

Attachment D Screener

Form Approved
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Screener Survey MT General Population Sample

1. What is your age?
_____ years

2. What sex were you assigned at birth, on your original birth certificate?
 Male
 Female

3. Which of the following best represents how you think of yourself?
 Gay (lesbian or gay)
 Straight, that is, not gay or lesbian
 Bisexual
 Something else
 I don't know the answer

4. What is the highest grade or level of school that you have completed?
 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate

⁵ More than 4-year college degree

5. What was your total household income during the past 12 months?

⁰ Less than \$10,000

¹ \$10,000 to \$14,999

² \$15,000 to \$24,999

³ \$25,000 to \$34,999

⁴ \$35,000 to \$49,999

⁵ \$50,000 to \$74,999

⁶ \$75,000 to \$99,999

⁷ \$100,000 to \$149,999

⁸ \$150,000 to \$199,999

⁹ \$200,000 or more

6. Are you Hispanic or Latino?

⁰ No

¹ Yes

7. What is your race? *Mark one or more.*

⁰ White

¹ Black or African American

² Native Hawaiian or Other Pacific Islander

³ Asian

⁴ American Indian or Alaska Native