LGBT HHS 2015

Q1.1 This survey is about the health and human service needs of lesbian, gay, bisexual and transgender (LGBT) people who live in New York State. This survey is funded by the AIDS Institute, the LGBT Health and Human Services Network, the Empire State Pride Agenda and the New  York State Health Foundation and conducted by Strength in Numbers Consulting Group, Inc. It is a follow up to a survey conducted in 2009 and will help LGBT organizations plan ways to meet the needs of LGBT communities. The survey is designed to take 10 to 15 minutes and includes questions about demographics, health care access, barriers to health care and other health and human service needs. Because we are gathering data from many sources, including existing research, focus groups with community members and consultations with a variety of stakeholders, you may not see all of the questions you would expect on this type of survey. If you have questions about the survey, please contact Strength in Numbers Consulting Group at info@StrengthInNumbersConsulting.com.    To thank you for your time, you will be given the option to enter to win one of 20 $50 Amazon gift cards. You do not have to take the survey and there will be no penalty for refusing to answer any questions or for not finishing the survey. Your survey responses are anonymous and confidential and cannot be linked to the information you provide for the prize drawing.         Please do NOT answer if you are under 16 years of age or do NOT live or receive services in New York State.  To answer questions in this survey, please click the button in front of the appropriate response or type in your answers in text boxes where applicable. Thank you for taking the time to complete this survey.

Q2.1 I affirm that I am 16 years of age or older and live or receive services in New York State. I consent to take this survey.

* Yes (1)
* No (2)

Q3.1 Thank you for participating in this survey. If you would like to receive the results of the survey and/or be entered into a drawing to receive one of 20 $50 gift cards for Amazon.com, please click on the link below. The link which will ask you to provide your name, email address and phone number. This information cannot be linked to your survey responses in any way and will not be used for any purpose other than to send you survey results. The email address and phone number will be used only contact you if you have been selected to win.

Q4.1 What is your current age in years? Please select one answer.

* 16 or 17 (1)
* 18 to 21 (2)
* 22 to 24 (3)
* 25 to 29 (4)
* 30 to 44 (5)
* 45 to 50 (6)
* 51 to 54 (7)
* 55 to 64 (8)
* 65 to 74 (9)
* 75+ (10)

Q5.1 How do you identify your race/ethnicity? Please select all that apply.

* American Indian, Native American, Native Hawaiian or Alaska Native (1)
* Arab American or Middle Eastern (2)
* Asian, Asian American or Pacific Islander (3)
* Black or African American (4)
* Caribbean (5)
* Latino/a, Hispanic or Spanish (6)
* White or Caucasian (7)
* Any other race or ethnicity not listed here: (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6.1 What was the sex on your original birth certificate? Please select one answer.

* Male (1)
* Female (2)
* Intersex (3)
* Not sure (4)

Q6.2 How do you describe your current gender identity? Please select all that apply.

* Male, man or boy (1)
* Female, woman or girl (2)
* Transgender (3)
* Male-to-female, MTF, transwoman, transfeminine or transgirl (4)
* Female-to-male, FTM, transman, transmasculine or transguy (5)
* Genderqueer or gender nonconforming (6)
* AG, Aggressive or stud (11)
* Butch (12)
* Femme (13)
* Intersex (8)
* Two-spirit (9)
* Any other gender identity not listed here: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6.3 How do you identify your sexual orientation or sexuality? Please select all that apply.

* Gay or homosexual (1)
* Lesbian (2)
* Bisexual (3)
* Queer (4)
* Pansexual (5)
* Heterosexual or straight (6)
* Any other sexual orientation not listed here: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6.4 On a scale from 1 to 7, where 1 is not at all feminine and 7 is extremely feminine, how would you describe yourself? Please select one answer.

* Not at all feminine (1) (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 (6)
* Extremely feminine (7) (7)

Q6.5 On a scale from 1 to 7, where 1 is not at all masculine and 7 is extremely masculine, how would you describe yourself? Please select one answer.

* Not at all masculine (1) (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 (6)
* Extremely masculine (7) (7)

Q7.1 Are you currently in school? Please select one answer.

* No (1)
* Yes, high school (2)
* Yes, college or university (3)
* Yes, other type of school not listed here: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7.2 What is the highest level of education you have completed? Please select one answer.

* Less than high school (1)
* High school graduate/GED (2)
* Some college, university or technical, no degree (3)
* Associate's degree (4)
* College graduate (bachelor's degree) or higher (5)

Q7.3 Are you currently employed for wages or salary? Please select one answer.

* No (1)
* Yes, part time (2)
* Yes, employed full time (3)

Q8.1 Are you currently retired?

* Yes (1)
* No (2)

Q9.1 Do you have a physical, mental or intellectual condition, impairment, or disability that affects your daily activities or that requires you to use special equipment or devices, such as a wheelchair, TDD or communication device? Please select one answer.

* Yes (1)
* No (2)

Q10.1 Which of the following types of disabilities do you have? Please select all that apply.

* Physical disability (1)
* Intellectual or developmental disability (2)
* Mental health disability (3)

Q11.1 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Please select one answer.

* No, I have never served in the military (1)
* Yes, and I have been on active duty, but am not now (2)
* Yes, and I am currently on active duty (3)
* Yes, for training for Reserves or National Guard (4)

Q12.1 What is your current relationship status? Please select all that apply.

* Single (1)
* A member of a couple not living together (2)
* A member of a couple living together (3)
* Dating one person (4)
* Dating more than one person (5)
* In a serious romantic partnership with more than one person (6)
* Married (7)
* In a domestic partnership (8)
* Widowed (9)
* Separated (10)
* Other relationship status not listed here, please specify: (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q13.1 Where were you born? Please select one answer.

* In New York City (1)
* In New York State but outside New York City (2)
* In the United States, but not in New York State (3)
* Outside of the United States (4)

Q14.1 How long have you lived in the United States? Please select one answer.

* Less than one year (1)
* One to two years (2)
* Three to five years (3)
* More than five years (4)

Q15.1 Do you live in any one of the five boroughs of New York City?

* Yes (1)
* No (2)

Q16.1 Click to write the question text

* Outside of New York State (1)
* Albany County (2)
* Allegany County (3)
* Bronx County (4)
* Broome County (5)
* Cattaraugus County (6)
* Cayuga County (7)
* Chautauqua County (8)
* Chemung County (9)
* Chenango County (10)
* Clinton County (11)
* Columbia County (12)
* Cortland County (13)
* Delaware County (14)
* Dutchess County (15)
* Erie County (16)
* Essex County (17)
* Franklin County (18)
* Fulton County (19)
* Genesee County (20)
* Greene County (21)
* Hamilton County (22)
* Herkimer County (23)
* Jefferson County (24)
* Kings County (Brooklyn) (25)
* Lewis County (26)
* Livingston County (27)
* Madison County (28)
* Monroe County (29)
* Montgomery County (30)
* Nassau County (31)
* New York County (Manhattan) (32)
* Niagara County (33)
* Oneida County (34)
* Onondaga County (35)
* Ontario County (36)
* Orange County (37)
* Orleans County (38)
* Oswego County (39)
* Otsego County (40)
* Putnam County (41)
* Queens County (42)
* Rensselaer County (43)
* Richmond County (Staten Island) (44)
* Rockland County (45)
* Saint Lawrence County (46)
* Saratoga County (47)
* Schenectady County (48)
* Schoharie County (49)
* Schuyler County (50)
* Seneca County (51)
* Steuben County (52)
* Suffolk County (53)
* Sullivan County (54)
* Tioga County (55)
* Tompkins County (56)
* Ulster County (57)
* Warren County (58)
* Washington County (59)
* Wayne County (60)
* Westchester County (61)
* Wyoming County (62)
* Yates County (63)

Q17.1 Which borough of New York City do you live in? If you live in more than one borough, please select the name of the borough where you spent the night most recently.

* The Bronx (1)
* Brooklyn (2)
* Manhattan (3)
* Queens (4)
* Staten Island (5)

Q18.1 Would you say that in general your health is (please select one answer):

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

Q18.2 Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? Please type a number between 0 and 30.

Q18.3 Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Please type a number between 0 and 30.

Q18.4 Over the past two weeks, how often have you been bothered by any of the following problems? Please select one answer per item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (1) | Several days (2) | More than half the days (3) | Nearly every day (4) |
| Little interest or pleasure in doing things (1) |  |  |  |  |
| Feeling down, depressed or hopeless (2) |  |  |  |  |

Q18.5 Please select one answer per item for each of the following questions.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hardly ever (1) | Sometimes (2) | Often (3) |
| How often do you feel that you lack companionship? (1) |  |  |  |
| How often do you feel left out? (2) |  |  |  |
| How often do you feel isolated from others? (3) |  |  |  |

Q19.1 What type of health insurance do you use to pay for your doctor or hospital bills? Please select one answer. If you have more than one source of health insurance, please choose your primary coverage.

* Private health insurance provided by my employer or someone else's employer (for example, a partner or parent) (1)
* Private insurance bought on the health exchange (2)
* Other private insurance (for example, student health insurance or private insurance bought directly from a company) not bought on the health exchange (3)
* Medicare, Family Health Plus or Child Health Plus (4)
* Medicaid (5)
* Insurance from the military, CHAMPUS, TriCare or the VA (6)
* None; I do not have health insurance (7)
* I don't know (8)
* Some other type of insurance (please specify): (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19.2 Do you have a place that you consider to be your "health home"? A health home is a place where people regularly go to see the same provider or group of providers when they have health needs. Please select one answer.

* Yes (1)
* No (2)
* Not sure (3)

Q19.3 Do you have one person you think of as your personal doctor or health care provider? Please select one answer.

* Yes, I have one person I think of as a personal doctor or primary health care provider (1)
* I have more than one person I think of as a personal doctor or primary health care provider (2)
* No, I do not have anyone I think of as a personal doctor or primary health care provider (3)

Q19.4 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

* Yes (1)
* No (2)

Q19.5 If you need health care, where do you usually go to get it? Please select one answer. If you go to more than one of these, please select the one you go to most often.

* Private doctor's office (1)
* Community health center (2)
* Student health center (college) (3)
* School-based health center (high school) (4)
* Health department clinic or public clinic (5)
* Hospital clinic (6)
* Alternative medicine provider (7)
* Workplace health care (8)
* Emergency department (9)
* Nowhere (10)
* Some other type of place not listed here: (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q20.1 How much does each of the following make it hard for you to get the health care services or opportunities you need. Please select one answer per item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No problem at all (1) | Very slight problem (2) | Somewhat of a problem (3) | Major problem (4) |
| Long distances to LGBT-sensitive medical facilities (1) |  |  |  |  |
| Doctors and other health care workers who refuse to provide services to LGBT people (2) |  |  |  |  |
| Not enough health professionals who are adequately trained and competent to deliver health care to LGBT people (3) |  |  |  |  |
| Not enough psychological support groups for LGBT people (4) |  |  |  |  |
| Community fear or dislike of LGBT people (5) |  |  |  |  |
| My personal financial resources (6) |  |  |  |  |
| Don’t have adequate and affordable housing (7) |  |  |  |  |
| Don’t have transportation to get to the services I need (8) |  |  |  |  |
| My insurance coverage is not adequate (9) |  |  |  |  |
| Aging out of health care services or opportunities that I need (10) |  |  |  |  |
| Becoming ineligible for health care services or opportunities that I need (for reasons other than age) (11) |  |  |  |  |

Q21.1 Have you ever been homeless after being kicked out of your home or running away? Please include any times you did not have a place to sleep at night that is intended for regular use or living.

* Yes (1)
* No (2)
* Not sure (3)

Q21.2 Have you ever been kicked out of your home because your are too feminine or too masculine or because someone knew or assumed you were lesbian, gay, bisexual or transgender?

* Yes (1)
* No (2)
* Not sure (3)

Q21.4 Have you ever been arrested, been on probation or been picked up by the police because they thought you were doing something wrong?

* Yes (1)
* No (2)
* Not sure (3)

Q21.5 Are you now or have you ever been in foster care? Please select one answer.

* Yes, I am currently in foster care (1)
* I have been in foster care but am not currently in foster care (2)
* No, I have never been in foster care (3)

Q22.1 Were/are you in kinship care or non-kinship care? Please select one answer.

* I have only been in kinship care (1)
* I have only been in non-kinship care (2)
* I have been in both types of foster care (3)

Q23.1 Does your school have a Gay Straight Alliance (GSA) or other club or program to support lesbian, gay, bisexual and transgender students?

* Yes (1)
* No (2)
* I don't know or I am not sure (3)

Q23.2 Does your school have a policy to prevent or address bullying of lesbian, gay, bisexual and transgender students?

* Yes (1)
* No (2)
* I don't know or am I not sure (3)

Q21.3 Have you ever been suspended from school?

* Yes (1)
* No (2)
* Not sure (3)

Q29.1 Just to confirm, you indicated earlier in the survey that the sex on your original birth certificate was ${q://QID6/SelectedChoicesRecode} and your current gender identity is ${q://QID7/SelectedChoicesRecode}. Is this correct?

* Yes (1)
* No, and I'd like to correct my answers (2)
* No, but I don't want to change my answers at this time (3)

Q27.1 To what extent have each of these been a problem for you? Please select one answer per item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No problem at all (1) | Very slight problem (2) | Somewhat of a problem (3) | Major problem (4) |
| My parent(s) or guardian(s) told me to act more feminine or more masculine or punished me for not being feminine or masculine enough (1) |  |  |  |  |
| My parent(s) or guardian(s) said they are ashamed of me because of my gender identity or expression (2) |  |  |  |  |
| I was afraid to ask to see a healthcare provider because I was worried about my parents or caregivers finding out that I am transgender or gender nonconforming (3) |  |  |  |  |
| My parent(s) or guardian(s) refuse to allow me transition-related medical care (4) |  |  |  |  |
| My parent(s) or guardians took me to see a health care provider who was not supportive of my gender identity or expression (5) |  |  |  |  |
| My parent(s) or caregiver(s) have taken me to see a counselor, religious leader or other professional who tried to change my gender identity or expression (6) |  |  |  |  |

Q25.1 Does your school have written policies intended to support and protect transgender and gender non-conforming students? Please select one answer.

* Yes (1)
* No (2)
* I don't know or I am not sure (3)

Q25.2 How supportive are the following of transgender and gender non-conforming students at your school? Please select one answer per item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very supportive (1) | Somewhat supportive (2) | Neither supportive nor unsupportive (3) | Unsupportive (4) | Very unsupportive (5) |
| Teachers at my school (1) |  |  |  |  |  |
| Other students at my school (2) |  |  |  |  |  |

Q26.1 To what extent have each of these been a problem for you? Please select one answer per item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No problem at all (1) | Very slight problem (2) | Somewhat of a problem (3) | Major problem (4) |
| My parent(s) or guardian(s) told me not to tell friends or neighbors about my sexual orientation (1) |  |  |  |  |
| My parent(s) or guardian(s) said they are ashamed of me because of my sexual orientation (2) |  |  |  |  |
| My parent(s) or guardian(s) told me to act more feminine or more masculine or punished me for not being feminine or masculine enough (3) |  |  |  |  |
| My parent(s) or guardian(s) told me that being gay is against our religion (4) |  |  |  |  |
| My parent(s) or guardian(s) took me to see a health care provider who was not supportive of my sexual orientation (5) |  |  |  |  |
| I was afraid to ask to see a healthcare provider because I was worried about my parents or caregivers finding out about my sexual orientation (6) |  |  |  |  |
| My parent(s) or guardian(s) have taken me to see a counselor, religious leader or other professional who tried to change my sexual orientation (7) |  |  |  |  |

Q105 Does your school have written policies intended to support and protect lesbian, gay and bisexual students? Please select one answer.

* Yes (1)
* No (2)
* I don't know or I am not sure (3)

Q24.1 How supportive are the following of lesbian, gay and bisexual students at your school? Please select one answer per item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very supportive (1) | Somewhat supportive (2) | Neither supportive nor unsupportive (3) | Unsupportive (4) | Very unsupportive (5) |
| Teachers at my school (1) |  |  |  |  |  |
| Other students at my school (2) |  |  |  |  |  |

Q28.1 Last year, how many times did you go to events at an LGBT center or other place that is specifically for LGBT people? Please select one answer.

* Never (1)
* Once or twice (2)
* More than twice but less than once a month (3)
* About once per month (4)
* More often than once per month (5)

Q28.2 How often have you used health or human services that were specifically targeted to LGBT people? Human services include any professional services that improve your health or well-being. Please select one answer.

* Never (1)
* Once or twice (2)
* More than twice but less than once a month (3)
* About once per month (4)
* More often than once per month (5)

Q30.1 Have you ever tried to change the gender marker on your birth certificate? Please select one.

* Yes (1)
* No, and I don't want to to change it (2)
* No, but I do want to change it (3)
* No, and I'm not sure whether I want to or not (4)

Q31.1 When you tried to change the gender marker on your birth certificate, were you successful?

* Yes (1)
* No (2)

Q31.2 When did you try to change the gender marker on your birth certificate? Please select one answer regardless of whether you were successful or not; if you have tried more than once, please indicate the most recent time you tried to change it.

* In the last six months (1)
* More than six months but less than one year ago (2)
* More than one year ago but less than five years ago (3)
* Five or more years ago (4)

Q32.1 How do your identity documents (e.g. driver's license, passport, insurance card) identify your gender? Please select one answer.

* All identify my gender as male (1)
* All identify my gender as female (2)
* Some say my gender is female, others say my gender is male (3)
* I am not sure what my identity documents say (4)
* I don't have any identity documents (5)

Q33.1 The following questions are about access to medical care related to gender transition. Are you now or have you ever sought medical care (including mental health care) related to gender transition?

* Yes (1)
* No (2)

Q34.1 How much does each of the following make it hard for you to get the gender transition related care you need. Please select one answer per item?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No problem at all (1) | Very slight problem (2) | Somewhat of a problem (3) | Major problem (4) |
| Long distances to transition related care (1) |  |  |  |  |
| Transition related care is located in a different place from primary care (2) |  |  |  |  |
| My insurance does not cover transition related care (3) |  |  |  |  |
| Not enough health care providers who know how to provide transition related care (4) |  |  |  |  |
| My personal financial resources (5) |  |  |  |  |

Q35.1 Are you now or have you ever tried to access gender affirming hormone therapy? Please select one answer.

* Yes, I am currently accessing gender affirming hormone therapy (1)
* I am not currently accessing gender affirming hormone therapy, but I have in the past (2)
* I have tried to access gender affirming hormone therapy but have never been able to access it (3)
* No, I have never accessed gender affirming hormone therapy (4)

Q36.1 Do you have a current, valid prescription for hormones?

* Yes (1)
* No (2)

Q36.2 Where did you obtain your most recent dose of hormones? Please select one answer.

* From a doctor, nurse or other health care provider (1)
* From a community based organization or community clinic (2)
* From a pharmacy (3)
* From a friend (4)
* From the internet (5)
* From somewhere else not listed here: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q36.3 Have you experienced disruptions in access to hormone therapy at any time since you began using hormones?

* Yes (1)
* No (2)

Q36.4 What was the longest time you were without hormones since you began using them? Please select one answer.

* Less than one week (1)
* One to two weeks (2)
* More than two weeks but less than one month (3)
* One to three months (4)
* More than three months but less than six months (5)
* Six months or more (6)

Q36.5 Why did you experience disruptions in your hormone use? Please select all that apply.

* I chose to take a break from taking hormones (1)
* I could not afford to pay for hormones (2)
* My provider said that I needed to stop taking them because of some other health issue (3)
* I aged out of a program (4)
* I became ineligible for the program that provides my hormones for reasons other than age (5)
* I couldn't find a provider to give me hormones (6)
* I had problems with my insurance (7)
* Incarceration or criminal justice involvement (8)
* Any other reason not listed here: (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q37.1 The following questions are about your experiences with discrimination. Please select one answer per item.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (1) | No (2) | Not applicable (3) |
| At any time in your life, have you ever been unfairly fired because of your gender identity or expression? (1) |  |  |  |
| Have you ever not been hired for a job because of your gender identity or expression? (2) |  |  |  |
| Have you ever experienced physical violence, such as being hit, punched or kicked, because of your gender identity or expression? (3) |  |  |  |
| Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police because of your gender identity or expression? (4) |  |  |  |
| Have you ever been unfairly discouraged by a teacher or advisor from continuing your education because of your gender identity or expression? (5) |  |  |  |
| Have you ever been unfairly prevented from moving because the landlord or a realtor refused to sell or rent you a house or apartment because of your gender identity or expression? (6) |  |  |  |
| Have you ever moved into a neighborhood where neighbors made life difficult for you or your family because of your gender identity or expression? (7) |  |  |  |
| Have you ever been told you cannot use a specific bathroom because of your gender identity or expression? (8) |  |  |  |

Q38.1 The following questions are about your access to food and housing. Please select how often this was true in the past year (twelve months) for each of the following items.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Often True (1) | Sometimes True (2) | Never True (3) |
| I worried whether my household's food would run out before I/we got money to buy more. (1) |  |  |  |
| The food that I/we bought just didn't last and I/we didn't have money to get more. (2) |  |  |  |
| I/we couldn't afford to eat balanced meals. (3) |  |  |  |
| I did not have enough money for adequate housing. (4) |  |  |  |
| I did not have enough money to pay utility bills such as gas, electric or phone bills. (5) |  |  |  |

Q38.2 In the past year (12 months) have you tried to access any of the following programs? If so, were you successful? Please select yes or no.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Tried To Access | | Succeeded in Accessing | |
|  | Yes (1) | No (2) | Yes (1) | No (2) |
| Social Security Disability Income (SSDI) (1) |  |  |  |  |
| Supplemental Security Income (SSI) (2) |  |  |  |  |
| Public rental assistance or Section 8 voucher program (3) |  |  |  |  |
| Cash assistance from the government such as Temporary Assistance to Needy Families (TANF) or Safety Net Assistance (SNA) (4) |  |  |  |  |
| Food stamps or Supplemental Nutrition Assistance program (SNAP) (5) |  |  |  |  |
| AIDS Drug Assistance Program (ADAP) (6) |  |  |  |  |
| Job training (7) |  |  |  |  |
| Unemployment benefits (8) |  |  |  |  |
| Homeless shelter (9) |  |  |  |  |

Q64.1 Have you ever been homeless or not had a permanent place to sleep at night? Please select one answer.

* Yes, I currently lack a permanent place to sleep at night or am currently homeless (1)
* Yes, I have been homeless but currently have a permanent place to live (2)
* No, I have never been homeless (3)

Q64.2 When was the last time you lacked a permanent place to sleep at night or were homeless? Please select one answer.

* Less than one month ago (1)
* One month to six months ago (2)
* More than six months but less than one year ago (3)
* More than one year but less than three years ago (4)
* Three or more years ago (5)

Q65.1 Do you rent, own or otherwise occupy your home? Please select one answer.

* Rent (1)
* Own (2)
* Other type of occupancy, please specify (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q39.1 How many members of the household, including yourself, are 18 years of age or older? Please select one answer.

* One (1)
* Two (2)
* Three (3)
* Four (4)
* Five (5)
* Six or more, please specify number: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q39.2 How many children under the age of 18 live in your household? Please select one answer.

* Zero or none (1)
* One (2)
* Two (3)
* Three (4)
* Four (5)
* Five or more, please specify number: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q39.3 How many people do you live with who you consider to be roommates? Please type a numerical answer.

Q40.1 The following questions are about your household income. Was your annual household income for 2014 (before taxes) less than $55,820?

* Yes (1)
* No (2)

Q41.1 Was your annual household income for 2014 (before taxes) less than $27,910?

* Yes (1)
* No (2)

Q42.1 Was your household income for 2014 (before taxes) less than $41,865?

* Yes (1)
* No (2)

Q43.1  Was your annual household income for 2014 (before taxes) less than $111,640

* Yes (1)
* No (2)

Q44.1 The following questions are about your household income. Was your annual household income for 2014 (before taxes) less than $47,700

* Yes (1)
* No (2)

Q45.1 Was your annual household income for 2014 (before taxes) less than $23,850?

* Yes (1)
* No (2)

Q46.1 Was your annual household income for 2014 (before taxes) less than $35,775

* Yes (1)
* No (2)

Q47.1 Was your annual household income for 2014 (before taxes) less than $95,400?

* Yes (1)
* No (2)

Q48.1 The following questions are about your household income. Was your annual household income for 2014 (before taxes) less than $39,580?

* Yes (1)
* No (2)

Q49.1  Was your annual household income for 2014 (before taxes) less than $19,790?

* Yes (1)
* No (2)

Q50.1  Was your annual household income for 2014 (before taxes) less than $29,685?

* Yes (1)
* No (2)

Q51.1 Was your annual household income for 2014 (before taxes) less than $79,160?

* Yes (1)
* No (2)

Q52.1 The following questions are about your household income. Was your annual household income for 2014 (before taxes) less than $31,460?

* Yes (1)
* No (2)

Q53.1 Was your annual household income for 2014 (before taxes) less than $15,730?

* Yes (1)
* No (2)

Q54.1 Was your annual household income for 2014 (before taxes) less than $23,595?

* Yes (1)
* No (2)

Q55.1 Was your annual household income for 2014 (before taxes) less than $62,920?

* Yes (1)
* No (2)

Q56.1 The following questions are about your income. Was your annual income for 2014 (before taxes) less than $23,340?

* Yes (1)
* No (2)

Q57.1 Was your annual income for 2014 (before taxes) less than $11,670?

* Yes (1)
* No (2)

Q58.1 Was your annual income for 2014 (before taxes) less than $17,505

* Yes (1)
* No (2)

Q59.1 Was your annual income for 2014 (before taxes) less than $47,700?

* Yes (1)
* No (2)

Q60.1 The following questions are about your household income. Was your annual household income for 2014 (before taxes) less than $63,940

* Yes (1)
* No (2)

Q61.1 Was your annual household income for 2014 (before taxes) less than $31,970?

* Yes (1)
* No (2)

Q62.1 Was your annual household income for 2014 (before taxes) less than $47,955?

* Yes (1)
* No (2)

Q63.1 Was your annual household income for 2014 (before taxes) less than $127,880?

* Click to write Choice 1 (1)
* Click to write Choice 2 (2)
* Click to write Choice 3 (3)

Q66.1 The following set of questions are about PrEP (pre-exposure prophylaxis). PrEP is for people who are HIV negative AND meet one or more of a set of other criteria. People who are HIV positive or who are HIV negative but do not meet the additional criteria will not be asked the next set of questions. If you are HIV positive, please answer "no" below.If you are HIV negative, and you meet one of the following criteria, please answer "yes" below. You do not need to tell us which of the following criteria you meet. 1. You have an ongoing sexual relationship with someone who is HIV positive or meets one of the criteria (2-4) below 2. You have recently shared needles for injecting medication or intravenous drugs 3. You have recently had a sexually transmitted infection 4. You have recently exchanged sex for money, drugs, or a place to stay If you are HIV negative and at least one of the criteria 1-4 apply to you, please answer "yes" below.

* Yes (1)
* No (2)

Q67.1 How familiar are you with PrEP (pre-exposure prophylaxis) for HIV prevention? Please select one answer.

* Completely unfamiliar (1)
* Somewhat unfamiliar (2)
* Familiar (3)
* Very familiar (4)

Q67.2 Have you ever asked a doctor or other health care provider about PrEP?

* Yes (1)
* No (2)

Q67.3 Has a provider ever offered you a prescription for PrEP?

* Yes (1)
* No (2)

Q67.4 Have you ever taken PrEP? Please answer "no" if you took it for a total of less than two weeks.

* Yes (1)
* No (2)

Q67.5 The following questions are about PrEP. Please select one answer per item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly agree (1) | Agree (2) | Disagree (3) | Strongly Disagree (4) |
| PrEP is too expensive (1) |  |  |  |  |
| Taking PrEP helps people feel safe when they have sex (2) |  |  |  |  |
| If I use PrEP, people will think I am promiscuious (3) |  |  |  |  |
| PrEP has unwanted side effects (4) |  |  |  |  |
| People like me do not need PrEP (5) |  |  |  |  |
| Someone who is in a monogamous relationship does not need PrEP (6) |  |  |  |  |
| Insurance does not cover PrEP (7) |  |  |  |  |

Q68.1 Would you be willing to be contacted for further research on topics related to LGBT health and human services?

* Yes (1)
* No (2)

Q68.2 Is there anything else you would like to tell us about your health and human services needs or experiences? Please type your answer in the box below.