



Thank you for agreeing to take the  
**Social Justice Sexuality Survey!**

## Section I: Civic Engagement and LGBT Communities

1. (a) How often have you attended a **racial or ethnic LGBT Pride festival**

(e.g., Black Pride, Latina/o Pride, Asian Pride, etc.)? **(Check one box)**

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Never</b>             |                          |                          |                          |                          | <b>Frequently</b>        |
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(b) Thinking about distance, how far do you typically travel to socialize or hang out at a LGBT establishment? **(Check one box)**

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 – 5 miles              | 6 – 10 miles             | 11 – 20 miles            | 21 – 30 miles            | 31 – 40 miles            | Over 40 miles            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I do not go to LGBT establishments

(c) Thinking about time, how long do you typically travel to socialize or hang out at a LGBT establishment? **(Check one box)**

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 – 15 min.              | 16 – 30 min.             | 31 – 45 min.             | 46 – 60 min.             | 61 – 90 min.             | Over 90 min.             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I do not go to LGBT establishments

2. (a) What are the **three (3)** most important issues facing **you**? **(Specify three)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(b) To what degree are LGBT organizations addressing **your** issues that you chose in question #2 (a) above? **(Check one box)**

- |                          |                          |                                    |                          |                          |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| <b>Not doing enough</b>  |                          | <b>Doing just the right amount</b> |                          | <b>Doing too much</b>    |
| 1                        | 2                        | 3                                  | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |

3. (a) In your opinion, what are the **three (3)** most important issues facing **LGBT communities of color** in the U.S.? **(Specify three)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(b) To what degree are LGBT organizations addressing the issues that you chose in question #3 (a) above? **(Check one box)**

- |                          |                          |                                    |                          |                          |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| <b>Not doing enough</b>  |                          | <b>Doing just the right amount</b> |                          | <b>Doing too much</b>    |
| 1                        | 2                        | 3                                  | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |

4. (a) Do you think that **gays and lesbians in the military** should be legalized? **(Check one box)**

- Yes                       No

(b) How much of an **impact** would the legalization of gays and lesbians in the military have on your life?  
**(Check one box)**

<b>No impact at all</b>						<b>A large impact</b>
1	2	3	4	5	6	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) Do you think that **same-sex marriage** should be legalized? **(Check one box)**     Yes                       No

(d) How much of an **impact** would the legalization of same-sex marriage have on your life?  
**(Check one box)**

<b>No impact at all</b>						<b>A large impact</b>
1	2	3	4	5	6	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate your level of agreement (or disagreement) with the following statements:  
**(Check one box per question)**

	Strongly disagree	2	3	4	5	Strongly agree
	1					6
(a) Homophobia is a problem within <u>my</u> racial or ethnic community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Homophobia is a problem in <u>my</u> neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) In general, homophobia is a problem within <u>all</u> communities of color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate your level of agreement (or disagreement) with the following statements:  
**(Check one box per question)**

	Strongly disagree	2	3	4	5	Strongly agree
	1					6
(a) I feel connected to my local LGBT community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I feel that the problems faced by the LGBT community are also my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I feel a bond with other LGBT people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In your opinion, to what degree are **mainstream** LGBT organizations (e.g., HRC, NGLTF, etc.) addressing the following issues: **(Check one box per question)**

	Not doing enough	Doing just the right amount	Doing too much	This is not a LGBT issue
	1	2	3	4
(a) Racial justice / equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Economic justice / equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Gender equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Disability rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Age discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Electing LGBT political officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Thinking about **LGBT groups, organizations, and activities in general**, during the past 12 months, how often have you: **(Check one box per question)**

	Never	Once or twice a year	About 6 times a year	About once a month	About once a week	More than once a week
	1	2	3	4	5	6
(a) Participated in political events (e.g., a march, rally, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Participated in social or cultural events (e.g., clubs, movies, restaurants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Read newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Used the internet (e.g., chat rooms, social networking sites, blogs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Received goods and/or services (e.g., medical, counseling, food, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Donated money to an organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Thinking about groups, organizations, and activities **for people of color**, during the past 12 months, how often have you: **(Check one box per question)**

	Never	Once or twice a year	About 6 times a year	About once a month	About once a week	More than once a week
	1	2	3	4	5	6
(a) Participated in political events (e.g., a march, rally, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Participated in social or cultural events (e.g., clubs, movies, restaurants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Read newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Used the internet (e.g., chat rooms, social networking sites, blogs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Received goods and/or services (e.g., medical, counseling, food, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Donated money to an organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Thinking about groups, organizations, and activities **for LGBT people of color**, during the past 12 months, how often have you: **(Check one box per question)**

	Never	Once or twice a year	About 6 times a year	About once a month	About once a week	More than once a week
	1	2	3	4	5	6
(a) Participated in political events (e.g., a march, rally, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Participated in social or cultural events (e.g., clubs, movies, restaurants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Read newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Used the internet (e.g., chat rooms, social networking sites, blogs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Received goods and/or services (e.g., medical, counseling, food, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Donated money to an organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section II: Spirituality and Religion

11. Please answer the following questions about your religious faith using the scale below. Indicate your level of agreement (or disagreement) for each statement. **(Check one box per question)**

	Strongly disagree	Disagree	Agree	Strongly agree
(a) I pray daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I look to my faith as providing meaning and purpose in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I consider myself active in my faith or religious institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) I enjoy being around others who share my faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) My faith impacts many of my decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. (a) In what religious tradition were you **raised**? **(Check one box)**

- Catholic                       Muslim or Islamic                       Agnostic                       None  
 Jewish                       Atheist                       Other (specify) \_\_\_\_\_  
 Protestant (specify denomination) \_\_\_\_\_

(b) What religion do you **currently practice**? **(Check one box)**

- Catholic                       Muslim or Islamic                       Agnostic                       None  
 Jewish                       Atheist                       Other (specify) \_\_\_\_\_  
 Protestant (specify denomination) \_\_\_\_\_

(c) Thinking about your sexual identity, how much has your religious tradition or spiritual practice been a negative or positive influence for you in coming to terms with your LGBT identity? **(Check one box)**

<b>Negative influence</b>				<b>Neither negative nor positive</b>				<b>Positive influence</b>
1	2	3	4	5	6	7		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

(d) How often do you attend religious services? **(Check one box)**

<input type="checkbox"/> Never	<input type="checkbox"/> About once a month
<input type="checkbox"/> Less than once a year	<input type="checkbox"/> 2-3 times per month
<input type="checkbox"/> Once or twice a year	<input type="checkbox"/> Nearly every week
<input type="checkbox"/> Several times per year	<input type="checkbox"/> Every week

**Section III: Sexual, Racial, and Ethnic Identity**

13. Do you feel that your **sexual orientation** is an important part of your identity? **(Check one box)**

<b>Not important at all</b>						<b>Extremely important</b>
1	2	3	4	5	6	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How many people within the following communities are you "out" to? **(Check one box per question)**

	None	Some	About half	Most	All	Not Applicable
(a) Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Religious community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) People in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) People online (e.g., myspace, facebook, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. (a) As a LGBT person, how much do you now feel supported by your family? **(Check one box)**

<b>Not supported at all</b>						<b>Completely supported</b>	<b>They don't know I'm LGBT</b>
1	2	3	4	5	6		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

(b) How often have you felt uncomfortable **in your LGBT community** because of your race or ethnicity? **(Check one box)**

<b>Never</b>						<b>Always</b>
1	2	3	4	5	6	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) How often have you felt uncomfortable **in your racial or ethnic community** because of your sexual identity? **(Check one box)**

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Never</b>             |                          |                          |                          |                          | <b>Always</b>            |
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(d) How old were you when you first "came out" to yourself: that is, how old were you when you first knew you were "not straight"? **(Fill in)**    **years old**

16. (a) Thinking about your LGBT friends, how many of them are the same race as you? **(Check one box)**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>None</b>              | <b>Some</b>              | <b>About half</b>        | <b>Most</b>              | <b>All</b>               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(b) Do you feel that your **racial or ethnic status** is an important part of your identity? **(Check one box)**

- |                             |                          |                          |                          |                          |                            |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| <b>Not important at all</b> |                          |                          |                          |                          | <b>Extremely important</b> |
| 1                           | 2                        | 3                        | 4                        | 5                        | 6                          |
| <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |

## Section IV: Demographics

17. (a) Do you have health insurance? **(Check one box)**  Yes  No

(b) Do you have a regular doctor or health care provider? **(Check one box)**  Yes  No

(c) Thinking about the last medical professional you saw, do you feel that s/he ...? **(Check one box)**

- Seemed comfortable with your sexual identity
- Seemed uncomfortable with your sexual identity
- Seemed to ignore your sexual identity
- Did not know your sexual identity

(d) Where do you most often get information you trust about health-related issues? **(Check one box)**

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> Medical professional | <input type="checkbox"/> Family  | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Online               | <input type="checkbox"/> Friends |  |

18. (a) What is your current gender identity? **(Check ALL that apply)**

- |                                 |   |  |
|---------------------------------|---|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Transgender (male to female) | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender (female to male) |  |

(b) What was the sex on your original birth certificate? **(Check one box)**

- |                               |                                 |                                       |
|-------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> I don't know |
|-------------------------------|---------------------------------|---------------------------------------|

(c) Which one label comes closest to how you describe your sexual identity? **(Check one box)**

- Gay
- Two Spirit
- Same Gender Loving
- Activa/o
- Lesbian
- Queer
- Straight / Heterosexual
- Pasiva/o
- Bisexual
- In the Life
- Macha/o
- Other (specify)\_\_\_\_\_

(d) Not including the labels in question #18 (c) above, how do you and your friends refer to each other's sexual identity?

\_\_\_\_\_  
**(specify)**

(e) What is your current relationship status? **(Check ALL that apply)**

- Not partnered
- Married to a same-sex partner, including civil union and/or domestic partnership
- Partnered with someone of the same sex
- Married to a different-sex partner, including civil union and/or domestic partnership
- Partnered with someone of a different sex
- Other (specify)\_\_\_\_\_

(f) Which of the following describes your role as a parent or guardian? **(Check ALL that apply)**

- I have at least one biological child
- I have parented at least one child
- I have no children
- I have parented (or I am parenting) my partner's child
- I have adopted at least one child

(g) What year were you born? **(Fill in)** | 1 | 9 | | |

(h) What is your zip code? **(Fill in)** | | | | |

(i) What is your citizenship status? **(Check one box)**

- U.S. citizen
- Naturalized U.S. citizen
- Other (specify)\_\_\_\_\_

(j) In what country were you born? **(Specify)** \_\_\_\_\_

(k) In what country was your mother born? **(Specify)** \_\_\_\_\_

(l) In what country was your father born? **(Specify)** \_\_\_\_\_

(m) Were any of your grandparents born outside of the United States?

- (Check one box)**  Yes  No



19. Which of the following racial groups comes closest to identifying you?

**(Check ALL that apply and specify ethnicity in space provided)**

<input type="checkbox"/> Black _____ (e.g., African American, Jamaican, Kenyan, etc.)
<input type="checkbox"/> Hispanic or Latina/o _____ (e.g., Chicana/o, Dominican, Puerto Rican, Cuban, etc.)
<input type="checkbox"/> Asian or Pacific Islander _____ (e.g., Japanese, Malaysian, etc.)
<input type="checkbox"/> Native American _____ (e.g., Navajo, Cherokee, etc.)
<input type="checkbox"/> White _____ (e.g., Irish, Italian, etc.)
<input type="checkbox"/> Multiracial _____ (list all)
<input type="checkbox"/> Other _____ (list)

20. (a) **In the past 12 months**, your sexual partners have been: **(Check one box)**

Exclusively women

No sexual partners in the past 12 months

Mostly women

Equal numbers of women and men

Mostly men

Exclusively men

(b) **In your entire life**, your sexual partners have been: **(Check one box)**

Exclusively women

I have never had a sexual partner

Mostly women

Equal numbers of women and men

Mostly men

Exclusively men

(c) **Ideally**, your sexual partners would be: **(Check one box)**

- Exclusively women
- Mostly women
- Equal numbers of women and men
- Mostly men
- Exclusively men

21. (a) Thinking about politics, which of the following best describes your political views: **(Check one box)**

- Very liberal
- Liberal
- Slightly liberal
- Slightly conservative
- Conservative
- Very conservative

(b) Are you registered as a: **(Check one box)**

- Republican
- Democrat
- Independent
- None of these
- Other (specify) \_\_\_\_\_

(c) Who did you vote for in the 2008 presidential election? **(Check one box)**

- Barack Obama
- John McCain
- I am not eligible to vote
- I did not vote
- Other (specify) \_\_\_\_\_

22. (a) What is the highest level of schooling that you have completed? **(Check one box)**

- Less than High School
- High School diploma or GED
- Some College, no degree
- Associates degree
- Bachelor's degree
- Some Graduate / Professional school
- Graduate / Professional degree (e.g., MA, PhD, etc.)

(b) Including **all** income sources, what do you estimate was your **total household income** last year? **(Check one box)**

- Under \$8,500
- \$8,500-\$10,999
- \$11,000-\$13,499
- \$13,500-\$14,999
- \$15,000-\$17,499
- \$17,500-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000 and over

(c) Do you have one or more retirement accounts (e.g., pension, IRA, 401K, Keogh, SEP, etc.)?  
**(Check one box)**  Yes  No

(d) **Not** including yourself, how many people live with you in your household?  
**(Indicate the number of adults and the number of children)**

|\_\_|\_\_| **Adults** (18 years old and older)

|\_\_|\_\_| **Children** (17 years old and younger)

(e) Are you now: **(Check ALL that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> A student          | <input type="checkbox"/> In the military | <input type="checkbox"/> On public assistance<br>(e.g., disability, welfare, SSI, SSDI, etc.) |
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Retired         | <input type="checkbox"/> Self-employed<br>(If so, how many employees do you have?)            |
| <input type="checkbox"/> Employed part time | <input type="checkbox"/> Unemployed      | __ __ __  |

(f) Have you ever served in the military? **(Check one box)**  Yes  No

23. (a) How tall are you without shoes? **(Fill in)** |\_\_|\_\_| FEET AND |\_\_|\_\_| INCHES **OR**  
 |\_\_|\_\_| METERS AND |\_\_|\_\_|\_\_| CENTIMETERS

(b) How much do you weigh without clothes or shoes? (If you are currently pregnant, how much did you weigh **before** your pregnancy?) **(Fill in)**

|\_\_|\_\_|\_\_| POUNDS **OR** |\_\_|\_\_|\_\_| KILOGRAMS

(c) Do you **now** smoke cigarettes? **(Check one box)**

- Not at all  Some days  Every day

24. Over the past week, how often have you felt: **(Check one box per question)**

	Never	Sometimes	A lot of the time	Most of the time
(a) That you were just as good as other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) That you enjoyed life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. In general would you say that your health is:

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Poor</b>              | <b>Fair</b>              | <b>Good</b>              | <b>Very good</b>         | <b>Excellent</b>         |
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Thank you for your time  
and participation!**

