Introduction

The Santa Clara County Public Health Department is currently working with a local consulting firm, Resource Development Associates (RDA), to conduct an assessment of the health conditions of LGBT residents. This assessment will help the County understand the health needs of the local LGBT community and develop recommendations for program improvement.

As part of this process, we are surveying LGBT residents of Santa Clara County to get input on issues about access to health care, health behaviors, physical and mental health status, and health-related discrimination. Many of these questions address sensitive issues, including sexual behavior and personal health choices. Your responses will be anonymous and confidential. The survey does not ask for your name or any identifying information and no responses will be attributed to any particular individual. Your participation in this survey is completely voluntary.

The information we gather from this survey and other components of the health assessment will be used to strategically allocate resources, plan services, inform program development, and address health and social inequalities and disparities.

Only residents of Santa Clara County are requested to complete this survey. If you took this survey at the San Jose Pride event, please do not take this online version. It should take about 15 to 20 minutes to complete the survey. If you have any questions, please contact Kate Kelsey at the Santa Clara County Public Health Department at (408) 792-1391 or contact Jennifer Susskind at RDA at (510) 984-1603.

Thank you for your input and contributions to the LGBT health assessment.
Section 1: Sexual Identity and Gender

1) Are you 18 or older?

( ) Yes (Go To 2)
( ) No (Disqualified)

2) What city do you live in?

( ) Campbell
( ) Cupertino
( ) Gilroy
( ) Los Altos
( ) Los Altos Hills
( ) Los Gatos
( ) Milpitas
( ) Monte Sereno
( ) Morgan Hill
( ) Mountain View
( ) Palo Alto
( ) San Jose
( ) Santa Clara
( ) Saratoga
( ) Sunnyvale
( ) Unincorporated area of Santa Clara County (Alum Rock, Burbank, Cambrian Park, East Foothills, Fruitdale, Lexington Hills, Loyola, San Martin, Stanford)
( ) I do not live in any Santa Clara County cities (Disqualified)
What is your zip code? ______________________

3) Which of the following services do you and/or your family need but have a hard time accessing? Mark all that apply.

[ ] Adult education/literacy
[ ] Affordable housing
[ ] Child care
[ ] Child welfare/child protective services
[ ] Clothing or other donated items
[ ] Food and nutrition
[ ] Dental care
[ ] Disability/special needs
[ ] Domestic violence shelters
[ ] Drug and alcohol services
[ ] Homeless shelters
[ ] Job training/job placement
[ ] Mental health services
[ ] Primary health services
[ ] Senior services
[ ] Specialty health services
[ ] Transportation
[ ] Welfare/food stamps/WIC/TANF
4) Which of the following best describes your sexual orientation? Mark all that apply.

[ ] Heterosexual/straight
[ ] Gay man
[ ] Lesbian
[ ] Bisexual
[ ] Queer
[ ] Pansexual
[ ] Don’t know/not sure
[ ] Prefer not to answer
[ ] Other ____________________________

5) What sex were you assigned at birth?

( ) Male
( ) Female
( ) Intersex
( ) Prefer not to answer

What is your sex or current gender? Mark all that apply.

[ ] Male
[ ] Female
[ ] Transmale/transman
[ ] Transfemale/transwoman
[ ] Intersex
[ ] Genderqueer
[ ] Prefer not to answer
[ ] Other ____________________________
6) What is your current relationship status? Mark all that apply.

[ ] Legally married to same-sex partner
[ ] Legally married to opposite-sex partner
[ ] In Registered Domestic Partnership with same sex partner
[ ] Dating exclusively someone of the same sex
[ ] Dating exclusively someone of the opposite sex
[ ] In open relationship
[ ] Discreet sexual activity/on the down-low
[ ] Divorced, not partnered
[ ] Widowed, not partnered
[ ] Single, dating more than one person
[ ] Single, not dating
[ ] Other __________________________

Section 2: Healthcare

7) What kind of health insurance or health care coverage do you have? Mark all that apply.

[ ] I don’t have health insurance
[ ] I don’t know what type of health insurance I have
[ ] Private health insurance through my own employer (including HMO, PPO, HAS)
[ ] Private health insurance through my spouse/domestic partner’s employer (including HMO, PPO, HAS)
[ ] Medicare/MediCal
[ ] Military health care
[ ] Indian Health Service
[ ] Single service plans (e.g., dental, vision, prescriptions)
[ ] Other government health care program coverage
[ ] Other __________________________
8) Was there a time in the past 12 months when you needed medical care but could not get it?

( ) Yes (Go to 8B)
( ) No (Go to 9)
( ) Don’t know (Go to 9)

8B) What were the main reasons you did not get medical care? Mark all that apply.

[ ] Could not find an LGBT-friendly provider
[ ] Cost too much
[ ] No insurance
[ ] Insurance was not accepted
[ ] Too long a wait for an appointment
[ ] Office hours inconvenient
[ ] No transportation
[ ] Humiliation/fear of exposure
[ ] Provider thought I was HIV+
[ ] Provider did not speak my language
[ ] Other ________________________________

9) Where do you receive most of your medical care? Mark all that apply.

[ ] Private doctor’s office
[ ] Community health clinic
[ ] School or student health services
[ ] Hospital
[ ] Emergency room
[ ] Home
[ ] Does not apply; I have not needed medical care
[ ] Other ________________________________
10) In the past 5 years, have you ever experienced any of the following types of discrimination in health care? Mark all that apply.

[ ] I was refused needed care.
[ ] Health care professionals refused to touch me or used excessive precautions.
[ ] Health care professionals used harsh or abusive language.
[ ] Health care professionals blamed me for my health status.
[ ] Health care professionals were physically rough or abusive.
[ ] Other ________________________________

11) Please rate the extent to which you agree with each of the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will be refused medical service because I am LGBT.</td>
<td></td>
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<tr>
<td>Medical personnel will treat me differently because I am LGBT.</td>
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<tr>
<td>Not enough health professionals are adequately trained to care for people who are LGBT.</td>
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<tr>
<td>There are not enough support groups for people who are LGBT.</td>
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<tr>
<td>There is not enough substance abuse treatment for people who are LGBT.</td>
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</tbody>
</table>
12) Please mark all of the topics you regularly discuss with your health care providers. Not all issues will be relevant to all respondents.

[ ] Breast cancer
[ ] Gynecological cancer
[ ] Injectable silicone
[ ] Hepatitis immunization
[ ] Anal papilloma
[ ] HIV/AIDS
[ ] Sexually transmitted infections (other than HIV/AIDS)
[ ] Heart health
[ ] Osteoporosis
[ ] Safe sex practices
[ ] Access to health care
[ ] Hormones
[ ] Cancer
[ ] Prostate/testicular/colon cancer
[ ] Substance use
[ ] Alcohol use
[ ] Tobacco use
[ ] Depression/anxiety
[ ] Domestic violence
[ ] Fitness (diet & exercise)
[ ] Reproductive health/fertility
Section 3: General Health

13) Have you ever been diagnosed with any of the following chronic conditions? Mark all that apply.

[ ] Obesity
[ ] Pre-diabetes
[ ] Diabetes
[ ] Cardiovascular disease
[ ] Arthritis
[ ] Asthma
[ ] Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis
[ ] Depression
[ ] Anxiety
[ ] Bipolar disorder
[ ] Obsessive-compulsive disorder
[ ] Schizophrenia
[ ] Cancer

14) How many alcoholic drinks have you had in the last 7 days? A serving of alcohol is:

- 12 ounces of a beer or wine cooler
- 8-ounces of malt liquor
- 5 ounces of table wine
- 1.5 ounces of 80 proof distilled spirits such as gin, vodka, whiskey, etc.

Alcoholic Drinks

15) Have you ever shot-up or injected any drugs other than those prescribed for you? This includes any time you might have used drugs with a needle, either by mainlining, skin-popping, or muscling.

( ) Yes (Go To 15B)
( ) No (Go to 16)
( ) Don’t know/not sure (Go to 16)
( ) Prefer not to answer (Go to 16)
15B) If yes: When was the last time you injected any drug?

( ) Within the past year
( ) More than one year ago

16) Here is a list of non-injection drugs: marijuana, crystal meth, cocaine, crack, club drugs, painkillers, or poppers. In the past 12 months, have you used any non-injection drugs, other than those prescribed for you?

( ) Yes (Go to 16B)
( ) No (Go to 17)
( ) Don’t know/not sure (Go to 17)
( ) Prefer not to answer (Go to 17)
16B) During the last year, about how often have you used the following drugs other than those prescribed or recommended by a health professional?

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Everyday</th>
<th>Weekly</th>
<th>Monthly</th>
<th>A few times a year</th>
<th>Never</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td></td>
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<tr>
<td>Crystal meth</td>
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<tr>
<td>Amphetamines (tina, crank, or ice)</td>
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<td>Crack cocaine</td>
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<td>Powdered cocaine that is smoked or snorted</td>
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<tr>
<td>Downer such as Valium, Ativan, or Xanax</td>
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<tr>
<td>Painkillers such as Oxycontin, Vicodin, or Percocet</td>
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<tr>
<td>Hallucinogens such as LSD or mushrooms</td>
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<tr>
<td>X or Ecstasy</td>
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<tr>
<td>Heroin that is smoked or snorted</td>
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<tr>
<td>Steroids</td>
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<tr>
<td>Poppers</td>
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</table>

17) How many cigarettes did you smoke in the last 7 days?

[ ] Cigarettes
18) During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

( ) Yes  
( ) No  
( ) Don’t know/not sure  
( ) Prefer not to answer  
( ) Does not apply; I don’t smoke

19) About how much do you weigh? This is important in identifying obesity-related health issues in the community.

( ) Weight in pounds: _________________  
( ) Don't know/not sure  
( ) Prefer not to answer

20) About how tall are you?

[ ] Feet: _________  
[ ] Inches: __________  
[ ] Don't know/not sure  
[ ] Prefer not to answer
Section 4: Sexual Health

21) How are you most likely to meet a sexual or romantic partner? Mark all that apply.

[ ] Through a friend
[ ] Online/internet
[ ] Phone apps
[ ] At school or work
[ ] At a bar or club
[ ] House parties
[ ] Bath houses or other public sex/cruising places
[ ] Social/support group
[ ] Gym
[ ] Does not apply
[ ] Don’t know/not sure
[ ] Prefer not to answer
[ ] Other __________________________

22) In the last 6 months how many different people have you had oral, vaginal, or anal sex with, regardless of the sex of the partner(s)?

( ) Number of people: ________________ (Go to 22B)
( ) Zero people in the past 6 months (Go to 27)
( ) Don’t know/not sure (Go to 22B)
( ) Prefer not to answer (Go to 22B)

22B) Of the people you had oral, vaginal, or anal sex with in the last 6 months, how many of them were of the same sex as you?

( ) Number of people: ________________
( ) Don’t know/not sure
( ) Prefer not to answer
23) Of the times that you had anal sex in the last 6 months, how often did you use a condom?

( ) Never (Go to 23B)
( ) Sometimes (Go to 23B)
( ) Every time (Go to 24)
( ) Don’t know/not sure (Go to 24)
( ) Prefer not to answer (Go to 24)
( ) Does not apply; I have not had anal sex in the last 6 months (Go to 24)

23B) If you selected NEVER or SOMETIMES, what are the reasons why you did not use protection? Mark all that apply.

[ ] I did not plan to have sex.
[ ] I do not think I am at risk for STDs.
[ ] I do not think my partner(s) are at risk for STDs.
[ ] This is not a high-risk activity.
[ ] I am in a monogamous relationship.
[ ] Using condoms reduces sexual satisfaction.
[ ] Using condoms makes my partner(s) suspicious.
[ ] It is embarrassing to buy condoms.
[ ] It was difficult to discuss using condoms with my partner(s).
[ ] Condoms are expensive to buy.
[ ] I was high/drunk.
[ ] Other ________________________________

24) Of the times that you had vaginal sex/intercourse in the last 6 months, how often did you use a condom?

( ) Never (Go to 24B)
( ) Sometimes (Go to 24B)
( ) Every time (Go to 25)
( ) Don’t know/not sure (Go to 25)
( ) Prefer not to answer (Go to 25)
( ) Does not apply; I have not had vaginal sex/intercourse in the last 6 months (Go to 25)
24B) If you selected NEVER or SOMETIMES, what are the reasons why you did not use protection? Mark all that apply.

[ ] I did not plan to have sex.
[ ] I do not think I am at risk for STDs.
[ ] I do not think my partner(s) are at risk for STDs.
[ ] This is not a high-risk activity.
[ ] I am in a monogamous relationship.
[ ] Using condoms reduces sexual satisfaction.
[ ] Using condoms makes my partner(s) suspicious.
[ ] It is embarrassing to buy condoms.
[ ] It was difficult to discuss using condoms with my partner(s).
[ ] I’m not worried about pregnancy.
[ ] Condoms are expensive to buy.
[ ] I was high/drunk.
[ ] Other ________________________________

25) Of the times that you had oral sex in the last 6 months, how often did you use a condom or dental dam?

( ) Never (Go to 25B)
( ) Sometimes (Go to 25B)
( ) Every time (Go to 26)
( ) Don’t know/not sure (Go to 26)
( ) Prefer not to answer (Go to 26)
( ) Does not apply; I have not had oral sex in the last 6 months (Go to 26)
25B) If you selected NEVER or SOMETIMES, what are the reasons why you did not use protection? Mark all that apply.

[ ] I did not plan to have sex.
[ ] I do not think I am at risk for STDs.
[ ] I do not think my partner(s) are at risk for STDs.
[ ] This is not a high-risk activity.
[ ] I am in a monogamous relationship.
[ ] Using condoms/dental dams reduces sexual satisfaction.
[ ] Using condoms/dental dams makes my partners suspicious.
[ ] It is embarrassing to buy condoms/dental dams.
[ ] It was difficult to discuss using condoms/dental dams with my partner.
[ ] Condoms/dental dams are expensive to buy.
[ ] I was high/drunk.
[ ] Other ____________________________

26) Of the times that you had sex using dildos or other sex toys in the last 6 months, how often did you use condoms or other protection?

( ) Never (Go to 26B)
( ) Sometimes (Go to 26B)
( ) Every time (Go to 27)
( ) Don’t know/not sure (Go to 27)
( ) Prefer not to answer (Go to 27)
( ) Does not apply; I have not had sex using dildos or other sex toys in the last 6 months (Go to 27)
26B) If you selected NEVER or SOMETIMES, what are the reasons why you did not use protection? Mark all that apply.

[ ] I did not plan to have sex.
[ ] I do not think I am at risk for STDs.
[ ] I do not think my partner(s) are at risk for STDs.
[ ] This is not a high-risk activity.
[ ] I am in a monogamous relationship.
[ ] Using condoms reduces sexual satisfaction.
[ ] Using condoms makes my partner(s) suspicious.
[ ] It is embarrassing to buy condoms.
[ ] It was difficult to discuss using condoms with my partner(s).
[ ] Condoms are expensive to buy.
[ ] I was high/drunk.
[ ] Other __________________________

27) Please tell us the extent to which you think you are at risk for the following health issues.

<table>
<thead>
<tr>
<th></th>
<th>Not at risk</th>
<th>Somewhat at risk</th>
<th>At risk</th>
<th>Don’t know this risk</th>
<th>Currently dealing with this issue</th>
<th>Prefer not to answer</th>
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</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
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<td>Hepatitis A</td>
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<td>Hepatitis B</td>
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<td>Hepatitis C</td>
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<td>Herpes</td>
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<td>Syphilis</td>
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<tr>
<td>Gonorrhea</td>
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<tr>
<td>Chlamydia</td>
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<tr>
<td>Genital warts/HPV</td>
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Prepared by RESOURCE DEVELOPMENT ASSOCIATES | 17
28) Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

( ) Yes (Go to 28B)
( ) No (Go to 28D)
( ) Don’t know/not sure (Go to 29)
( ) Prefer not to answer (Go to 29)

28B) When were you last tested?

( ) In the last 12 months
( ) 1-5 years ago
( ) More than 5 years ago
( ) Don't know/not sure
( ) Prefer not to answer

28C) Where did you have your last HIV test?

( ) Private doctor or HMO office
( ) Counseling and testing site
( ) Emergency room
( ) Hospital inpatient
( ) Community-based or other clinic, such as Planned Parenthood or a school health center
( ) Jail or prison (or other correctional facility)
( ) Drug treatment facility
( ) Mobile clinic/van/unit
( ) At home
( ) Somewhere else
( ) Don’t know/not sure
( ) Prefer not to answer
28D) If you have not been tested for HIV in the last 12 months, which of the options below best describes the primary reason you have not been tested for HIV?

( ) I think I am at low risk for HIV infection.
( ) I was afraid of finding out that I had HIV.
( ) I didn’t know where to go get tested.
( ) I was afraid someone will find out I got tested.
( ) I don’t have the money or resources, like transportation, to get to a testing site.
( ) I did not have time.
( ) Some other reason
( ) No particular reason
( ) I have already tested positive for HIV.
( ) I have already tested negative for HIV.
( ) Don’t know/not sure
( ) Prefer not to answer

29) FDA has approved the first rapid in-home HIV testing kit (OraQuick in-home oral HIV test). The test only needs an oral swab and provides results in 20 minutes. It is now available on-line or over the counter at pharmacies. Would you consider using the kit in the future?

( ) Yes (Go to 30)
( ) No( Go to 29B)
( ) Don’t know/not sure (Go to 30)

29B) If no, why not? ___________________________________________
30) In the past 6 months, how often have you known your partner’s HIV status before having sex?

( ) Every time
( ) Frequently
( ) About half the time
( ) Sometimes
( ) Never
( ) Don’t know/not sure
( ) Prefer not to answer
( ) Does not apply; I have not had sex in the last 6 months

31) In the past 6 months, how often have you known your partner’s STD/STI status (not including HIV) before having sex?

( ) Every time
( ) Frequently
( ) About half the time
( ) Sometimes
( ) Never
( ) Don’t know/not sure
( ) Prefer not to answer
( ) Does not apply; I have not had sex in the last 6 months

32) Have you ever been tested for Gonorrhea?

( ) Yes (Go to 32B)
( ) No (Go to 33)
( ) Does not apply (Go to 33)
( ) Don’t know/ not sure (Go to 33)
( ) Prefer not to answer (Go to 33)
32B) If yes, when were you last tested?

( ) In the last 12 months
( ) 1-5 years ago
( ) More than 5 years ago
( ) Don’t know/not sure
( ) Prefer not to answer

33) Have you ever been tested for Chlamydia?

( ) Yes (Go to 33B)
( ) No (Go to 34)
( ) Does not apply (Go to 34)
( ) Don’t know/ not sure (Go to 34)
( ) Prefer not to answer (Go to 34)

33B) If yes, when were you last tested?

( ) In the last 12 months
( ) 1-5 years ago
( ) More than 5 years ago
( ) Don’t know/not sure
( ) Prefer not to answer

34) Have you ever been tested for Syphilis?

( ) Yes (Go to 34B)
( ) No (Go to 35)
( ) Does not apply (Go to 35)
( ) Don’t know/not sure (Go to 35)
( ) Prefer not to answer (Go to 35)
34B) If yes, when were you last tested?

( ) In the last 12 months
( ) 1-5 years ago
( ) More than 5 years ago
( ) Don’t know/not sure
( ) Prefer not to answer

35) Have you ever been tested for some other STD?

( ) Yes (Go to 35B)
( ) No (Go to 35 D)
( ) Does not apply (Go to 35 D)
( ) Don’t know/not sure (Go to 35 D)
( ) Prefer not to answer (Go to 35 D)

35B) Please specify which STD: ____________________________________________

35C) If yes, when were you last tested?

( ) In the last 12 months
( ) 1-5 years ago
( ) More than 5 years ago
( ) Don’t know/not sure
( ) Prefer not to answer
35D) If you have been tested for any STD other than HIV/AIDS, where did you have your last test?

( ) Private doctor or private doctor or medical office/clinic
( ) Counseling and testing site
( ) Emergency room
( ) Hospital inpatient
( ) Community-based or other clinic, such as Planned Parenthood or a school health center
( ) Jail or prison (or other correctional facility)
( ) Drug treatment facility
( ) Mobile clinic/van/unit
( ) At home
( ) Somewhere else
( ) Don’t know/not sure
( ) Prefer not to answer
( ) Does not apply; I have never been tested for an STD other than HIV/AIDS

36) Which of the options below best describe the primary reason you have not been tested for Gonorrhea/Chlamydia/Syphilis in the last 12 months?

( ) I feel good/I don’t have any symptoms.
( ) I think I am at low risk for STD infection.
( ) I was afraid of finding out that I had an STD.
( ) I did not know where to go get tested.
( ) I was afraid someone will find out I got tested.
( ) I don’t have the money or resources, like transportation, to get to a testing site.
( ) I didn’t have time.
( ) I have already been treated for an STD/STI.
( ) I have already tested negative for an STD/STI.
( ) Some other reason
( ) No particular reason
( ) Don’t know/not sure
( ) Prefer not to answer
( ) Does not apply; I been tested for gonorrhea, chlamydia, and syphilis in the last 12 months
37) Have you ever been told by a health care provider that you have any of these common health problems?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Does not apply</th>
<th>Don’t know/not sure</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
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<td>Hepatitis C</td>
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<tr>
<td>Herpes</td>
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<tr>
<td>Syphilis</td>
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<tr>
<td>Gonorrhea</td>
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<tr>
<td>Chlamydia</td>
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<tr>
<td>Genital Warts/HPV</td>
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</tbody>
</table>

38) If you ever tested positive for STD/STI other than HIV/AIDS, where did you go for treatment (for STD/STI)? Mark all that apply.

[ ] Acupuncturist
[ ] Community health center (or public health clinic)
[ ] Company or work-affiliated clinic
[ ] STD clinic
[ ] Doctor's office (group practice, clinic, HMO)
[ ] Hospital emergency room
[ ] Hospital outpatient clinic
[ ] Internet
[ ] Holistic healer/herbalist/botanica/spiritual healer
[ ] Didn't get treatment
[ ] Don't know/not sure
[ ] Prefer not to answer
[ ] Does not apply; I have never tested positive for an STD/STI other than HIV/AIDS
[ ] Other ________________________________
39) If you ever tested positive for HIV/AIDS, where do you currently go for treatment? Mark all that apply.

[ ] Acupuncturist
[ ] Community health center (or public health clinic)
[ ] Company or work-affiliated clinic
[ ] HIV clinic
[ ] Doctor's office (group practice, clinic, HMO)
[ ] Hospital emergency room
[ ] Hospital outpatient clinic
[ ] Internet
[ ] Holistic healer/herbalist/botanica/spiritual healer
[ ] I never got treatment
[ ] I am no longer being treated
[ ] Don't know/not sure
[ ] Prefer not to answer
[ ] Does not apply; I have never tested positive for HIV/AIDS
[ ] Other ____________________________
Section 5: Social Acceptance

40) Have you ever told anyone that you are lesbian, gay, bisexual, pansexual, queer, intersex, or transgender?

( ) Yes (Go to 40B)
( ) No (Go to 41)
( ) Does not apply (Go to 41)
( ) Don’t know/not sure (Go to 41)
( ) Prefer not to answer (Go to 41)

40B) Here is a list of people you may have told. Please tell me which ones apply. Have you told:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Does not apply</th>
<th>Don’t know/not sure</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay, lesbian, bisexual, pansexual, queer, intersex, or transgender friends</td>
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<tr>
<td>Friends who are not gay, lesbian, bisexual, pansexual, queer, intersex, or transgender</td>
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<tr>
<td>Immediate family members</td>
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<tr>
<td>Extended family members</td>
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<tr>
<td>Spouse or partner</td>
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<tr>
<td>Health care provider</td>
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<tr>
<td>Coworkers</td>
<td></td>
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</table>
41) If you have not come out to a health care provider, please check your reason(s) why. Mark all that apply.

[ ] My sexual orientation/gender identity is none of their business.
[ ] My sexual orientation/gender identity has no bearing on my health.
[ ] My health care provider might be uncomfortable with my sexual orientation/gender identity.
[ ] My health care provider might tell other people of my sexual orientation/gender identity.
[ ] I’m afraid that my health care provider might treat me differently if he/she knew my sexual orientation/gender identity.
[ ] None of the above. I am out to all of my health care providers.
[ ] Other __________________________

42) If you have not come out to family members (this includes spouse/partner) or friends, please check your reason(s) why. Mark all that apply.

[ ] My sexual orientation/gender identity has no bearing on my relationships with my family members or non-LGBT friends.
[ ] My family members or non-LGBT friends might be uncomfortable with my sexual orientation/gender identity.
[ ] My family members or non-LGBT friends might tell other people of my sexual orientation/gender identity.
[ ] I am afraid that my relationship with my family members or non-LGBT friends will be damaged if they knew my sexual orientation/gender identity.
[ ] I am afraid that my family members or non-LGBT friends might treat me differently if he/she knew my sexual orientation/gender identity.
[ ] None of the above. I am out to all of my family members and friends.
[ ] Other __________________________

43) If you have not come out to coworkers please check your reason(s) why. Mark all that apply.

[ ] My sexual orientation/gender identity has no bearing on my job or my relationships with my coworkers.
[ ] My coworkers might be uncomfortable with my sexual orientation/gender identity.
[ ] My coworkers friends might tell other people of my sexual orientation/gender identity.
[ ] I am afraid that my relationship with my coworkers will be damaged if they knew my sexual orientation/gender identity.
[ ] I am afraid that my coworkers might treat me differently if he/she knew my sexual orientation/gender identity.
[ ] None of the above. I am out to all of my coworkers.
[ ] Other __________________________
44) During the past 12 months, have any of the following things happened to you because someone knew or assumed you were attracted to people of the same sex, intersex, and/or are transgender?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Does not apply</th>
<th>Don’t know/not sure</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were called names or insulted.</td>
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<td>You received poorer services than other people in restaurants, stores, other businesses or agencies.</td>
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<td>You were treated unfairly at work or school.</td>
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<td>You were denied or given lower quality health care.</td>
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<td>You were physically attacked or injured.</td>
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</table>

45) Please indicate how strongly you agree or disagree with the following statement: “Most people in Santa Clara County are accepting of LGBT people.”

( ) Strongly agree
( ) Agree
( ) Neither agree nor disagree
( ) Disagree
( ) Strongly disagree
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer
46) Please indicate how strongly you agree or disagree with the following statement: “Most people in my neighborhood are accepting of LGBT people.”

( ) Strongly agree
( ) Agree
( ) Neither agree nor disagree
( ) Disagree
( ) Strongly disagree
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer

47) Please indicate how strongly you agree or disagree with the following statement: “Most people in my family are accepting of LGBT people.”

( ) Strongly agree
( ) Agree
( ) Neither agree nor disagree
( ) Disagree
( ) Strongly disagree
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer
48) Please indicate how strongly you agree or disagree with the following statement: “Most people in my place of employment are accepting of LGBT people.”

( ) Strongly agree
( ) Agree
( ) Neither agree nor disagree
( ) Disagree
( ) Strongly disagree
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer

49) In the last 5 years, have you participated in any of the following LGBT community activities? Mark all that apply.

[ ] LGBT nonprofit or community organization
[ ] LGBT fundraising
[ ] LGBT advocacy group
[ ] LGBT political group
[ ] LGBT social group
[ ] Other _____________________________

50) How much do you feel part of your ethnic community?

( ) Not at all
( ) Not very
( ) Somewhat
( ) A lot
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer
51) How much do you feel part of your work community?

( ) Not at all
( ) Not very
( ) Somewhat
( ) A lot
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer

52) How much do you feel part of your school community?

( ) Not at all
( ) Not very
( ) Somewhat
( ) A lot
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer

53) How much do you feel part of your spiritual or religious community?

( ) Not at all
( ) Not very
( ) Somewhat
( ) A lot
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer
Section 6: Self-acceptance

54) Please indicate how strongly you agree or disagree with the following statement: “Sometimes I dislike myself for being sexually attracted to people of the same sex.”

( ) Strongly agree
( ) Agree
( ) Neither agree or disagree
( ) Disagree
( ) Strongly disagree
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer

55) Please indicate how strongly you agree or disagree with the following statement: “Sometimes I wish I was not sexually attracted to people of the same sex”.

( ) Strongly agree
( ) Agree
( ) Neither agree or disagree
( ) Disagree
( ) Strongly disagree
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer
56) Please indicate how strongly you agree or disagree with the following statement: “Sometimes I feel guilty about having sex with people of the same sex”.

( ) Strongly agree
( ) Agree
( ) Neither agree or disagree
( ) Disagree
( ) Strongly disagree
( ) Does not apply
( ) Don't know/not sure
( ) Prefer not to answer

Section 7: Mental Health

57) During the past 12 months, did you ever seriously consider attempting suicide or physically harming yourself?

( ) Yes
( ) No
( ) Don’t know/not sure
( ) Prefer not to answer

We realize this topic may bring up experiences that some people may wish to talk about with a professional. If you would like information, support, or referral for these issues, you can call the Suicide and Crisis Services Hotline toll-free at 1-855-278-4204. Someone is available 24 hours a day to provide information to help you. Or, you can visit www.suicidepreventionlifeline.org for immediate information that may be helpful.
58) Think about the month in the past 12 months when you were at your worst emotionally. How much did your emotions interfere with the following items?

<table>
<thead>
<tr>
<th>Item</th>
<th>A lot</th>
<th>Some</th>
<th>Not at all</th>
<th>Does not apply</th>
<th>Don’t know/not sure</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your performance at work/school</td>
<td></td>
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<tr>
<td>Your household chores</td>
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<td>Your social life</td>
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<tr>
<td>Your relationship with friends and family</td>
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59) Was there ever a time during the past 12 months when you felt that you might need to see a professional because of concerns with your mental health, emotions, nerves, or your use of alcohol or drugs?

( ) Yes (Go to 59B)
( ) No (Go to 60)
( ) Don’t know/not sure (Go to 60)
( ) Prefer not to answer (Go to 60)

59B) Please specify which issues caused you concern:

[ ] Mental health related issues
[ ] Drug related issues
[ ] Alcohol related issues
60) In the past 12 months, if you felt sad, depressed, angry, anxious, or otherwise emotionally unwell, which of the following things did you do to take care of yourself? Mark all that apply.

[ ] I did not feel any of these things in the last 12 months (Go to 62)
[ ] Talked to primary care physician or general practitioner (Go to 62)
[ ] Talked to a mental health professional or social worker (Go to 62)
[ ] Talked about my feelings to a clergy or religious leader (Go to 61)
[ ] Talked about my feelings to a close friend or family (Go to 61)
[ ] Took anti-depressants or other psychiatric medications (Go to 61)
[ ] Exercised or practiced yoga, meditation, dance, martial arts (Go to 61)
[ ] Changed my lifestyle or diet (Go to 61)
[ ] Attended a support group (Go to 61)
[ ] I did not seek any help with mental health or emotional concerns (Go to 61)
[ ] Don't know/not sure (Go to 61)
[ ] Prefer not to answer (Go to 61)
[ ] Other (Go to 61) ________________________________

61) Below is a list of possible reasons for not seeking professional help even if you think you might need it. Please indicate whether the following statements apply to you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know/not sure</th>
<th>Prefer not to answer</th>
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</thead>
<tbody>
<tr>
<td>You were concerned about the cost of treatment.</td>
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<td>You did not feel comfortable talking with a professional about your personal problems.</td>
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<td>You were concerned about what would happen if someone found out you had a problem.</td>
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<td>You had a hard time getting an appointment.</td>
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<tr>
<td>Your insurance does not cover treatment for mental health, such as visits to a psychologist or psychiatrist.</td>
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<td>You did not know where to get services.</td>
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<tr>
<td>You could not find an LGBT-friendly provider.</td>
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61B) If other, please specify: ____________________________________________
The next question is about non-consensual violence in relationships with an intimate partner. By an intimate partner we mean any current or former spouse, domestic partner, boyfriend, or girlfriend. Someone you were, or are, dating, or romantically or sexually intimate with, would also be considered an intimate partner.

At the end of this section, we have provided phone numbers that can provide information and referral for these issues. Please keep in mind that you can skip the question if you do not want to answer.

62) Has a current or past intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way?

( ) Yes
( ) No
( ) Don’t know/not sure
( ) Prefer not to answer

63) Has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?

( ) Yes
( ) No
( ) Don’t know/not sure
( ) Prefer not to answer

If you answered “Yes” to either questions 62 or 63, please go to 64. If you answered “No” “Don’t know/not sure” or “Prefer not to answer” on BOTH questions 62 and 63, please go to 66.

We realize this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline. The number is 1- 800-799-SAFE (7233). You may also call Santa Clara County Services at 1-408-792-557364) Did you ever report this/these incident(s) to law enforcement?

( ) Yes (Go to 64C)
( ) No (Go to 64B)
( ) Don’t know/not sure (Go to 64C)
( ) Prefer not to answer (Go to 64C)

64B) If no, why not? ____________________________________________________________
64C) Did you ever seek counseling or other professional help?

( ) Yes (Go to 65)
( ) No (Go to 64D)
( ) Don’t know/not sure (Go to 65)
( ) Prefer not to answer (Go to 65)

64D) If no, why not? ____________________________________________________________

65) If you have ever sought counseling or other professional help for intimate partner violence, where did you go for help?

66) In the past 12 months, have you been frightened for the safety of yourself, your family, or friends because of the anger or threats of an intimate partner?

( ) Yes
( ) No
( ) Don’t know/not sure
( ) Prefer not to answer

67) In the past 12 months, how often has an intimate partner tried to control most or all of your daily activities, for example, controlling who you can talk to or where you can go?

( ) Always
( ) Almost always
( ) Sometimes
( ) Rarely
( ) Never
( ) Don’t know/not sure
( ) Prefer not to answer
68) Have you ever hit, slapped, pushed, kicked, or physically hurt a current or past intimate partner in any way?

( ) Yes
( ) No
( ) Don’t know/not sure
( ) Prefer not to answer

69) Have you ever forced a current or past intimate partner into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm them?

( ) Yes
( ) No
( ) Don’t know/not sure
( ) Prefer not to answer
Section 8: Demographics

70) How old are you? ____________________

71) Where were you born?

( ) Santa Clara County
( ) Somewhere else in California
( ) Other U.S. State
( ) Outside the U.S
( ) Don’t know/not sure
( ) Prefer not to answer

72) Which of the following describes your race/ethnicity? Mark all that apply.

[ ] American Indian or Alaska Native (Go to 73)
[ ] Asian (Go to 72B)
[ ] Black or African American (Go to 73)
[ ] Hispanic, Latino/a (Go to 73)
[ ] Pacific Islander (Native Hawaiian, Guamanian, Samoan, or other Pacific Islander) (Go to 73)
[ ] White (Go to 73)
[ ] Mixed Race (Go to 73)
[ ] Don’t know/Not sure (Go to 73)
[ ] Other (please specify) ____________________________ (Go to 73)
[ ] Prefer not to answer (Go to 73)
72B) Are you… (Check all that apply)

[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander:
[ ] Other Asian:

73) What is your present religion? Are you… (Check all that apply)

[ ] Buddhist
[ ] Catholic
[ ] Hindu
[ ] Jewish
[ ] Mormon
[ ] Muslim/Islam
[ ] Protestant (such as Baptist, Methodist, Presbyterian, Lutheran, Episcopal, etc.)
[ ] Atheist
[ ] Agnostic
[ ] Nothing in particular
[ ] Don’t know/not sure
[ ] Prefer not to answer
[ ] Other ________________________________
74) What is the highest grade or year of school you completed?

( ) Never attended school or only attended kindergarten
( ) Grades 1 through 8 (Elementary)
( ) Grades 9 through 11 (Some high school or vocational school)
( ) Grade 12 or GED (High school graduate)
( ) College 1 year to 3 years (Some college or technical school)
( ) College 4 years or more (College graduate)
( ) Prefer not answer

75) What was your household income last year from all sources before taxes?

( ) 0 to $9,999
( ) $10,000 to $19,999
( ) $20,000 to $29,999
( ) $30,000 to $39,999
( ) $40,000 to $49,999
( ) $50,000 to $59,999
( ) $60,000 to $74,999
( ) $75,000 or more
( ) Does not apply
( ) Don’t know/not sure
( ) Prefer not to answer