



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

Section I: Civic Engagement and LGBT Communities

G1. Do you consider yourself to be part of the House and Ball community? **(Check one box)** Yes No

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)**

| | | | | | |
|----------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------------------|
| Never 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | Frequently 6 <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 <input type="checkbox"/> | 6 – 10 miles <input type="checkbox"/> | 11 – 20 miles <input type="checkbox"/> | 21 – 30 miles <input type="checkbox"/> | 31 – 40 miles <input type="checkbox"/> | Over 40 miles <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. <input type="checkbox"/> | 16 – 30 min. <input type="checkbox"/> | 31 – 45 min. <input type="checkbox"/> | 46 – 60 min. <input type="checkbox"/> | 61 – 90 min. <input type="checkbox"/> | Over 90 min. <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)**

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

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

No impact at all

1

2

3

4

5

A large impact

6

(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)

No impact at all

1

2

3

4

5

A large impact

6

5. Please indicate your level of agreement (or disagreement) with the following statements:

(Check one box per question)

| | Strongly disagree | | | | | Strongly agree |
|--------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 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 | | | | | Strongly agree |
|-------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 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)**

| | | | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|---------------------------|
| Negative influence | | | Neither negative nor positive | | | Positive influence |
| 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"/> |

(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)**

| | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| Not important at all | | | | | Extremely important |
| 1 | 2 | 3 | 4 | 5 | 6 |
| <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)**

| | | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|---------------------------------|
| Not supported at all | | | | | Completely supported | They don't know I'm LGBT |
| 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"/> | |

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

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Never | | | | | Always |
| 1 | 2 | 3 | 4 | 5 | 6 |
| <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)

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Never | | | | | Always |
| 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)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None | Some | About half | Most | All |
| <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)

- | | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| Not important at all | | | | | Extremely important |
| 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)**

- | | | | |
|-----------------------------------|--------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Gay | <input type="checkbox"/> Two Spirit | <input type="checkbox"/> Same Gender Loving | <input type="checkbox"/> Activa/o |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Queer | <input type="checkbox"/> Straight / Heterosexual | <input type="checkbox"/> Pasiva/o |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> In the Life | <input type="checkbox"/> Macha/o | <input type="checkbox"/> 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)**

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Not partnered | <input type="checkbox"/> Married to a same-sex partner, including civil union and/or domestic partnership |
| <input type="checkbox"/> Partnered with someone of the same sex | <input type="checkbox"/> Married to a different-sex partner, including civil union and/or domestic partnership |
| <input type="checkbox"/> Partnered with someone of a different sex | <input type="checkbox"/> Other (specify)_____ |

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

- | | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> I have at least one biological child | <input type="checkbox"/> I have parented at least one child | <input type="checkbox"/> I have no children |
| <input type="checkbox"/> I have parented (or I am parenting) my partner's child | <input type="checkbox"/> 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)**

- | | | |
|---------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> U.S. citizen | <input type="checkbox"/> Naturalized U.S. citizen | <input type="checkbox"/> 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) |

G2. Do you have a mobile device such as a cell phone, a Blackberry, iPhone or other device, that allows you to connect to the Internet? **(Check one box)** Yes No

G3. Thinking about all the different ways you use your [mobile device], how often do you...? **(Check one box per question)**

| | Never | Less than Once a Week | At least Once a Week | Several Times a Week | Every day |
|----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) Use it to access the internet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Use it to send or receive text messages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Use it to meet someone new to date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Use it to avoid contact with police? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Use it to record police misconduct? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G4. (a) Concerning your bills for your mobile device, do you...? **(Check one box)**

pay all of the costs **(go to G4c)** only part of the costs **(go to G4b)** none of the costs **(to go G4b)**

(b) Who pays the costs/the other part of the costs of your mobile device? **(check one box)**

- Partner/Spouse Parents/Guardian Friend
 Employer Other (specify)_____

(c) In the past six (6) months, how often has your mobile device been disconnected because you were not able to pay your bill?

- Never once 2-3 times 4-5 times 6 or more times

G5. Concerning any interaction you have had with the police, have you ever been... **(check all that apply)**

- Questioned Detained Arrested I have never had any of these interactions with the police

G6 (a) Have you ever met someone for a date that you first met online? **(check one box)**

- Yes **(go to G6b)** No **(go to 20a)**

(b) How many times have you done this in the last six months? **(check one box)**

- 1 to 5 6 to 10 10 to 15 16 to 20 more than 21

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)

G7. Which of the following best describes your current living situation? **(check one box)**

- | | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Living alone in house, apartment, or condo | <input type="checkbox"/> Living with parents or legal guardian | <input type="checkbox"/> Living with other family relatives |
| <input type="checkbox"/> Living with friends or roommate(s) | <input type="checkbox"/> Living with a significant other, a boyfriend or girlfriend | <input type="checkbox"/> Living in a shelter |
| <input type="checkbox"/> Living from place-to-place | <input type="checkbox"/> Homeless, living on the streets, empty building | <input type="checkbox"/> Living in an institution |
| <input type="checkbox"/> Other (specify) _____ | | |

(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 (e.g., disability, welfare, SSI, SSDI, etc.) |
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Retired | <input type="checkbox"/> Self-employed (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:

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

