

# ATTACHMENT 1: LGBT YOUNG ADULT BASELINE INSTRUMENT

Form Approved  
OMB No. 0910-0808  
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## Research and Evaluation Survey for the Public Education Campaign on Tobacco among Lesbian Gay Bisexual Transgender (LGBT) (RESPECT)

### Subjects for Questionnaire:

- Section AA: Informed Consent
- Section A: Demographic Items
- Section B: Tobacco Use Behavior
- Section C: Tobacco Use Intentions and Self-Efficacy
- Section D: Cessation (Intention, Behavior, Motivation)
- Section E: Attitudes, Beliefs & Risk Perceptions, Social Norm
- Section F: Media Use and Awareness
- Section G: Environment
- Section H: LGBT Identity and Community

Notes: LGBT stands for Lesbian Gay Bisexual Transgender

The "Prefer not to answer" option will be available for all questions; however, it will not be visible on the screen. Rather respondents will have the option of continuing to the next question without answering the current question. If they do, they will be prompted to answer the question they skipped, but can continue without answering the question.

WID [IF INTERCEPT] Our records indicate that a XX PREFILL AGE year old named XX PREFILL NAME answered some questions for this study. Are you XX PREFILL NAME?

1. Yes
2. No

PROGRAMMER: FILL DATA FROM SCREENER IN THIS QUESTION.

[IF WID=2] Thank you, but you are not eligible to take this survey.

**Section AA: Informed consent**

**AA1.** [THE INFORMED CONSENT TEXT WILL BE INSERTED HERE.]

**Section A: Demographic Items**

The first part of the survey asks you some general questions about yourself.

**A1.** What is your date of birth? (mm-yyyy)?

**A2.** Are you Hispanic, Latino/a, or of Spanish origin? Check all that apply.

- <sub>1</sub> No, not of Hispanic, Latino/a, or Spanish origin
- <sub>2</sub> Yes, Mexican American, Chicano/a
- <sub>3</sub> Yes, Puerto Rican
- <sub>4</sub> Yes, Cuban
- <sub>5</sub> Yes, another Hispanic, Latino/a, or Spanish origin
- <sub>9</sub> Prefer not to answer

**A3.** What race or races do you consider yourself to be? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER or YOU MAY SKIP THIS QUESTION)

	Yes	No	Prefer Not to Answer
<b>A3_1.</b> American Indian or Alaska Native	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_2.</b> Asian	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_3.</b> Black or African American	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_4.</b> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_5.</b> White	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_6.</b> Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_7.</b> Prefer not to answer			

**A4.** Which best describes your current job or paid employment status?

- <sub>1</sub> Work full-time at least 35 hours per week
- <sub>2</sub> Work part-time 15 to 34 hours per week
- <sub>3</sub> Work part-time less than 15 hours per week
- <sub>4</sub> I don't currently work for pay
- <sub>5</sub> Don't know
- <sub>9</sub> Prefer not to answer

**A5.** What is the highest grade or level of school you have completed?

- <sub>1</sub> Less than high school
- <sub>2</sub> Some high school, no diploma
- <sub>3</sub> GED
- <sub>4</sub> High school graduate—diploma
- <sub>5</sub> Some college but no degree
- <sub>6</sub> Associate degree—occupational/vocational
- <sub>7</sub> Associate degree—academic program
- <sub>8</sub> Bachelor’s degree (ex: BA, AB, BS)
- <sub>9</sub> Master’s degree (ex: MA, MS, MEng, Med, MSW)
- <sub>10</sub> Professional school degree (ex: MD, DDS, DVM, JD)
- <sub>11</sub> Doctorate degree (ex: PhD, EdD)
- <sub>12</sub> Don’t know
- <sub>99</sub> Prefer not to answer

**A6.** Are you currently enrolled in a degree program?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Don’t know
- <sub>9</sub> Prefer not to answer

**A7.** Which of the following categories best describes your total household income in the past 12 months?

This is the total income before taxes of all persons in your household combined. Please include money from jobs, relatives, pensions, dividends, interest, social security payments or retirement benefits, net income from business, farm or rent, and any other money received by household members.

- <sub>1</sub> Less than \$10,000
- <sub>2</sub> \$10,000 to \$14,999
- <sub>3</sub> \$15,000 to \$24,999
- <sub>4</sub> \$25,000 to \$34,999
- <sub>5</sub> \$35,000 to \$49,999
- <sub>6</sub> \$50,000 to \$74,999
- <sub>7</sub> \$75,000 to \$99,999
- <sub>8</sub> \$100,000 to \$149,999
- <sub>9</sub> \$150,000 to \$199,999
- <sub>10</sub> \$200,000 or more
- <sub>11</sub> Don’t know
- <sub>99</sub> Prefer not to answer

## Section B: Tobacco Use Behavior

The next section asks about your experiences with tobacco products.

### ***Cigarette Use***

**B1.** Have you ever tried cigarette smoking, even one or two puffs?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**B2.** [IF B1=1 or 9] During the past 30 days, on how many days did you smoke cigarettes?

[\_|\_] days [RANGE: 0-30, 99]

[PN: IF RESPONDENT DOESN'T ANSWER 0-30, FILL WITH 99]

**B3.** [IF B2=1 to 30] During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- <sub>1</sub> Fewer than 5 cigarettes
- <sub>2</sub> 5-9 cigarettes
- <sub>3</sub> 10 cigarettes (1/2 a pack)
- <sub>4</sub> 11-19 cigarettes (more than 1/2 pack but less than 1 pack)
- <sub>5</sub> 20 cigarettes (1 pack)
- <sub>6</sub> 30 cigarettes (1 ½ packs)
- <sub>7</sub> 40 cigarettes (2 packs)
- <sub>8</sub> More than 40 cigarettes (more than 2 packs)
- <sub>9</sub> Prefer not to answer

**B4.** [IF B2=1 to 30] On the days that you smoke, how soon after you wake up do you have your first cigarette? Would you say...

- <sub>1</sub> Within 5 minutes
- <sub>2</sub> 6-30 minutes
- <sub>3</sub> 31-60 minutes
- <sub>4</sub> After 60 minutes
- <sub>9</sub> Prefer not to answer

**B5.** [IF B2=1 to 30] Do you consider yourself a smoker?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**B6.** [IF B2=1 to 30] Do you consider yourself a social smoker?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**B7.** [IF B1=1] About how many cigarettes have you smoked in your entire life? Your best guess is fine.

- <sub>1</sub> 1 or more puffs but never a whole cigarette
- <sub>2</sub> 1 cigarette
- <sub>3</sub> 2 to 5 cigarettes
- <sub>4</sub> 6 to 15 cigarettes (about 1/2 a pack total)
- <sub>5</sub> 16 to 25 cigarettes (about 1 pack total)
- <sub>6</sub> 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
- <sub>7</sub> 100 or more cigarettes (5 or more packs)
- <sub>9</sub> Prefer not to answer

**B8.** [IF B1=1 AND B2=0 OR 99] About how long has it been since you last smoked cigarettes?

- <sub>1</sub> More than 30 days ago but within the past 3 months
- <sub>2</sub> More than 3 months ago but within the past 12 months
- <sub>3</sub> More than 12 months ago but within the past 3 years
- <sub>4</sub> More than 3 years ago
- <sub>9</sub> Prefer not to answer

**B9.** Have you ever used smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as Copenhagen, Skoal, Grizzly, Kodiak, and Red Seal even just a small amount?



- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**B10.** [IF B9=1] During the past 30 days, on how many days did you use chewing tobacco, snuff, snus or dip?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

**B11.** Have you ever smoked cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's, even one or two puffs?



- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B11=1, ASK B12]

**B12.** During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

**B13.** Have you ever tried smoking tobacco out of a water pipe (also called "hookah")?



- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B13=1, ASK B14]

**B14.** During the past 30 days, on how many days did you smoke tobacco out of a water pipe (also called “hookah”)?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer



**B15.** These are examples of electronic nicotine products: e-cigarettes, e-cigars, e-hookahs, epipes, vape pens, hookah pens and personal vaporizers. These products are battery-powered, use nicotine fluid rather than tobacco leaves, and produce vapor instead of smoke. Some common brands include Fin, NJOY, Blu, e-Go and Vuse. Have you ever tried these products, even once or twice?





- 1 Yes
- 2 No
- 9 Prefer not to answer

**B16.** [IF B15=1] During the past 30 days, on how many days did you use electronic nicotine products, such as “e-cigarettes”, “e-cigs”, “vapor pens”, or “e-hookahs”?

- 1 0 days
- 2 1 or 2 days
- 3 3 to 5 days
- 4 6 to 9 days
- 5 10 to 19 days
- 6 20 to 29 days or
- 7 All 30 days
- 9 Prefer not to answer

**B17.** During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

- 1 0 days
- 2 1 or 2 days
- 3 3 to 5 days
- 4 6 to 9 days
- 5 10 to 19 days
- 6 20 to 29 days
- 7 All 30 days
- 9 Prefer not to answer

## Section C: Tobacco Use Intentions and Self-Efficacy

**C1.** [IF B1=2] Thinking about the future...

		Definitely Yes	Probably Yes	Probably Not	Definitely Not	Prefer Not to Answer
<b>C1_1.</b>	Do you think that you will try a <u>cigarette</u> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_2.</b>	Do you think you will smoke a <u>cigarette</u> at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_3.</b>	If one of your best friends were to offer you a <u>cigarette</u> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**C2.** How sure are you that, if you really wanted to, **you could avoid smoking cigarettes** if...

[RANDOMIZE C2\_1-C2\_5]

	Not at all sure	Slightly sure	Somewhat sure	Mostly sure	Completely sure	Prefer Not to Answer
<b>C2_1.</b> You are at a party, bar or club?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C2_2.</b> You are in a place where most people are smoking?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C2_3.</b> Someone you know offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C2_4.</b> Someone you want to get to know offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C2_5.</b> Someone offers it to take a break?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

## Section D: Cessation (Intention, Behavior, Motivation)

### *Cigarette Use*

**D1.** [IF B2=1-30] How much do you want to stop smoking for good? Would you say...?

- <sub>1</sub> Not at all
- <sub>2</sub> A little
- <sub>3</sub> Somewhat
- <sub>4</sub> A lot
- <sub>9</sub> Prefer not to answer

**D2.** [IF B2=1-30] How much do you think your health would improve if you were to stop smoking for good?

- <sub>1</sub> Not at all
- <sub>2</sub> A little
- <sub>3</sub> Somewhat
- <sub>4</sub> A lot
- <sub>9</sub> Prefer not to answer

**D3.** [IF B2=1-30] How worried are you that smoking will damage your health in the future?

- <sub>1</sub> Not at all worried
- <sub>2</sub> A little worried
- <sub>3</sub> Somewhat worried
- <sub>4</sub> Very worried
- <sub>9</sub> Prefer not to answer

**D4.** [IF B2=1-30] How worried are you that smoking will damage your physical appearance or attractiveness?

- <sub>1</sub> Not at all worried
- <sub>2</sub> A little worried
- <sub>3</sub> Somewhat worried
- <sub>4</sub> Very worried
- <sub>9</sub> Prefer not to answer

[Ask ALL]

**Section E: Attitudes, Beliefs & Risk Perceptions, Social Norms**

The next set of questions asks for your opinions on cigarette use and other tobacco products.

**Attitude**

**E1.** How much do you agree or disagree with the following statements about people who are tobacco-free?

[RANDOMIZE ALL ROWS]

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E1_1.</b>	People who are tobacco-free are <u>confident</u> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_2.</b>	People who are tobacco-free are <u>trendsetting</u> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_3.</b>	People who are tobacco-free are <u>happy</u> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_4.</b>	People who are tobacco-free are <u>judgmental</u> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_5.</b>	People who are tobacco-free are <u>attractive</u> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_6.</b>	People who are tobacco-free are <u>basic</u> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_7.</b>	People who are tobacco-free are <u>boring</u> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_8.</b>	People who are tobacco-free are <u>predictable</u> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E2. Smoking cigarettes** is... (pick one)

[RANDOMIZE E2\_1-E2\_2]

<b>E2_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E2_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>

**E3A.** [IF B1= 2 OR B2= 0 AND B9=2 OR B10= 1 AND B11= 2 OR B12= 1 AND B13= 2 OR B14= 1 AND B15= 2 OR B16= 1]

How much do you agree or disagree with the following statements?

[RANDOMIZE E3A\_1-E3A\_5]

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E3A_1.</b>	I am proud to live tobacco-free.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3A_2.</b>	Living tobacco-free is important to me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3A_3.</b>	Tobacco use is harmful to the LGBT community.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3A_4.</b>	Being tobacco free when I go out makes me feel excluded.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3A_5.</b>	Using tobacco makes life harder.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E3B.** [IF B2 NE 0 OR B10 NE 1 OR B12 NE 1 OR B14 NE 1 OR B16 NE 1]

How much do you agree or disagree with the following statements?

[RANDOMIZE E3B\_1-E3B\_7]

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E3B_1.</b>	I would be proud to live tobacco-free.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3B_2.</b>	Living tobacco-free is important to me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3B_3.</b>	If I lived tobacco-free I would be proud to tell other people.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3B_4.</b>	Using tobacco interferes with my	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

	life.						
<b>E3B_5.</b>	Tobacco use is harmful to the LGBT community.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3B_6.</b>	If I was tobacco free I would feel excluded when I go out.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3B_7.</b>	Using tobacco makes life harder.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E4.** How much do you agree or disagree with the following statements? If I smoke cigarettes every day, I will...

[RANDOMIZE ROWS]

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E4_1.</b>	Shorten my life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_2.</b>	Be able to stop smoking when I want to	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_3.</b>	Damage my immune system	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_4.</b>	Turn off potential partners	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_5.</b>	Damage my teeth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_6.</b>	Damage my skin	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_7.</b>	Develop lung cancer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>



**Social Norms**

**E5.** How many of your four closest friends...

		<b>0 None</b>	<b>1 One</b>	<b>2 Two</b>	<b>3 Three</b>	<b>4 Four</b>	<b>9 Prefer Not to Answer</b>
<b>E5_1.</b>	Smoke cigarettes?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E5_2.</b>	Use a hookah or water pipe to smoke tobacco?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E5_3.</b>	Use electronic nicotine products such as “e-cigarettes”, “e-cigs”, “vapor pens”, or “e-hookahs”?  Common brands are Blu, Njoy, Logic, Fin, Swisher, 21 <sup>st</sup> Century Smoke, Vuse, Markten, V2 EeCigs, Nicotek or Vapin Plus.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**E6.** How many **LGBT people** who are your age...

		<b>None</b>	<b>A few</b>	<b>Some</b>	<b>Most</b>	<b>All</b>	<b>Prefer Not to Answer</b>
<b>E6_1.</b>	Smoke cigarettes?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E6_2.</b>	Use a hookah or water pipe to smoke tobacco?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E6_3.</b>	Use electronic nicotine products such as “e-cigarettes”, “e-cigs”, “vapor pens”, or “e-hookahs”?  Common brands are Blu, Njoy, Logic, Fin, Swisher, 21 <sup>st</sup> Century Smoke, Vuse, Markten, V2 EeCigs, Nicotek or Vapin Plus.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**E7.** How do **LGBT people your age** feel about cigarette smoking? Would you say most **LGBT people your age**...

- 2 Strongly disapprove
- 3 Somewhat disapprove
- 4 Neither approve nor disapprove
- 4 Somewhat approve
- 4 Strongly approve
- 9 Prefer not to answer

**E8.** Compared to 3 months ago, **people my age at LGBT bars, clubs and events** are smoking...

- 1 More often
- 2 Less often
- 3 About the same
- 4 Not sure
- 9 Prefer not to answer

***Perceived Approval***

**E9.** How much do you agree or disagree with the following statements?

[RANDOMIZE E9\_1-E9\_3]

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E9_1.</b>	According to <u>my friends</u> , it is very important for me to <u>not</u> smoke cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E9_2.</b>	According to <u>most people who hang out where I hang out</u> , it is very important for me to <u>not</u> smoke cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E9_3.</b>	According to <u>people my age in LGBT communities</u> it is very important for me to <u>not</u> smoke cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**E10.** How much do you agree or disagree with the following statements? **If I only smoke cigarettes on some days (for example, smoking only when I go out), I will...**

[RANDOMIZE ROWS]

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
<b>E10_1.</b>	Shorten my life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E10_2.</b>	Be able to stop smoking when I want to	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E10_3.</b>	Damage my immune system	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E10_4.</b>	Turn off potential partners	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E10_5.</b>	Damage my teeth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E10_6.</b>	Damage my skin	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E10_7.</b>	Develop lung cancer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**APPROVAL OF SMOKING**

**E11.** This next set of questions asks about how willing or unwilling you are to do things with people who smoke cigarettes. Would you:

		Definitely Yes	Probably Yes	Probably Not	Definitely Not	Prefer Not to Answer
<b>E11_1.</b>	Go to a bar, club, party, concert or event where people are smoking cigarettes?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E11_2.</b>	Hang out with someone who smokes cigarettes?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E11_3.</b>	Dance with someone who smokes cigarettes?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E11_4.</b>	Kiss someone who smokes cigarettes?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E11_5.</b>	Date someone who smokes cigarettes?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>

**E12.** How much do you agree or disagree with the following statements about smoking cigarettes?

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E12_1.</b>	It is safe for me to smoke for only a year or two, as long as I quit after that.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E12_2.</b>	If I started to smoke occasionally I would not become addicted.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E12_3.</b>	Smoking cigarettes helps people relieve stress.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E12_4.</b>	Cigarette ingredients are harmful.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E12_5.</b>	Cigarette ingredients are dangerous.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E12_6.</b>	Smoking is a way to show my identity to others.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E12_7.</b>	Smoking cigarettes can help keep your weight down.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E12_8.</b>	Smoking can cause damage to nearly every part of your body.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E12_9.</b>	Smoking weakens your immune system.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**Section F: Media Use and Awareness**

Next, we'd like to ask you about your use of TV and other media.

**F1.** How often do you...

	Several times a day	About Once a Day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Never	Prefer Not to Answer
<b>F1_1.</b> Watch TV shows or movies on any platform including a TV set, a computer, laptop or tablet, a smartphone or an iPod or MP3 player?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_2.</b> Watch videos on YouTube?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_3.</b> Listen to streaming radio?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9

**F2.** Thinking about the social networking sites you use. About how often do you visit or use...

[RANDOMIZE ALL]

	Several times a day	About Once a Day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Never	Prefer Not to Answer
<b>F2_1.</b> Facebook	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_2.</b> Instagram	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_3.</b> Twitter	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_4.</b> Tumblr	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_5.</b> Snapchat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>

**F3.** Thinking about the following websites. About how often do you visit or use...

[RANDOMIZE ALL]

	Several times a day	About Once a Day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Never	Prefer Not to Answer
<b>F3_1.</b> Queerty <a href="http://www.queerty.com/">http://www.queerty.com/</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F3_2.</b> Logo TV <a href="http://www.logotv.com/">http://www.logotv.com/</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F3_3.</b> Out <a href="http://www.out.com/">http://www.out.com/</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F3_4.</b> Autostraddle <a href="http://www.autostraddle.com/">http://www.autostraddle.com/</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F3_5.</b> After Ellen <a href="http://www.afterellen.com/">http://www.afterellen.com/</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F3_6.</b> Gay.com <a href="http://www.gay.com/">http://www.gay.com/</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>

**F4.** How often do you go to concerts, live shows, or other events at a store, local stage, community center, or music venue?

- <sub>1</sub> Once a week or more often
- <sub>2</sub> One or two times a month
- <sub>3</sub> Once every two or three months
- <sub>4</sub> One or two times a year
- <sub>5</sub> I do not attend concerts, live shows, or other events
- <sub>9</sub> Prefer not to answer

**F5.** In the past 30 days, on how many days did you go to an LGBT party, night, bar, club, or event?

- <sub>1</sub> 0 days
- <sub>2</sub> 1-3 days
- <sub>3</sub> 4-6 days
- <sub>4</sub> 7 or more days
- <sub>5</sub> Don't remember how many days
- <sub>9</sub> Prefer not to answer

**F6.** How many LGBT celebrities, athletes, musicians, or artists do you follow on social media (e.g. Laverne Cox, Tegan & Sara, Ruby Rose, Angel Haze)?

- <sub>1</sub> 0
- <sub>2</sub> 1-2
- <sub>3</sub> 3-4
- <sub>4</sub> 5 or more
- <sub>9</sub> Prefer not to answer

## Section G: Environment

The next section asks some questions about your household and peers.

**G1.** Other than you, has anyone who lives with you used any of the following during the past 30 days...? Check all that apply.

- <sub>1</sub> cigarettes
- <sub>2</sub> cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's
- <sub>3</sub> tobacco out of a water pipe (also called "hookah")
- <sub>4</sub> No, no one who lives with me has used any form of tobacco during the past 30 days
- <sub>9</sub> Prefer not to answer

**G2.** How often do you attend church or religious services? Would you say...

- <sub>1</sub> Never
- <sub>2</sub> Less than once a month
- <sub>3</sub> About once a month
- <sub>4</sub> About 2 or 3 times a month
- <sub>5</sub> Once a week
- <sub>6</sub> More than once a week
- <sub>9</sub> Prefer not to answer

Please tell us if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements.

**G3.** I would like to explore strange places. Would you say you...

- <sub>1</sub> Strongly Disagree
- <sub>2</sub> Disagree
- <sub>3</sub> Neither agree nor disagree
- <sub>4</sub> Agree
- <sub>5</sub> Strongly Agree
- <sub>9</sub> Prefer not to answer

**G4.** I like to do frightening things. Would you say you...

- <sub>1</sub> Strongly Disagree
- <sub>2</sub> Disagree
- <sub>3</sub> Neither agree nor disagree
- <sub>4</sub> Agree
- <sub>5</sub> Strongly Agree
- <sub>9</sub> Prefer not to answer



**G5.** I like new and exciting experiences, even if I have to break the rules. Would you say you...

- <sub>1</sub> Strongly Disagree
- <sub>2</sub> Disagree
- <sub>3</sub> Neither agree nor disagree
- <sub>4</sub> Agree
- <sub>5</sub> Strongly Agree
- <sub>9</sub> Prefer not to answer

**G6.** I prefer friends who are exciting and unpredictable. Would you say you...

- <sub>1</sub> Strongly Disagree
- <sub>2</sub> Disagree
- <sub>3</sub> Neither agree nor disagree
- <sub>4</sub> Agree
- <sub>5</sub> Strongly Agree
- <sub>9</sub> Prefer not to answer

**G7.** 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?

- \_\_\_\_\_ Number of days (1-30)
- <sub>2</sub> None
  - <sub>3</sub> Don't know
  - <sub>9</sub> Prefer not to answer

**G8.** In the last month, how often have you

		<b>Never</b>	<b>Almost never</b>	<b>Sometimes</b>	<b>Fairly often</b>	<b>Very often</b>	<b>Prefer Not to Answer</b>
<b>G8_1.</b>	Felt that you were unable to control the important things in your life.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>G8_2.</b>	Felt confident about your ability to handle your personal problems.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>G8_3.</b>	Felt that things were going your way.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>G8_4.</b>	Felt difficulties were piling up so high that you could not overcome them.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

## Section H: LGBT Identity and Community

### Discrimination

**H1.** Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following seven situations because of your sexual identity (lesbian, gay, bisexual, transgender)?

		<b>1</b> <b>Yes</b>	<b>2</b> <b>No</b>	<b>9</b> <b>Prefer not to answer</b>
<b>H1_1.</b>	In your family	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_2.</b>	At school	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_3.</b>	Getting a job	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_4.</b>	At work	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_5.</b>	At home	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_6.</b>	Getting medical care	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_7.</b>	On the street or in a public setting	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9

### LGBT Community Involvement

**H2\_1.** Have you ever attended an LGBT pride event?

- \_1 Yes  
\_2 No  
\_9 Prefer not to answer

**H2\_2.** [IF H2\_1= 1] Have you attended an LGBT pride event in the past 12 months?

- \_1 Yes  
\_2 No  
\_9 Prefer not to answer

**LGBT Identity Development**

**H3.** For each of the following questions, please mark the response that best indicates your current experience as an LGBT person. Please be as honest as possible: Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree (Neutral)</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>H3_1.</b>	I am glad to be an LGBT person.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_2.</b>	My sexual identity is an insignificant part of who I am.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_3.</b>	I'm proud to be part of the LGBT community.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_4.</b>	My sexual identity is a central part of my identity.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_5.</b>	To understand who I am as a person, you have to know that I'm LGBT.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_6.</b>	Being an LGBT person is a very important aspect of my life.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_7.</b>	I believe being LGBT is an important part of me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_8.</b>	I am proud to be LGBT.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_9.</b>	I feel part of the LGBT community.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_10.</b>	I feel accepted by the LGBT community.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

WEBTH Within 2 business days, we will send an email containing information about how to access and redeem your digital gift card. This information must be sent via email to the email address you supplied before starting this survey.

RECON Thank you for your responses! We will be conducting additional rounds of this survey. The next round will take place in about 6 months. Your participation in these next rounds is really important so that we can measure what has changed over time. When we contact you again via email or text message in the future, you will be able to decide if you want to take part in the survey at that time, and you can change your mind at any point.

NEXT

**Thank you for taking time to complete this survey. You may close this window now.**

**OMB No: 0910-0808**

**Expiration Date: 01/31/2019**

**Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 30 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRStaff@fda.hhs.gov](mailto:PRStaff@fda.hhs.gov)**