

Summary List of All Questions

Start of Block: Coversheet

1.1. Informed Consent.

Q1.2 In what language would you prefer to take this survey?

Start of Block: 0. eligibility filters

2.1 *This study will take between 30 and 60 minutes. If you want to start and return to the survey at a later time you can do so. Your answers will be saved for up to one week. If you do not submit within that time, you will need to start over again. If you leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over. Please press the back arrow if you would like to re-visit a question.*

Q2.2 Many LGBTQ+ women have been told we are not women, or we are not the right kind of woman, or that simply by being ourselves, we threaten “womanhood.” This study welcomes all of us who have or do see ourselves as women, and love women. Do you identify as a woman?

Q2.3 What term do you or did you use to describe yourself as a woman? If your preferred term is not listed, write in one that fits you. (*maximum 25 characters*)

Q2.4 How old are you? *Please enter your age in years*

Q3.13 What is your zip code?

Start of Block: A. Getting to Know You - Part 2

Q3.1 What sex was checked off on your original birth certificate?

Q3.2 What best describes your sexuality or sexual orientation, today?

Q3.3 Sexuality is complex. *If you'd like to provide more detail, click yes*

Q3.3a Please tell us more about your sexuality or sexual orientation, current and past. *Check all that apply*

Q3.4 Has your sexuality or sexual orientation been mostly the same over the course of your life? Or has it changed or been fluid?

Q3.5 How have you expressed your sexuality or sexual orientation over the course of your life? *Check all that apply*

Q3.6 What best describes your gender identity or expression, today?

Q3.7 Gender is complex. *If you'd like to provide more detail, click yes*

Q3.7a Please tell us more about how you describe your gender identity or expression, current and past. *check all that apply.*

Q3.8 Has your gender identity or expression been mostly the same? Or, has it changed during your lifetime?

Q3.9 How have you expressed your gender identity or expression over the course of your life? *Check all that apply*

Q3.10 What preferred pronouns do you use? *Check all that apply.*

Q3.11 Which of the following describes you? *Check all that apply. We ask about your racial identity to document the communities LGBTQ women who partner with women come from, as well as to better understand how racism, race, ethnicity, and national identity impact our experiences. Remember, no data can be traced back to you personally. Thanks for helping to build knowledge!*

Q3.12 To what, country/nation/people, do you or your family trace your ancestry? *Please list up to four in the text boxes below.*

Q3.14 What is the highest degree of education you have completed?

Q3.15 What was your gross annual individual income (before taxes) in 2020?

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- Q3.16 What was your gross annual household income (before taxes) in 2020? *Consider sources of income from ALL members of your household*
- Q3.17 In what religious tradition are you involved currently, if any? In what religious tradition were you raised? *Check all that apply*
- Q3.18 What is your immigration or citizenship status in the U.S.? *There is no way for the response given here to be traced back to you. Responses to this question help us see the breadth of experience in our community as we advocate for justice*
- Q3.19 Have you experienced any of the following in dealing with the US immigration system? *Check all that apply*
- Q3.20 Do you have a disability? *Check all that apply.*
- Q3.21 Which of the following have you experienced as a result of your disability/disabilities? *Check all that apply.*
- Q3.22 Have you experienced difficulty accessing LGBTQ+ supportive services, community centers, events, conferences or other community gatherings?
- Q3.23 What kind of barriers accessing LGBTQ+ supportive services, community centers, events, conferences or other community gatherings have you experienced? *Check all that apply*
- Q3.24 Which relationship type currently describes you best?
- Q3.25 What best describes the sexual orientation of your partners, both current and past?
- Q3.26 What are the genders of your partners, both current and past? *Check all that apply. *Cis = your gender aligns with your sex assigned at birth*
- Q3.27 How often do people see you as an LGBTQ+ $\{e://Field/noun\}$ even if you don't tell them?
- Q3.28 How often do you tell the following categories of people that you are - or were - an LGBTQ+ woman?
- Q3.29 If you don't tell people, what are some of the reasons? *Check all that apply*
- Q3.30 *Thank you for your great answers so far - keep going! Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over*

Start of Block: B. Home and Community.

- Q4.1 Do you live with other people?
- Q4.2 How many people, including yourself, live in your household?
- Q4.3 How many people under the age of 18 live in your household?
- Q4.4 How many people, including yourself, do you currently support through your income or assets?
- Q4.5 Which of the following best describes your current housing? *Check all that apply.*
- Q4.6 Do you own or rent your current residence? *For the purpose of the survey, you own your home even if you have outstanding debt that you owe on your mortgage loan*
- Q4.7 Have you experienced any of the following housing situations, *due to being an LGBTQ+ woman?* *Check all that apply*
- Q4.8 Did any of these things happen to you when you visited a shelter?
- Q4.9 How worried are you about having to hide your LGBTQ+ identity in order to access suitable housing for you and/or your partner as you age? .
- 4.10** *Thank you for your thoughtful answers so far. Please keep going! Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.*
- Q4.11 How many people could you count on to

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- Q4.12 My close friends are
- Q4.13 To what extent are LGBTQ+ women a part of your social life?
- Q4.14 Prior to COVID-19, where did you go to socialize and meet people for friendships and partnerships? *Check all that apply.*
- Q4.15 Are there LGBTQ+ women-focused services, organizations, or businesses in your area? *Check all that apply*
- Q4.16 Have you participated in playing team sports currently or in the past?
- Q4.17 How frequently did/do you participate in playing team sports?
- Q4.18 What sport(s) did/do you play?
- Q4.19 What kinds of LGBTQ+ organized events do you attend?
- Q4.20 What are your views about race relations and racism within the LGBTQ+ woman community?
BIPOC = Black, Indigenous, and People of Color
- Q4.21 How religious or spiritual do you consider yourself to be?
- Q4.22 How often do you attend services at a place of worship?
- Q4.23 Which of the following do you participate in regularly? *Check all that apply*
- Q4.24 Did the religious tradition you grew up in...? *Check all that apply.*
- Q4.25 Has a family member ever used religious belief, doctrine or membership in a church to justify abuse toward you, including verbal or emotional?
- Q4.26 Have you experienced any of the following from a leader or authority figure in your spiritual community? *Check all that apply.*

Start of Block: C Family

- 5.1** *In this section, we will ask about the family that raised you (family of origin) and the family you are creating (family of choice).*
- Q5.2 How would you describe your family of origin's financial situation while growing up?
- Q5.3 What type of household did you grow up in? *Check all the apply*
- Q5.4 This question may bring up memories of trauma or violence. If you need help or support, please click here
- Q5.5 While in foster care, were any of your foster parents....? *Check all that apply.*
- Q5.6 How has your family of origin responded to you being LGBTQ+? *Check all that apply.*
- Q5.7 Did your family of origin ever cut off your access to financial support or inheritance due to being LGBTQ+?
- Q5.8 Have you ever been..? *Check all that apply. *Cis = your gender aligns with your sex assigned at birth*
- Q5.9 Are you taking care of a parent, close relative, friend or member of your LGBTQ+ family?
- Q5.10 How concerned are you about having adequate family and/or social supports to rely on as you age?
- Q5.11 How, if at all, have you been targeted due to your LGBTQ+ identity? *Check all that apply.*
- Q5.12 On a daily basis, currently, what are your biggest worries concerning your family?
- 5.13** *Please keep going! We are moving on to a new section. Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over*
- Q5.13a The following question considers your plans to form a family. What situation best describes you? *Check all that apply*
- Q5.13b If you ever thought about having children, how did you plan to have children? *Check all that apply*
- Q5.14 Do you have a child/children or have you had legal guardianship of a child/children, currently or in the past?

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- Q5.15 How many children do you have?
- Q5.16 What are the ages, sexes, genders, and races of these children as of today? Please describe to the best of your ability, up to 10 of your children
- Q5.17 How did your child(ren) come into your life? *Check all that apply.*
- Q5.18 How did you become pregnant? *Check all that apply*
- Q5.19 How did your partner(s) become pregnant? *Check all that apply*
- Q5.20 Which of the following describes the child/ren you adopted? *Check all that apply.*
- Q5.21 Which of the following describes the child/ren your partner adopted? *Check all that apply.*
- Q5.22 Which of the following describes the child/ren from your partner's previous relationship? *Check all that apply.*
- Q5.23 Which of the following describes the child/ren you fostered? *Check all that apply.*
- Q5.24 Which of the following describes the child/ren you became a guardian of? *Check all that apply.*
- Q5.25 Did you ever use any form of assisted reproductive technology?
- Q5.26 How much have you spent on assisted reproductive technologies trying to get pregnant or deliver a child?
- Q5.27 How much have you spent on amending birth certificates, fostering or preparing to foster, adopting or preparing to adopt, securing second parent adoption, or other legal expenses related to including children in your family of choice?
- Q5.28 How are you raising your child/children? *Check all that apply*
- Q5.29 Who provides core, ongoing financial support to help raise your children? *Check all that apply*
- Q5.30 Where did or do you get emotional and/or caregiving support as an LGBTQ+ parent? *Check all that apply.*
- Q5.31 Have you interacted with the judicial system on behalf of your family?
- Q5.32 Which of the following describes your interaction with the judicial system? *Check all that apply.* A judge ruled against me
- Q5.33 Do any of your children identify as LGBTQ+?
- Q5.34 How many of your children identify as LGBTQ+?
- Q5.35 How do your LGBTQ+ children identify? *Note: Each write-in below describes only one (1) child. Please report on each of your LGBTQ+ children in the order that they first appeared in the survey. For each child on which you wish to report, you may list any and all of the LGBTQ+ identities and/or expressions with which this child identifies -- or, no information at all. You may list information on your LGBTQ+ children's gender and/or sexuality expressions, where you see fit. Where you include information on a child, please be sure that there is a checkmark indicated by the textual information.*
- Q5.36 Do any of your children have any disabilities?
- 5.37** *In the next section, we ask questions about any abuse your child may have experienced. We understand that this information is sensitive and may be difficult to reflect upon and consider. Any information you provide in this section is anonymous. Nothing you report here exposes you or your family members to state agencies or law enforcement. If you need help or support, please click here*
- Q5.38 Have your children experienced any type of abuse?
- Q5.39 From whom has your child experienced abuse? *Check all that apply.*
- Q5.40 What type of abuse has your child experienced? *Check all that apply.*
- Q5.41 Do you think that your child experienced abuse due to you being LGBTQ+?
- Q5.42 Is there anything else you'd like to share with us about your family situation, children, or parenting?
- Q5.43 What else would you like to share with us about your family situation, children, or parenting?

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5.44 *You're doing great, more than a third of the way through! Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.*

Start of Block: D Sexual and Intimate Life.

6.1 *LGBTQ+ women's social, sexual and intimate lives are understudied and stigmatized. The questions in this section will help us better advocate for our community. If any question feels too personal, feel free to skip it. No responses can be traced back to you.*

Q6.2 How old were you when you started?

Q6.3 How often do you?

Q6.4 How much joy and pleasure does your sexual life give you?

Q6.5 What are your favorite sexual activities? *Check up to 4.*

Q6.6 Which of these, if any, are barriers to pleasure during sex for you? *Check all that apply.*

Q6.7 What are/were 3 of your favorite things about being an LGBTQ+ woman?

Start of Block: E Experiences of Violence

7.1 *The following questions ask about experiences of violence. We hope to develop better support for *experiencing violence* through these questions. We will offer supportive hotlines throughout this section. Take breaks, breathe, skip questions if you need to, and take good care of yourself. National Dating Abuse Helpline 1-866-331-9474 www.loveisrespect.org National Child Abuse Hotline/Childhelp 1-800-4-A-CHILD (1-800-422-4453) www.childhelp.org National Sexual Assault Hotline 1-800-656-4673 (HOPE) www.rainn.org*

Q7.2 Have you ever experienced any of the following forms of violence? *Check all that apply*

Q7.3 Have any of your romantic or sexual partners been emotionally abusive or threatening to you?

Q7.4 In what emotionally abusive or threatening ways did your romantic or sexual partners act? *Check all that apply*

Q7.5 Have any of your romantic or sexual partners been physically abusive to you?

Q7.6 This question may bring up memories of trauma or violence. If you need help or support, please click here.

Q7.7 In what physically abusive ways did your romantic or sexual partners act? *Check all that apply.* Where applicable, please indicate the social characteristics of the partner whom engaged in each of the following acts. Multiple responses are allowed per act.

Q7.8 Who or what was most supportive or helpful while you were dealing with an abusive partner? *Check all that apply.*

Q7.9 Did you seek out any institutional help when dealing with an abusive partner?

Q7.10 Which of the following, if any, do you have experience with?

Q7.11 What was your experience with ...?

Q7.12 Who or what institution was most helpful?

Start of Block: F. Education and Employment

8.1 *Keep going! Your story is so important to us. Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.*

8.2 *The next question may bring up memories of trauma or violence. If you need help or support, please click here.*

.....

Q8.3 Did you ever experience any of the following while in an educational institution (e.g., elementary school, middle school, high school, college, university, graduate school, etc.)? *Check all that apply.*

Q8.4 Who did it to you? *Check all that apply.*

Q8.5 Where did it happen to you? *Check all that apply.*

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- Q8.6 What do you think was the reason why you were targeted? *Check all that apply.*
- Q8.7 As an LGBTQ+ woman, did you ever experience any of the following while at school (elementary, middle, or high school)? *Check all that apply.*
- Q8.8 Would you like to share anything else about your experiences at school/an educational institution?
- 8.9** *We appreciate your answers - you are about 2/3 of the way through! Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.*
- Q8.10 What is your current employment status?
- Q8.11 In the last 12 months, how many months did you spend unemployed?
- Q8.12 What is your place of work?
- Q8.13 In your place of work, what position do you hold?
- Q8.14 Which of the following best describes your industry?
- Q8.15 What is your occupation? (For example, engineer, retail clerk, Uber driver, sex worker, artist, corporate executive, teacher, librarian, construction worker)? Fill in
- Q8.16 Have you ever worked in underground or street economies or done work off the books? *Check all that apply.*
- Q8.17 What type of underground or street economy did you work in? *Check all that apply*
- Q8.18 Have you ever tried to start a small business?
- Q8.19 If you received financial support when starting your business, where did you get your financial support? *Check all that apply.*
- Q8.20 Have you ever been or are you now a member of the armed forces?
- 8.21** *The next question may bring up memories of trauma or violence. If you need help or support, please click here.*
- Q8.22 Did you experience any of the following in the military? *Check all that apply.*
- Q8.23 What kind of benefits does your place of work provide? *Check all that apply.*
- Q8.24 Have you ever experienced discrimination at your place of work for any of the following reasons? *Check all that apply.*
- Q8.25 As an LGBTQ+ woman, have you ever done or do you do any of the following to avoid discrimination at work? *Check all that apply.*
- Q8.27 What were your sources of income in 2020?
- Q8.28 Which of the following assets, if any, do you have?
- Q8.29 What is the value of each of the following assets?
- Q8.30 Which kind of debt, if any, do you have? *Check all that apply.*
- Q8.31 How much debt do you have for each of the following?
- Q8.32 Who do you receive financial support from? *Check all that apply.*
- Q8.33 How frequently do you receive financial support from each of the following?
- Q8.34 How often do you give or lend money to people in your family of origin or LGBTQ+ chosen family network?
- Q8.35 In what ways, if any, did the Coronavirus pandemic impact you? *Check all that apply.*
- Q8.37 What are the most pressing economic challenges you face or faced as an LGBTQ+ woman? *Check up to 3.*

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8.38 *Thank you for sharing this side of yourself! Remember, you can stop and come back for up to 7 days. Just make sure to return to the survey using the same device!*

Q8.39 How comfortable do you feel seeking help from the police?.

Q8.41 Have you ever been stopped or questioned by the police?

Q8.42 Under what circumstance(s) and how often were you stopped or questioned by the police? *Check all that apply.*

Q8.43 Have you ever received a fine or fee for a non-criminal city ordinance violation?

Q8.44 For what reason and how often did you receive a fine or fee for a non-criminal city ordinance violation? *Check all that apply.*

Q8.45 Have you ever been detained or held in a cell?

Q8.46 Were you detained or held in a cell for any of the following reasons? *Check all that apply.*

Q8.48 Were you arrested for any of the following reasons? *Check all that apply.*

Q8.49 When interacting with the police, have officers treated you with courtesy and respect?

Q8.51 Have you ever been incarcerated for any length of time?

Q8.52 *We would like to learn more about your experience of incarceration if you are willing to share it by answering some more questions. These questions may be triggering and troubling so we do not want to burden you in any way. But we want to be sure to gather information from women about their experiences of incarceration. Take your time to think about this. These questions may bring up memories of trauma or violence. If you need help or support, please click here.* How many times have you been.

Q8.53 If you are not currently incarcerated, how long you were you incarcerated?

Q8.54 Have you ever been held in solitary confinement?

Q8.55 How many times have you been held in solitary confinement?

Q8.56 How long were you held in solitary confinement?

8.57 *The next question may bring up memories of trauma or violence. If you need help or support, please click here.*

Q8.58 Have you ever experienced unwanted sexual attention or contact while incarcerated or in jail?

8.59 *The next question may bring up memories of trauma or violence. If you need help or support, please click here*

Q8.60 From whom did you experience unwanted sexual attention or contact? *Check all that apply.*

8.61 *The next question may bring up memories of trauma or violence. If you need help or support, please click here.*

Q8.62 Did you report your experience with unwanted sexual attention or contact to anyone?.

Q8.63 To whom did you report your experience? *Check all that apply.*

Q8.64 Do or did you have any minor children while incarcerated?

Q8.65 Who cared for your child(ren) while you were incarcerated?.

Q8.66 Were you pregnant at any point while you were incarcerated?

Q8.67 Did you give birth while incarcerated? .

8.68 *The next question may bring up memories of trauma or violence. If you need help or support, please click here.*

Q8.69 Were you shackled while giving birth?.

Q8.70 What were your best supports during re-entry? *Check all that apply.*

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Q8.71 What, if anything, would you like to tell us about your "other" response?

Q8.72 Is there anything else you like to tell us about your answers in this section?

8.73 *Thank you for sharing your experiences. Keep going! Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.*

Start of Block: G. Health and Well-Being .

Q9.1 Would you say that your health is... ? .

9.2 *The following questions ask about how you have been feeling during the past 30 days. For each question, please select the row that best describes how often you have had this feeling. During the past 30 days, how often have you felt:*

Q9.3 Have you ever been told by a doctor or health professional that you had any of the following conditions? *Check all that apply*

Q9.4 Where do you go most often when you are sick or need advice about your health?

Q9.5 Are you able to access quality health care? *Check all that apply.*

Q9.6 When did you last receive any of the following services?

Q9.7 *The next question may bring up memories of trauma or violence. If you need help or support, please click here.*

Q9.8 Have you ever experienced the following in a health care setting (for example, a hospital, office or clinic)? *Check all that apply.*

Q9.9 Have you received a COVID-19 vaccine?

Q9.10 How many of your close friends and/or family have been sick or died of COVID?

Q9.11 Is there anything else you would like to tell us about your health?

9.12 *We are so excited to have your story, please stay with us! Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.*

Q9.13 Has a doctor, mental health professional or other health professional counseled or encouraged you to change your sexual orientation, gender identity, or gender expression against your wishes?

Please indicate if and how so.

Q9.14 *The next question may bring up memories of trauma, If you need help or support, please click here*

Q9.15 Have you ever attempted suicide?

Q9.16 How, if ever, have you ever needed or sought help for recovery from trauma or post-traumatic stress? *Check all that apply.*

Q9.17 How often have you thought that you have a problem with drugs or alcohol?

Q9.18 Has your partner or any of your partners had a problem with drug or alcohol use?

Q9.19 Have you ever experienced the following? *Check all that apply*

Q9.20 Is there anything else you would like to tell us about your answers in this section?

9.21 *You're almost done! Remember, if you need to leave the survey, make sure to return to the survey using the same device or your place will be lost and you'll have to start over.*

Start of Block: H. Civic Engagement.

Q10.1 Do you volunteer for any organizations?

Q10.2 Which of the following kind of organizations do you volunteer for? *Check all that apply*

Q10.3 Do you regularly donate funds to nonprofit or charitable organizations?

Q10.4 Which of the following do you donate to? *Check all that apply.*

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Q10.5 Approximately how much did you donate in 2020?

10.6 *The next question may bring up memories of trauma or violence. If you need help or support, please click here.*

Q10.7 Have you ever been discriminated against in any of the places listed? *Check all that apply.*

Q10.8 Have you ever been verbally, physically, or sexually abused in the public spaces listed below? *Check all that apply.*

Q10.9 In your day-to-day life, how often do any of the following things happen to you?

Q10.10 Please indicate what you think the main reason for your unfair treatment was. *Select all that apply.*

Q10.11 How do you identify politically? *Check all that apply.*

Q10.12 What political or policy goal(s) are most important to you? (e.g., universal healthcare, gun control, reproductive rights, etc.)

Q10.13 Did you vote in 2016 or 2020 Presidential election? *Check all that apply.*

Q10.14 For whom did you vote in 2016?

Q10.15 For whom did you vote in 2020? .

Q10.16 What were the main reasons you did not vote? *Check up to 3*

Q10.17 In the last twelve months, which of the following have you done? *Check all that apply.*

Q10.18 What are your views on the following issues?

10.19 *Thank you for your participation. We have no more questions for you. If you have any additional comments about the topics in this survey or encountered any difficulty while taking the survey, please let us know in the space below*