

ShoutOut Austin! LGBTQIA+ Quality of Life Study

The City of Austin's LGBTQ Quality of Life Advisory Commission and Equity Office need your help to understand the needs of the LGBTQIA+ communities to better support and advocate to Austin's City Council on their behalf. The responses you provide here will inform Austin's City Council.

PDF Instructions:

Participants can use this fillable PDF to complete the survey. Be sure you use the save button at the PDF tool bar when finished. Save to your computer then email the file. Completed surveys (PDF) should be emailed to shoutoutaustin@healthmanagement.com before May 1, 2021.

You can also print this survey and fill out with pencil/pen. Paper surveys can be mailed to: Management Service - Equity Office P.O. Box 1088 Austin, TX 78767 or can be dropped off at Austin City Hall Equity Office before May 1, 2021. You may also complete the survey online with a smart phone, tablet, or computer at shoutoutaustin.com.

Survey Details:

- **ONLY ONE SURVEY PER PERSON CAN BE SUBMITTED.**
- **Survey respondents must currently reside in Travis, Hays, Bastrop, or Williamson County.**
- This is an anonymous survey. Your identity will not be linked to your responses.
- This survey will take about 25 minutes to complete.
- All questions (except demographic questions) are optional and all responses are confidential. We are asking demographic information (e.g. race/ethnicity, orientation, identity) in this survey to help us learn about the experiences of each identity group represented in our social sector. **These few required questions are marked with a red asterisk.** Only aggregated data will be shared publicly, and any quotes from the comment section at the end of the survey will be attributed anonymously.
- We are using Qualtrics to conduct the survey. Please see their privacy policy for information on how they store and protect data at <https://www.qualtrics.com/privacy-statement/>.
- If you have questions about this survey and how data will be used, please contact Charles Robbins at shoutoutaustin@healthmanagement.com.

Some of the questions in this survey are sensitive in nature and may bring up uncomfortable feelings. The purpose for asking these questions is to better understand what may impact the quality of your life and others in the community. We understand that thinking about certain experiences may be difficult; we honor your feelings and thank you for your honesty and candor. Also, please know that we and have provided some resources at the end of this survey should you wish to seek support.

I. DEMOGRAPHICS

ZIP CODE

Q2.3 *What zip code do you live in?

AGE, RACE, AND ETHNICITY

Q2.5 *What is your age?

- 12-17 years old
 - 18-24 years old
 - 25-34 years old
 - 35-44 years old
 - 45-54 years old
 - 55-64 years old
 - 65-74 years old
 - 75 years or older
-

Q2.6 *What is your racial and ethnic category? *Select one.*

- Asian or Asian American.** A person having descendants in the Far East, Southeast Asia or the Indian subcontinent. Includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black, African, or African American.** A person having descendants in any of the black racial groups of Africa. Includes descendants of enslaved black people, black immigrants, and terms such as "Haitian" and "Afro-Caribbean".
- Hispanic, Latino/a/e/x, or Latin American.** A person having descendants in Cuba, Mexico, Puerto Rico, Dominican Republic, South or Central America, or other Latin American countries and dependencies.
- Middle Eastern or Arab American.** A person having origins in the Middle East region or Arab heritage. Includes Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Qatar, Palestine, Saudi, Arabia, Sudan, Syria, Somalia, Tunisia, United Arab Emirates, and Yemen.
- Multi-racial.** A person that fits into more than one racial or ethnic category
- Native American, Indigenous, or Native Alaskan.** A person having descendants in any of the original peoples of North, Central, or South America.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White or European American.** A person having descendants in Europe or Western Eurasia.
- Other** (please specify): _____

SEXUAL ORIENTATION

Q2.8 *What BEST describes your sexual orientation? Select one.

- Asexual
 - Bisexual
 - Gay
 - Heterosexual or Straight
 - Lesbian
 - Pansexual
 - Questioning
 - Queer
 - Fluid
 - Prefer not to say
 - Other (please specify): _____
-

Q2.8.1 Do you identify as intersex?

- Yes
 - No
-

Q2.9 ***What best describes your current gender identity?** *Select one.*

Definitions:

- Agender- denoting or relating to a person who does not have a gender identity or identifies as gender neutral.
- Cisgender- a term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.
- Gender-fluid- a person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.
- Genderqueer- a term used to describe people who typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.
- Gender non-conforming- a broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category. While many also identify as transgender, not all gender non-conforming people do.
- Transgender- an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.
- Two-spirit or other Native Identity- refers to a person who identifies as having both a masculine and a feminine spirit and is used by some Indigenous people to describe their sexual, gender and/or spiritual identity.
- Questioning- a term used to describe people who are in the process of exploring their sexual orientation or gender identity.

- Agender
- Cisgender Woman
- Cisgender Man
- Gender Fluid
- Gender Non-conforming
- Genderqueer
- Non-Binary
- Trans Female or Trans Woman
- Trans Male or Trans Man

Two-Spirit or Other Native Identity

Questioning

Prefer not to say

Other (please specify): _____

Skip To: Q2.11 If Q2.9 = Cisgender Woman

Skip To: Q2.11 If Q2.9 = Cisgender Man

Q2.10 Please check what you believe are the five most important policy priorities affecting non-binary, transgender, intersex, and other gender diverse people in the U.S. Select up to five that are a priority.

- HIV prevention, education and treatment
- Better policies on gender and identity documents and other records
- Passing anti-bullying laws that make schools safer
- Transgender/gender non-conforming prisoner's rights
- Immigration policy reform (such as asylum or partner recognition)
- Allowing transgender/gender non-conforming people to serve in the military
- Access to transgender-sensitive health care
- Getting transgender-related health care covered by insurance
- Protecting trans/gender non-conforming people from discrimination in hiring and at work
- Protecting transgender/gender non-conforming people from discrimination in housing
- Including "intersex" or "X" as a legal gender marker option
- Passing laws that address hate crimes against transgender/gender non-conforming people
- The right of transgender/gender non-conforming people to parent, including adoption
- The right to equal recognition of marriages involving transgender partners
- Reproductive healthcare policies that support non-traditional family reproduction needs

OTHER

Q2.12 Do you have any physical disabilities? *Any limitation on a person's physical functioning, mobility, dexterity or stamina is counted. This includes cerebral palsy (CP), epilepsy, any cancer, Alzheimer's, cystic fibrosis (CF), multiple sclerosis (MS), Spina bifida (SB), muscular dystrophy, sickle cell disease, Tourette syndrome, Prader-Willi syndrome (PWS), brain injury, spinal cord injury, chronic pain, any visual impairment, any hearing loss, and any mobility impairment.*

- Yes
 - No
 - Prefer not to say
-

Q2.13 Do you have any diagnosed neurodivergence? *Select all that apply.*

- Alcohol or substance abuse disorder, alcoholism, or drug addiction
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Attention Deficit Disorder (ADD)
 - Anxiety
 - Autism
 - Bipolar disorder
 - Borderline Personality Disorder (BPD)
 - Depression
 - Eating Disorder
 - Obsessive-Compulsive Disorder (OCD)
 - Panic Disorder
 - Post-Traumatic Stress Disorder (PTSD)
 - Schizophrenia
 - Other (please specify):

 - Prefer Not to Say
 - No
-

Q2.14 Were you born in the US?

Yes

No

Skip To: Q2.16 If Q2.14 = Yes

Q2.15 If no, what age did you come to the US?

Q2.16 What language do you speak most often?

Arabic

ASL

English

Hindi

Language originated in China (Mandarin, Cantonese, etc.)

Spanish

Other (please specify): _____

Q2.17 Which best describes your current military service status? *Select one.*

- Not in the military
 - Active duty
 - Reserves
 - National Guard
 - Veteran or retiree, eligible for VA health benefits
 - Dishonorably discharged
-

Q2.18 How long have you lived in the Austin area?

- Less than 1 year
 - 1-2 years
 - 2-5 years
 - 5-10 years
 - 10-20 years
 - More than 20 years
 - My whole life
-

Q2.19 What actions have you taken because of the Black Lives Matter movement? *Select all that apply.*

- Donated to Black-led or[s] Black Lives Matter organizations.
 - Participated in live demonstrations.
 - Posted on social media in support of Black Lives Matter.
 - Contacted politicians in support of Black Lives Matter
 - Worked to heal racism in myself through conversations and research.
 - Participated in anti-racist workshops or lectures.
 - Offered more support to my Black friends.
 - I do not support Black Lives Matter.
 - Other (please specify):

-

Q2.20 Racism is a public health crisis.

- Agree
- Disagree
- Unsure

II. DISCRIMINATION

Q3.2 While living in Austin, have you ever experienced any LGBTQIA+ related stigma or discrimination?

- Never
- Seldom
- Quite often
- Very often
- Always

Skip To: Q3.4 If Q3.2 = Never

Q3.3 For your most recent experience, did the LGBTQIA+ related stigma or discrimination come from one of these people? If so, which one? *Select one.*

- Classmate or Student
- Co-worker or Employer
- Physical Health Care Provider (doctor, dentist, OBGYN, etc.)
- Mental Health Care Provider (social worker, therapist, psychiatrist, etc.)
- Faith Leadership or Faith Member
- Family Member or Relative
- Finance, Banking, Insurance
- Friend
- Government Worker
- Landlord
- Military Personnel
- Neighbor
- Partner, Spouse, or Significant Other
- Police, Fire, or Emergency Responder
- Service or Retail Worker
- Stranger
- Teacher or Educator
- None of these
- Other (please specify): _____
- Don't know or remember

Q3.4 Have you been denied employment or terminated from employment due to any of the following? *Select all that apply.*

- Gender
 - Gender expression
 - Sexual orientation
 - Race or Ethnicity
 - Background check
 - Education
 - Citizenship status
 - Not being a good “fit”
 - Language fluency
 - Religious belief
 - Does not apply
-

Q3.5 Has someone you know or known been denied employment or terminated from employment due to any of the following? *Select all that apply.*

- Gender
- Gender expression
- Sexual orientation
- Race or Ethnicity
- Background check
- Education
- Citizenship status
- Not being a good “fit”
- Language fluency
- Religious belief
- Does not apply

HIV STIGMA & DISCRIMINATION

Q3.7 If you are HIV positive, have you ever experienced any stigma or discrimination based on your serostatus while living in Austin?

- Does not apply
- Never
- Seldom
- Quite often
- Very often
- Always

Skip To: Q4.2 If Q3.7 = Does not apply

Skip To: Q4.2 If Q3.7 = Never

Q3.8 For your most recent experience, did the HIV-related stigma or discrimination come from one of these people? If so, which one? *Select one.*

- Classmate or Student
- Co-worker or Employer
- Faith Leadership or Faith Member
- Family Member or Relative
- Finance, Banking, Insurance
- Friend
- Government Worker
- Landlord
- Mental Health Care Provider (social worker, therapist, psychiatrist, etc.)
- Military Personnel
- Neighbor
- Partner, Spouse, or Significant Other
- Physical Health Care Provider (doctor, dentist, OBGYN, etc.)
- Police, Fire, or Emergency Responder
- Service or Retail Worker
- Someone I dated or hook-up with
- Someone on a dating/hook-up app
- Stranger
- Teacher or Educator
- None of these

Other (please specify): _____

Don't know or remember

III. PERSONAL SAFETY

Q4.2 Do you know someone in Austin that has ever experienced physical threat or attack because they were LGBTQIA+? Select all that apply.

- No
 - Within the past 12 months
 - 13 months to 2 years ago
 - 2 to 5 years ago
 - More than 5 years ago
-

Q4.3 Have you ever experienced physical threat or attack because you are LGBTQIA+ in Austin? Select all that apply.

- No
- Within the past 12 months
- 13 months to 2 years ago
- 2 to 5 years ago
- More than 5 years ago

Skip To: Q4.7 If Q4.3 = No

Q4.4 For your most recent experience in Austin, did the physical threat or attack come from one of these people? If so, which one? *Select one.*

- Classmate or Student
- Co-worker or Employer
- Physical Health Care Provider (doctor, dentist, OBGYN, etc.)
- Mental Health Care Provider (social worker, therapist, psychiatrist, etc.)
- Faith Leadership or Faith Member
- Family Member or Relative
- Finance, Banking, Insurance
- Friend
- Government Worker
- Landlord
- Military Personnel
- Neighbor
- Partner, Spouse, or Significant Other
- Police, Fire, or Emergency Responder
- Service or Retail Worker
- Someone I dated or hooked-up with
- Stranger
- Teacher or Educator
- None of these
- Other (please specify): _____

Don't know or remember

Q4.5 For your most recent experience, did you seek help or report it?

No

Yes

Q4.6 For your most recent experience, to whom did you seek help or report? *Select all that apply.*

- Community organization
 - Counselor or Psychologist
 - Faith Leader or Faith Member
 - Family Member or Relative
 - Friend
 - Health Care Provider
 - Help Line
 - Hospital Staff
 - LGBTQIA+ Organization
 - Neighbor
 - Police, Fire, or Emergency Responder
 - Prefer not to say
 - Other (please specify):
-

Q4.7 Do you feel safe in your relationship with your romantic, or intimate partner?

- I don't have a romantic or intimate partner
 - Yes
 - No
-

Q4.8 Have you been physically hurt or threatened by your partner?

- I don't have a romantic or intimate partner
 - Yes
 - No
-

Q4.9 Has your partner pressured you to, or made you, engage in unwanted sexual activities?

- I don't have a romantic or intimate partner
 - Yes
 - No
-

Q4.10 Has anyone who wasn't your romantic partner pressured you to, or made you, engage in unwanted sexual activity at any time in your adult life? *Select all that apply.*

- No
 - Within the past 12 months
 - 13 months to 2 years ago
 - 2 to 5 years ago
 - More than 5 years ago
-

Q4.11 Did anyone pressure you to, or made you, engage in unwanted sexual activity at any time during your childhood?

- No
 - Yes
 - Unsure
 - Prefer not to say
-

Q4.12 In the past 12 months, have you experienced any of the following anti-LGBTQIA+ behavior? Select all that apply.

- Rejected by a friend or family member
 - Made to feel unwelcome at a place of worship
 - Received poor service or denied service at a place of business
 - Received poor health care or denied health care
 - Treated unfairly by a co-worker or supervisor
 - Treated unfairly by an employer
 - Other anti-LGBTQIA+ behavior
 - None of these
-

VERBAL ABUSE

Q4.14 Have you ever experienced verbal abuse or harassment in Austin because you are LGBTQIA+? Select all that apply.

- No
- Within the past 12 months
- 13 months to 2 years ago
- 2 to 5 years ago
- More than 5 years ago

Q4.15 For your most recent experience in Austin, did the verbal abuse or harassment come from one of these people? If so, which one? *Select one.*

- Classmate or Student
- Co-worker or Employer
- Dentist
- Faith Leadership or Faith Member
- Family Member or Relative
- Finance, Banking, Insurance
- Friend
- Government Worker
- Health Care Provider
- Landlord
- Military Personnel
- Neighbor
- Partner, Spouse, or Significant Other
- Police, Fire, or Emergency Responder
- Service or Retail Worker
- Someone I dated or hooked-up with
- Stranger
- Teacher or Educator
- None of these
- Other (please specify): _____

Don't know or remember

Q4.16 For your most recent experience, did you seek help or report it?

No

Yes

Q4.17 Which of the following experiences have you had in your interaction with the police? Select all that apply.

- Officers generally have treated me with respect
 - Officers generally have treated me with disrespect
 - Officers have harassed me
 - Officers have physically assaulted me
 - Officers have sexually assaulted me
 - None of the above
-

Q4.18 How comfortable do you feel seeking help from the police?

- Very comfortable
- Somewhat comfortable
- Neutral
- Somewhat uncomfortable
- Very uncomfortable

IV. HEALTH - GENERAL

Q5.2 How much do you worry about your health?

- Not at all
 - A little
 - A moderate amount
 - Very much
 - An extreme amount
-

Q5.3 What health care coverage do you currently have? *Select all that apply.*

- I have NO health insurance or coverage
 - Insurance through a current employer
 - Insurance through a former employer (COBRA)
 - Insurance through someone else's employer
 - Insurance purchased directly from an insurance company
 - Insurance purchased from healthcare.gov (Obamacare)
 - Indian Health Service (IHS)
 - Medicaid
 - Medicare
 - Ryan White Programs
 - State Disability Insurance
 - Student Insurance
 - Veterans Administration (VA)
 - CHAMPVA
 - Other (please specify):
-

Q5.4 Do you have any of the following? *Select all that apply.*

- Dental insurance
 - Medical insurance
 - Vision insurance
 - Prescription drug insurance
 - Short-term disability insurance
 - Long-term disability insurance
 - Life Insurance
 - None of these
-

Q5.5 In the past 12 months, have you visited any of the following for medical care? *Select all that apply.*

- Alternative medical provider (herbalist, acupuncture, etc.)
 - Chiropractor or massage therapist
 - Community health clinic or health center
 - Emergency room
 - Indian Health Services (IHS)
 - Medical provider or doctor's office
 - Mental health provider or therapist's office
 - Urgent care center
 - Veterans clinic or hospital (VA)
 - None of these
-

Q5.6 In the past 12 months, have you put off getting any of these services because you could not afford them? *Select all that apply.*

- Alternative medical care or therapies
- Dental care
- Gender affirming care
- Hearing care
- Medical care
- Mental health care
- Medical checkups or preventative care
- Medications or prescriptions
- Vision care
- Purchasing condoms or hygiene products
- None of these
- Other (please specify):

**Q5.7 How long has it been since you last visited a primary care provider for a routine
checkup? Select one.**

- Never
- Within the past 12 months
- 13 months to 2 years ago
- More than 2 years ago

Skip To: Q5.12 If Q5.7 = Never

Q5.8 What kind of primary care provider do you see most often? Select one.

- Medical Doctor
 - Therapist, Counselor, Psychiatrist
 - Chiropractor, Massage Therapist
 - Naturopath
 - Nurse Practitioner
 - Obstetrics and gynecology (OBGYN)
 - Physician Assistant
 - Don't know or remember
 - Other (please specify): _____
-

Q5.9 Did you choose your primary care provider based on their knowledge of the health care needs of LGBTQIA+ people?

No

Yes

Q5.10 Have you shared that you are LGBTQIA+ with your primary care provider?

No

Yes

Q5.11 How would you rate your satisfaction with the health care services you receive from your primary care provider?

Excellent

Very good

Good

Fair

Poor

Q5.12 How would you rate your overall physical health?

- Excellent
 - Good
 - Fair
 - Poor
 - Very poor
-

Q5.13 In the past 12 months, how often has your physical health status kept you from doing your normal daily activities?

- Never
 - Occasionally
 - More than half of the time
 - Almost all of the time
 - Not sure
-

Q5.14 In the past 12 months, have you received any of these preventative screenings? Select all that apply.

- Anal swab test
- Blood cholesterol check
- Bone density screening
- Breast cancer screening
- Cervical pap test
- Comprehensive metabolic panel
- COVID-19 test
- Dental exam
- Eye exam
- Flu shot
- Hearing exam
- Heart health or stress test
- Hepatitis A, B or C test
- HPV vaccine
- Mental health screening (depression, anxiety)
- Prostate exam
- Testicular exam

Yearly physical

None of these

Q5.15 Have you ever been diagnosed with any of these conditions? Select all that apply.

- Anal/rectal cancer
- Anorexia/bulimia
- Breast cancer
- Cervical cancer
- Ovarian cancer
- Prostate cancer
- Other cancer
- Diabetes or high sugar
- Heart disease
- Hepatitis A
- Hepatitis B
- Hepatitis C
- High cholesterol
- Hypertension or high blood pressure
- Lung disease, COPD or Asthma
- Obesity or high weight
- Stroke
- COVID-19

None of these

30 DAY USE OF TOBACCO PRODUCTS

Q5.17 In the past 30 days, have you used any of these tobacco products? *Select all that apply.*

Chewing tobacco, snuff, or dip

Cigarette

Cigar, cigarillo, or little cigar

e-cigarette

e-hookah

Hookah

Pipe

Snus

Vape pen

Other

None of these

OVERALL TOBACCO PRODUCT USE

Q5.19 Which statement best describes your overall use of tobacco products? *Select one.*

- I don't use tobacco products
- I used to use tobacco products, but not now
- I currently use tobacco products, and don't want to quit
- I'm trying to quit or cut down on my use
- I plan to quit in the next 30 days
- I may quit sometime in the future

Skip To: Q5.21 If Q5.19 = I don't use tobacco products

Skip To: Q5.21 If Q5.19 = I used to use tobacco products, but not now

Skip To: Q5.21 If Q5.19 = I currently use tobacco products, and don't want to quit

Q5.20 Which of these would you be interested in to help you quit using tobacco products? *Select all that apply.*

- Any program that was proven to be effective
- Program specifically designed for LGBTQIA+ people
- Program that is inclusive of LGBTQIA+ people, but not specifically designed for them
- Nicotine replacement products, such as patches or gum
- Prescription medications like Chantix or Zyban
- Smoking cessation group
- Counseling advice
- Telephone support line
- Web-based program or service
- Phone application
- Self-help materials
- None

USE OF TOBACCO USE BY OTHERS

Q5.22 Does your partner, spouse, or significant other currently use tobacco products?

- No
 - Yes
 - Not applicable
-

Q5.23 Which best describes how many of your closest friends use tobacco products?

- None of them
 - Some of them
 - Most of them
 - All of them
-

ALCOHOL AND SUBSTANCE USE

Q5.25 In the past 30 days, how many days did you have a drink containing alcohol?

- None
- 1 to 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 28 days
- Every day

Skip To: Q5.27 If Q5.25 = None

Q5.26 In the past 30 days, how many days did you have 3 or more drinks containing alcohol on one occasion?

- None
 - 1 to 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 28 days
 - Every day
-

Q5.27 In the past 30 days, how many days did you use marijuana?

- None
 - 1 to 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 28 days
 - Every day
-

Q5.28 In the past 30 days, how many days did you use prescription drugs for recreational/non-medical use?

- None
 - 1 to 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 28 days
 - Every day
-

Q5.29 In the past 12 months have you used any of these substances? Select all that apply.

- None
 - Cocaine (Crack, Snow, Blow)
 - GHB (G)
 - Inhalants (Poppers, Rush)
 - Ketamine (Special K)
 - LSD (Acid, Lucy)
 - MDMA (Ecstasy, Molly)
 - Crystal Methamphetamine (Meth, Crystal, Tina)
 - Nitrous Oxide (Whip-its)
 - Opioid (Heroin, Smack)
 - Opioid (Oxycontin/Oxycodone)
 - PCP (Angel Dust, Ozone)
 - Street drugs
 - Other (please specify):
-

Skip To: Q5.31 If Q5.29 = None

Q5.30 In the past 30 days, how many days did you use these substances?

- 0 days
 - 1 to 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 28 days
 - Every day
-

Q5.31 In the past 12 months, have you ever injected any drugs for recreational purposes?

- No
- Yes

Skip To: Q5.33 If Q5.31 = No

Q5.32 How often have you shared needles or injection equipment?

- Never
 - Hardly ever
 - Some of the time
 - Occasionally
 - Often
-

RECOVERY

Q5.34 Are you in recovery from alcohol or substance use?

- Yes
- No

Skip To: Q5.36 If Q5.34 = No

Q5.35 How long have you been in recovery?

- 1 to 29 days
 - 30 – 90 days
 - 1 year
 - 2 – 4 years
 - 5 – 9 years
 - 10 – 19 years
 - 20+ years
-

Q5.36 In the past 12 months, have you sought help for substance use issues from any of the following? *Select all that apply.*

- No, I didn't seek help
 - AA/NA
 - Self-Help Group
 - Community Organization
 - Counselor or Psychologist
 - Family Member or Relative
 - Friend
 - Help Line
 - Hospital
 - LGBTQIA+ Organization
 - Medical Provider
 - Online Source
 - Specialist Substance Use Service
 - Spouse, Partner, or Significant Other
 - Other (please specify):
-

FOOD SECURITY / NUTRITION

Q5.38 Have you experienced the following:

Within the past 12 months, I worried my food would run out before I received money to buy more.

Yes

No

Q5.39 Have you experienced the following:

Within the past 12 months, the food I bought didn't last, and I didn't have enough money to purchase more.

Yes

No

IV. HEALTH - PSYCHOLOGICAL/EMOTIONAL

Q6.2 How would you rate your overall mental health PRIOR to the pandemic?

Excellent

Very Good

Good

Fair

Poor

Very Poor

Q6.3 How would you rate your overall mental health SINCE the pandemic?

- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
 - Very Poor
-

Q6.4 Which best describes how often you see a counselor, social worker, or psychologist for your mental health?

- Never
 - Weekly
 - Every 2 weeks
 - Once a month
 - 1 to 2 times a year
 - 3 to 6 times a year
 - Other
-

Q6.5 In the past 12 months, how often has your mental health status kept you from doing your normal daily activities, such as work or recreation?

- Never
 - Occasionally
 - More than half of the time
 - Almost all of the time
-

Q6.6 How would you rate your emotional wellness? (*Emotional wellness refers to a measure of our happiness and satisfaction with ourselves and our lives*).

- Excellent
 - Good
 - Fair
 - Poor
 - Very Poor
-

Q6.7 How would you rate your spiritual wellness? (*Spiritual wellness acknowledges our search for deeper meaning in life and is reflected when our actions become more consistent with our beliefs and values*).

- Excellent
 - Good
 - Fair
 - Poor
 - Very Poor
-

Q6.8 In the past 30 days, did you experience any of these? *Select all that apply.*

- Depression
 - Feeling down
 - Hopelessness
 - Little Interest or pleasure in doing things
 - Nervousness
 - Restlessness or feeling fidgety
 - Self-loathing
 - Feeling so sad nothing could cheer you up
 - Suicidal thoughts
 - Feeling everything was an effort
 - Wanting to cut or mutilate yourself
 - Feeling worthless
 - None of these
-

Q6.9 How positive do you feel about the future?

- Not at all
 - Slightly
 - Moderately
 - Very
 - Extremely
-

Q6.10 How much confidence do you have in yourself?

- Not at all
 - A little
 - A moderate amount
 - Very much
 - An extreme amount
-

Q6.11 How worried do you feel?

- Not at all
 - A little
 - A moderate amount
 - An extreme amount
-

Q6.12 Have you ever attempted to take your own life?

- No
- Yes
- I've experienced prominent thoughts of taking my own life, but have never harmed myself
- I've experienced prominent thoughts of taking my own life, and have engaged in self-harm/self-injury
- I've never attempted suicide or had thoughts of suicide, but I do harm/or engage in self-injury sometimes.

VI. HEALTH - SEXUAL

Q7.2 When was the last time you talked with your primary care provider about your sexual health?

- Never
 - Within the past 12 months
 - 13 or more months ago
-

Q7.3 Where do you get sexual health information? *Select all that apply.*

- Blogs
- Books, Magazines, or Journals
- Community Organizations
- Co-workers or Employers
- Friends
- Family Members or Relatives
- Health Care Providers
- Podcasts or Radio
- Social Media
- Speaking with experts in workshops or group settings
- Speaking with people in peer groups
- Television
- Websites
- None of these
- Other (please specify):

Q7.4 Did you receive sex education in an Austin middle school or high school? Select one.

- No, did not receive this education at any point between kindergarten and 12th grade.
 - No, educated in another state
 - Yes, abstinence only or abstinence-based content
 - Yes, but no LGBTQIA+ info
 - Yes, comprehensive content with LGBTQIA+ info
-

Q7.5 In the past 12 months, how many sexual partners have you had?

- None
- 1
- 2 to 5
- 6 to 10
- 11 or more

Skip To: Q7.9 If Q7.5 = None

CONDOMS & DENTAL DAMS

Q7.7 In the past 12 months, which of the following have you used when engaging in sexual activity? Select all that apply.

- None
- Internal condoms
- External condoms

Skip To: Q7.9 If Q7.7 = None

Q7.8 Which best describes how often you have used condoms or dental dams in the past 12 months?

- Always
 - 75% of the time
 - 50% of the time
 - 25% of the time
 - Less than 25% of the time
 - Don't know or remember
-

PRE_EXPOSURE PROPHYLAXIS (PrEP)

Q7.10 Which best describes your use of Pre-Exposure Prophylaxis (PrEP)? *PrEP is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV.*

- I take PrEP once a day as prescribed
- I take PrEP sometimes
- I was taking PrEP, but not now
- I've never taken PrEP
- I've never heard of PrEP until now

Skip To: Q7.12 If Q7.10 = I was taking PrEP, but not now

Skip To: Q7.14 If Q7.10 = I've never taken PrEP

Skip To: Q7.14 If Q7.10 = I've never heard of PrEP until now

Q7.11 If you take PrEP: How long have you been taking PrEP?

- 1 to 6 months
- 7 to 12 months
- 13 months or more
- Short-term (during party weekends, etc.)

Skip To: Q7.14 If Q7.11 = 1 to 6 months

Skip To: Q7.14 If Q7.11 = 7 to 12 months

Skip To: Q7.14 If Q7.11 = 13 months or more

Skip To: Q7.14 If Q7.11 = Short-term (during party weekends, etc.)

Q7.12 If you used to take PrEP: How long did you take PrEP?

- 1 to 6 months
 - 7 to 12 months
 - 13 months or longer
 - Don't remember
-

Q7.13 Why did you stop taking PrEP?

- Loss of health coverage
 - Cost of treatment
 - Change in sexual activity/behavior
 - Difficulty adhering to the daily treatment regimen
 - Potential long-term side effects
-

Q7.14 Have you ever taken Post-Exposure Prophylaxis (PEP)? *PEP is a medicine to prevent HIV after a possible exposure. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.* If yes, select your most recent use.

- No
 - 1 to 6 months ago
 - 7 to 12 months ago
 - 13 or more months ago
 - I don't know what PEP is
-

Q7.15 In the past 12 months, have you done any of the following to reduce your risk of getting an STI or HIV from sexual activity? Select all that apply.

- Changed the types of sex I was having
 - Discussed HIV and STI history or status
 - Discussed STI history or status only
 - Discussed HIV history or status only
 - Discussed boundaries prior to having sex
 - Limited the number of sexual partners I have
 - Sero-sort partners (HIV+ with HIV+, HIV- with HIV-)
 - Sero-position (HIV- as top only, HIV+ as bottom only)
 - STI/HIV testing with partner
 - Stopped my sexual activity with a partner
 - None of these
-

Q7.16 In the past 12 months, have you done any of the following relating to sex work? Select all that apply.

- Traded sex for money, drugs, or a place to stay
 - Had sex with someone who was trading sex for money, drugs, or a place to stay
 - Had sex with someone who has injected drugs
 - Had sex with someone while under the influence of alcohol or other substances
 - Had sex with someone who has been in detention, jail or prison
 - None of these
-

Q7.17 When was your last Sexual Transmitted Infection (STI) test?

- Never been tested
- 1 to 6 months ago
- 7 to 12 months ago
- 13 or more months ago

Skip To: Q7.19 If Q7.17 = Never been tested

Q7.18 Which best describes how often you get tested for STIs? Select one.

- Every month
 - Every 3 months
 - Every 6 months
 - Once a year
 - Whenever I start a new relationship
 - Whenever I think I've been at-risk
 - Whenever I feel like getting tested
-

Q7.19 Have you ever been diagnosed with any of these STIs? Select all that apply.

- No
 - Chlamydia
 - Genital herpes
 - Genital warts
 - Gonorrhea
 - HPV
 - Syphilis
-

Q7.20 Do you have a partner, spouse, or significant other living with HIV?

- Not applicable
 - No
 - Yes
 - Don't know
-

Q7.21 Are you living with HIV?

- No
- I don't know my status
- Yes

Skip To: Q7.25 If Q7.21 = Yes

HIV TESTING

Q7.23 When was your last HIV test?

- I've never been tested
- 1 to 6 months ago
- 7 to 12 months ago
- 13 or more months ago

Skip To: Q8.2 If Q7.23 = I've never been tested

Q7.24 Which best describes how often you get tested for HIV? Select one.

- Every month
- Every 3 months
- Every 6 months
- Once a year
- Whenever I start a new relationship
- Whenever I think I've been at-risk
- Whenever I feel like getting tested

Skip To: Q8.2 If Q7.24 = Every month

Skip To: Q8.2 If Q7.24 = Every 3 months

Skip To: Q8.2 If Q7.24 = Every 6 months

Skip To Q8.2 If Q7.24 = Once a year

Skip To: Q8.2 If Q7.24 = Whenever I start a new relationship

Skip To: Q8.2 If Q7.24 = Whenever I think I've been at-risk

Skip To: Q8.2 If Q7.24 = Whenever I feel like getting tested

Q7.25 How long have you been living with HIV?

- Less than a year
 - 1-2 years
 - 3-5 years
 - 6-10 years
 - 11 or more years
-

Q7.26 In the past 12 months, did you go to an HIV medical appointment, get an HIV medication prescription, or have HIV labs done?

- No, none of these occurred
- Yes, at least ONE of these occurred

Skip To: Q7.28 If Q7.26 = Yes, at least ONE of these occurred

Q7.27 Why haven't you had HIV medical care or medications in the past 12 months? *Select all that apply.*

- I can't afford it
 - Communication difficulties
 - Cultural issues
 - I don't want or need HIV care
 - I don't want or need to take HIV medications
 - Fear
 - I feel healthy
 - Life issues are more important right now
 - No health insurance
 - No transportation
 - Not ready
 - I use alternative medicine/therapies
 - Privacy concerns
 - Prefer not to say
 - Other (please specify):
-

Q7.28 Have you been virally suppressed (undetectable) for the past 12 months or longer?

- No
- Yes
- Don't know or remember

VII. HOUSING

Q8.2 How comfortable is the place where you live?

- Not at all
 - A little
 - A moderate amount
 - Very much
 - An extreme amount
-

Q8.3 How healthy is the environment around place where you live?

- Not at all
 - A little
 - A moderate amount
 - Very much
 - An extreme amount
-

Q8.4 Where do you live? *Select one.*

- Apartment (rent)
 - Condo (rent)
 - Condo (own)
 - House (rent)
 - House (own)
 - Somewhere else
 - I am currently homeless
-

Q8.5 In the past 5 years, have you ever been homeless? *Select one.*

- No
- Currently homeless
- Within the past 12 months, but not now
- More than 12 months ago

Skip To: Q8.7 If Q8.5 = No

Q8.6 What kind of homelessness did you most recently experience? *Select all that apply.*

- Homeless on the street
- Living in your car
- Couch surfing
- In a shelter or housing program
- Prefer not to say
- Other (please specify):

Q8.7 What percentage of your monthly income is spent on housing?

- 10%
- 20%
- 30%
- 40%
- 50%
- Higher than 50%

VIII. COMMUNITY/SOCIAL CONNECTEDNESS

Q9.2 Do any of the following apply to the people in your social support system? Select all that apply.

	Support You	Understand You	Respect You	Rely on You
Biological Family or Relative(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chosen Family and Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse, Partner or Significant Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselor/Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9.3 Do you feel a sense of belonging and acceptance with or at the following? *Select all that apply.*

With your chosen family and friends

With your biological family

At work

At school

At restaurants

At bars

At places of worship

Other (please specify):

None of these

Q9.4 How many of your friends are LGBTQIA+?

None

A few

Some

Most

All

Q9.5 Prior to the pandemic, did you go to any of the following activities or events? Select all that apply.

- LGBTQIA+ bar/club
 - LGBTQIA+ dance party
 - LGBTQIA+ group meeting
 - LGBTQIA+ online group or event
 - LGBTQIA+ community event
 - LGBTQIA+ faith event
 - LGBTQIA+ sports group
 - LGBTQIA+ sporting event
 - None of these
-

Q9.6 What best describes your current relationship status? *Select one.*

- Single
 - Dating someone, not partnered
 - Domestic partnership
 - Partnered, living together
 - Partnered, not living together
 - Partnered, more than one partner
 - Married
 - Divorced
 - Other (please specify): _____
-

Q9.7 Who do you live with? *Select all that apply.*

- Alone
 - Roommate(s)
 - Partner, Spouse or Significant Other
 - Parents
 - Adult Children
 - Children Under 18
 - Other (please specify): _____
-

Q9.8 In the next 12 months, are you planning to have or adopt a child? *Select one.*

- No
 - Yes
 - Don't know.
-

Q9.9 Do you regularly attend (physically or virtually) services at an Austin-area faith community?

- Yes, at an LGBTQIA-affirming faith community.
 - Yes, but I'm not sure if my faith community is LGBTQIA-affirming or not
 - Yes, but my faith community is not LGBTQIA-affirming
 - No, I don't participate in any faith community
-

Q9.10 In what spiritual tradition were you raised, if any?

Q9.11 What faith are you currently practicing, if any?

IX. ECONOMIC OPPORTUNITY AND WORK

Q10.2 **What best describes your current employment status?** *Select all that apply.*

- Employed 40 or more hours each week
 - Employed less than 40 hours each week
 - Self-Employed
 - Contract Worker
 - Retired
 - Homemaker
 - Student
 - Unemployed, Looking for Work
 - Unable to Work
 - Other (please specify):

-

Q10.3 What is your personal annual income? *Enter only your own income, not household income, since others in your household may also take this survey.*

- Under \$15,000 (minimum wage)
 - \$15,000 - \$20,000 (\$7.25-10/hour)
 - \$20,000 - \$30,000 (\$10-15/hour)
 - \$30,000 - \$50,000 (\$15-25/hour)
 - \$50,000 - \$75,000
 - \$75,000 - \$100,000
 - \$100,000 - \$250,000
 - \$250,000 - \$500,000
 - \$500,000 - \$1M
 - Over \$1M
-

Q10.4 Do you have any financial difficulties?

- Not at all
 - A little
 - A moderate amount
 - Very much
 - An extreme amount
-

Q10.5 How much do you worry about money?

- Not at all
 - A little
 - A moderate amount
 - Very much
 - An extreme amount
-

Q10.6 Are you able to work?

- Not at all
 - A little
 - A moderate amount
 - Mostly
 - Completely
-

Q10.7 Do you believe Austin offers equal employment opportunities to most or all of its residents?

- No
 - Yes
 - Don't know
-

Q10.8 Do you believe Austin's residents have an equal chance of success with employment and earnings?

- No
 - Yes
 - Don't know
-

Q10.9 Does Austin have anti-poverty programs and policies?

- No
 - Yes
 - Don't know
-

Q10.10 Have you needed a bank loan in the last 12 months?

- No
- Yes
- Don't know

Skip To: Q10.12 If Q10.10 = No

Q10.11 If so, did you apply for the loan?

- No
 - Yes
 - Don't know
-

Q10.12 If you compare your closest social network to others in Austin, would you say you are financially secure than:

- Most others
 - Is doing about the same
 - Are worse off
-

Q10.13 Approximately how much money do you currently have in savings and/or investments?

- Under \$1,000
- \$1,000 - \$5,000
- \$5,000 - \$20,000
- \$20,000 - \$50,000
- More than \$50,000

X. EDUCATIONAL OPPORTUNITY AND ACCESS

Q11.2 How available to you is the information and learning opportunities you need in your day-to-day life?

- Not at all
 - A little
 - Moderately
 - Mostly
 - Completely
-

Q11.3 To what extent do you have opportunities for acquiring the education that you feel you need?

- Not at all
 - A little
 - Moderately
 - Mostly
 - Completely
-

Q11.4 What is the highest level of education you have completed? *Select one.*

- Less than high school diploma
 - High school diploma or GED
 - Some college but no degree
 - Associate's or Technical degree
 - Bachelor's degree
 - Graduate degree (MA, MS, etc.)
 - Doctoral degree (PhD)
 - Professional degree (JD, MD, DD, Ed.D)
-

Q11.5 Were you able to attain the level of education you wanted?

- Yes
- No

Skip To: Q12.2 If Q11.5 = Yes

Q11.6 If not, what do you feel kept you from achieving your educational goals? *Select all that apply.*

- Discrimination
- Lack of college readiness resources
- Lack of financial resources
- Family responsibilities
- Demands of my employment
- Lack of motivation
- Other (please specify):

XI. SOCIAL AND PUBLIC SERVICES/BENEFITS

Definitions:

Public service is a service intended to serve all members of a community. It is usually provided by the government to people living within its jurisdiction, either directly (through the public sector) or by financing provision of services. Public transportation and SNAP food benefits are examples of a public service.

Social services are a range of services provided by the government, private, profit and non-profit organizations. These services aim to build stronger communities and promote equality and opportunity. A food bank is an example of a social service.

Q12.2 Have you, or a member of your family needed and applied for public benefits or private assistance while living in Austin?

- No
- Yes
- Don't know

Skip To: Q12.7 If Q12.2 = No

Skip To: Q12.7 If Q12.2 = Don't know

Q12.3 If yes, which benefits did you seek? Select all that apply.

- COVID-19 or Emergency Relief
 - SNAP
 - TANF
 - WIC
 - Food Bank
 - Housing
 - Medicaid or Child Health Insurance Program
-

Q12.4 If yes, was it easy to apply for the benefits?

- No
 - Yes
 - Don't know
-

Q12.5 Did you receive the benefits for the length of time needed?

- No
 - Yes
 - Don't know
-

Q12.6 Were you treated with respect by staff of public benefits or private assistance services?

- No
 - Yes
-

Q12.7 How satisfied are you overall with public services and benefits in Austin?

- Very dissatisfied
 - Dissatisfied
 - Neither satisfied nor dissatisfied
 - Satisfied
 - Very satisfied
-

Q12.8 How would you rate the quality of social services available to you?

- Very poor
 - Poor
 - Neither poor nor good
 - Good
 - Very good
-

Q12.9 How satisfied are you with the following local public services?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
Public Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sanitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Libraries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street Cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

XIII. QUALITY OF LIFE

Q13.2 How satisfied are you with the quality of your life?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

Q13.3 How much do you enjoy life?

- Not at all
- A little
- A moderate amount
- Very much
- An extreme amount

Q13.4 To what extent do you feel your life to be meaningful?

- Not at all
- A little
- A moderate amount
- Very much
- An extreme amount

Q14.1 What quality of life attributes are important to you? Rank the following attributes from 1-11, one being the most important to you and 11 being the least important to you.

- _____ Ability to make decisions for myself
- _____ Ability to meet basic needs
- _____ Acceptance
- _____ Accessibility of resources
- _____ Community diversity
- _____ Freedom to be myself
- _____ Having choices and options
- _____ Having people who love me
- _____ Health and wellness
- _____ Meaningful work
- _____ Personal safety

SURVEY FEEDBACK

Q15.2 How strongly would you agree with the following statement?

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
This information will be helpful to Austin's LGBTQIA+ community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15.3 Please enter any additional comments or feedback here:

Q15.4 Thank you for investing your time to complete this important survey.

These survey questions provide meaningful information that will help the City of Austin's LGBTQIA+ Quality of Life Study create recommendations to help the LGBT community.

To find comprehensive resources in Austin, call The United Way of Central Texas 2-1-1 HELPLINE where you can find information on supports for utilities, rent assistance, and food. Whether you need help finding emergency housing, childcare, care for an aging parent or a haven from domestic violence, 2-1-1 can help you find the support you need.

If you are a youth and need of emotional support, call The Trevor Project at 1-866-488-7386. Also be sure to connect with OutYouth at <https://www.outyouth.org/> right here in Austin.

If you are an adult and need emotional support, reach out to Texas Health Action at <https://texashealthaction.org/> or call the National Suicide Prevention Lifeline at 1-800-273-8255.

Thank you for completing the survey. All individuals who completed at least 80% of the survey and provide an email will be entered into a drawing to receive a \$250 Amazon gift card. Three winners will randomly be chosen in May 2021.

Q184 In order to enter the drawing, we will need an email address. Please confirm whether you'd like to share your email address: **Note: your survey response will not be connected to the e-mail address you provide.*

- Yes, use my email.
 - No, I do not want to provide an email in order to enter for the drawing.
-

Q190 I attest that I am currently a resident of Travis, Hays, Bastrop, or Williamson County.

- Yes
 - No
-

Q191 I attest that my responses reflect that I completed at least 80% of the survey.

Yes

No

If Q184 = Yes, use my email, Q190 = Yes, Q191 = Yes, then please enter your email here:
