than [initials]? Y/N

If Yes, ask questions below:

427. Since you have been romantically involved with [insert partner/spouse initials], who else have you had sex with? (Select all that apply.)

- a. Women
- b. Men
- c. Gender nonbinary
- d. Do not identify as any of the above—please specify

428. Since you have been romantically involved with [insert partner/spouse initials], how many other sexual partners have you had?

429. When was the last time? Month/Year

430. Does [insert partner/spouse initials] know about your other sexual relationship(s)?

None (of them)		Some (of them)		All (of them)
1	2	3	4	5

431. [If partner knows] Did [insert partner/spouse initials] approve of your other sexual relationship(s)?

None (of them)		Some (of them)		All (of them)
1	2	3	4	5

432. [If partner does not know] Would [insert partner/spouse initials] approve of your other sexual relationship(s)?

None (of them)		Some (of them)		All (of them)
1	2	3	4	5

433. [Full sample] As far as you know, during the time you have been romantically involved with [insert spouse/partner initials], have they had sex with anyone else? Y/N

434. [If yes] Did you approve of your spouse/partner's other sexual relationship(s)? Y/N

435. [Full sample] During the time you have been romantically involved with [insert spouse/partner initials], have you ever suspected that your spouse/partner was sexually involved with someone else? Y/N

436. [If yes] Would you approve of your spouse/partner having a sexual relationship with someone else besides you? Y/N

### Sexual Frequency

437. How often do you and your spouse/partner have sex?

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

### Sexual Satisfaction

*Sexual Satisfaction Survey (Ritvo et al., 1997)*

	Extremely dissatisfied	Moderately dissatisfied	Slightly dissatisfied	Neither satisfied nor dissatisfied	Slightly satisfied	Moderately satisfied	Extremely satisfied
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438. During the past 4 weeks, how satisfied have you been with the amount of affection expressed physically in your relationship?	1	2	3	4	5	6	7
439. During the past 4 weeks, how satisfied have you been with the variety of sexual activities you engage in with your spouse/partner?	1	2	3	4	5	6	7
440. During the past 4 weeks, how satisfied have you been with your sexual relationship in general?	1	2	3	4	5	6	7
441. How satisfied do you think your spouse/partner has been with your sexual relationship in general, during the past 4 weeks?	1	2	3	4	5	6	7

#### IPV

Modified version of the [Composite Abuse Scale \(Revised\) –Short Form](#) (Ford-Gilboe et al., 2016)

#### Victimization

We would like to know if you experienced any of the actions listed below from your current spouse/partner. If it ever happened to you in your current relationship, please tell us how often it usually happened in the past 12 months.

My spouse/partner:	Has this ever happened to you in your current relationship?		If yes, how often did it happen to you in the past 12 months?					
442. Monitored my phone, texts, email, or social media	No	Yes	Not in the past 12 months	once	A few times	Monthly	Weekly	Daily/almost daily
443. Harassed me by phone, text, email or using social media	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
444. Followed me or hung around outside my home or work	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
445. Told me I was crazy, stupid, or not good enough	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
446. Kept me from seeing or talking to my friends or family	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily

447. Kept me from having access to a job, money, or financial resources	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
448. Confined or locked me in a room or other space	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
449. Blamed me for causing their violent behavior	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
450. Tried to convince my family, children or friends that I am crazy or tried to turn them against me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
451. Threatened to harm or kill me or someone close to me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
452. Shook, pushed, grabbed, or threw me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
453. Made me perform a sex act that I did not want to perform	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
454. Choked me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
455. Forced or tried to force me to have sex	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
456. Hit me with a fist or object, kicked or bit me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
457. Used or threatened to use a knife, gun, or other weapon to harm me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
458. [LGBTQ+ only] Threatened to out me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
459. [LGBTQ+ only] Asked or told me to act straight around people	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily

### Perpetration

	Have you ever done these things to your current spouse/partner?	If yes, how often did you do this in the past 12 months?
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460. Monitored their phone, texts, email, or social media	No	Yes	Not in the past 12 months	once	A few times	Monthly	Weekly	Daily/almost daily
461. Harassed them by phone, text, email or using social media	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
462. Followed them or hung around outside their home or work	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
463. Told them they were crazy, stupid, or not good enough	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
464. Kept them from seeing or talking to their friends or family	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
465. Kept them from having access to a job, money, or financial resources	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
466. Confined or locked them in a room or other space	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
467. Blamed them for causing your violent behavior	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
468. Tried to convince their family, children or friends that they are crazy or tried to turn them against them	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
469. Threatened to harm or kill them or someone close to them	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
470. Shook, pushed, grabbed, or threw them	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
471. Made them perform a sex act that they did not want to perform	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
472. Choked them	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
473. Forced or tried to force them to have sex	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
474. Hit them with a fist or object, kicked or bit them	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily

475. Used or threatened to use a knife or gun or other weapon to harm them	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
476. [LGBTQ+ only] Threatened to out them	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
477. [LGBTQ+ only] Asked or told them to act straight around people	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily

### Family of Origin

#### Childhood Experiences

#### Adverse Childhood Experience Questionnaire

Now, looking back before you were 18 years of age...

478. Did you live with anyone who was depressed, mentally ill, or suicidal? Y/N

479. Did you live with anyone who was a problem drinker or alcoholic? Y/N

480. Did you live with anyone who used illegal street drugs or who abused prescription medications? Y/N

481. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? Y/N

482. Were your parents separated or divorced? Y/N/Parents were never married

	Never	Once	More than once	Don't know/ Not sure
483. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	1	2	3	4
484. Before the age of 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	1	2	3	4
485. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	1	2	3	4
486. How often did anyone at least 5 years older than you, or an adult, ever touch you sexually?	1	2	3	4
487. How often did anyone at least 5 years older than you, or an adult, try to make you touch them sexually?	1	2	3	4
488. How often did anyone at least 5 years older than you, or an adult, force you to have sex?	1	2	3	4

489. Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way? OR

Have (or attempt to have) oral, anal or vaginal sex with you? Y/N

490. Did you often feel that...

No one in your family loved you or thought you were important or special? OR

Your family didn't look out for each other, feel close to each other, or support each other? Y/N

491. Did you often feel that...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Y/N

492. Were your parents ever separated or divorced? Y/ N

493. Was a parent or other adult in the household:

Often pushed, grabbed, slapped, or had something thrown at them OR

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? OR

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? Y/N

494. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Y/N

495. Was a household member depressed or mentally ill or did a household member attempt suicide? Y/N

496. Did a household member go to prison? Y/N

#### Family of Origin Questions

	Not close at all				Extremely close
Overall, how close do you feel to the family that you grew up in?	1	2	3	4	5
Please evaluate the assistance/support <b>you are currently receiving from the family that you grew up in:</b>	<b>Very little or none</b>				<b>A great deal</b>
497. Financial assistance	1	2	3	4	5
498. Housing assistance	1	2	3	4	5
499. Babysitting/childcare assistance [if applicable]	1	2	3	4	5
Please evaluate the assistance/support <b>you are currently providing to the family that you grew up in:</b>	<b>Very little or none</b>				<b>A great deal</b>
500. Financial assistance	1	2	3	4	5
501. Housing assistance	1	2	3	4	5
502. Caretaking	1	2	3	4	5

#### Parental Figures

We would like to know about the individual(s) you lived with who you feel raised you. This may be one or both of your biological parents, a step-parent, adoptive parent(s), grandparent(s), etc. If more than one person comes to mind, choose the two that are most important to you to answer the following questions.

503. What is this person's relationship to you?

- Biological Parent
- Adoptive Parent
- Foster Parent
- Step-parent
- Grandparent
- Sibling
- Other relative. Please specify:
- Other non-relative. Please specify:
- Was not raised by anyone (If selected, skip to immigrant status)

504. How would this person describe their gender?

- Male/man
- Female/woman
- Gender nonbinary
- Do not identify as any of the above—please specify
- Don't know

505. Is this parental figure still alive?

- Yes
- No ---specify month and year of death



c. Don't know

506. How often do you see each other?

- a. Never
- b. Once a year or less
- c. A few times a year
- d. Once or twice a month
- e. Once or twice a week
- f. Almost every day

507. How often do you talk?

- a. Never
- b. Once a year or less
- c. A few times a year
- d. Once or twice a month
- e. once or twice a week
- f. almost every day

508. How close do you feel to this parental figure?

- a. Not at all close
- b. Not very close
- c. Somewhat close
- d. Quite close
- e. Very close

509. What is/was your [insert from above]'s highest level of education?

- a. Less than high school
- b. High school degree or GED
- c. Vocational or Technical Program or Training
- d. Some college
- e. Associate's degree
- f. Bachelor's degree
- g. Master's degree
- h. Doctorate or Professional degree (e.g., Ph.D., M.D., J.D., etc.)

510. Is there another person, who you lived with, that you feel raised you?

- a. Yes (If yes, re-route to beginning of section; only ask this question one time)
- b. No

#### Political Views

511. Below you will see a seven-point scale on which the political views that people might hold are arranged from extremely liberal to extremely conservative. Where would you place yourself on this scale?

Extremely liberal	Liberal	Slightly Liberal	Moderate	Slightly conservative	Conservative	Extremely conservative
1	2	3	4	5	6	7

#### Immigrant Status

512. Were you born in the United States? Y/N

513. (If no, ask:) Are you a U.S. Citizen? Y/N

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