Survey Questions*
VEX 2025

Conducted for: Tulane University and University of California San Diego
Conducted by: NORC at the University of Chicago
Sample Source: AmeriSpeak Probability-Based Panel and non-probability panel respondents, calibrated using TrueNorth
Sampled Population: General Population Age 18+ in the states of California, Louisiana, Mississippi, and Texas.
Date Fielded: 05/13/2025 – 06/18/2025

* AmeriSpeak's standardized introduction and thank you informational screens are not included below. This survey was also in Spanish and English, but only English is represented here. Finally, this is a TrueNorth survey that included non-probability panelists. These non-probability panelists were asked a series of demographic profile questions that were not asked of AmeriSpeak panelists because that information was already on file. These demographic profile questions asked only of non-probability panelists are also not included here. At the end of the document, all of the demographic, socio-economic, and household profile measures that have been asked of AmeriSpeak respondents prior to the survey and included with the final delivered data are noted.

[SHOW IF PANEL_TYPE<20]
WINTRO_1.
Hello [FIRSTNAME], thank you for agreeing to participate in our new AmeriSpeak survey!

[SHOW IF PANEL_TYPE=20-29]
DISPLAY – OPTINTRO.
Thank you for agreeing to participate in our survey! Your answers are confidential.

UCSD_INTRO.
This survey is being conducted on behalf of the University of California San Diego and Tulane University. The goal of the survey is to understand and address health, economic security, and violence [INSERT IF PANEL_TYPE<20: among [INSERT IF PANEL_TYPE<20 AND S_STATE=CA: California; PANEL_TYPE<20 AND S_STATE=LA: Louisiana; PANEL_TYPE<20 AND S_STATE=MS: Mississippi; PANEL_TYPE<20 AND S_STATE=TX: Texas] residents].

Difficulties in life, including violence and mistreatment, can happen to anyone. We want to understand better the different ways violent experiences and other difficult experiences, such as discrimination or economic insecurity, occur and what types of supports can be helpful for people having these types of experiences. While taking this survey, please think about all the experiences you have dealt with in your life regarding these specific situations. Your answers to the questions will be strictly confidential. [INSERT IF PANEL_TYPE=20-29: We are not collecting your name nor any identifying information.]

To further protect the privacy of participants in this study, NORC has obtained a Certificate of Confidentiality. This information is available [INSERT IF PANEL_TYPE<20: to AmeriSpeak panelists / INSERT IF PANEL_TPE=20-29: publicly] at: https://www.amerispeak.org/privacy. NORC can use this Certificate to legally refuse to disclose information that may identify you or your minor child in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. NORC will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate of Confidentiality does not prevent disclosure to state or local authorities of child abuse and neglect, or threats to self-harm or to harm others.

[INSERT IF PANEL_TYPE<20: If you have any questions or concerns about this study, you can contact AmeriSpeak support at support@AmeriSpeak.org or call (888) 326-9424.]

The survey will take approximately 15 minutes, on average. Since some of the questions are personal, we suggest that you be in a private setting during the survey.

There are minimal benefits or risks to being in this voluntary study. In order to keep your information private, the answers you give us will be combined with the answers from other people who are in the survey. No information that could personally identify you will be given to our organization or anyone else. You can skip any question [INSERT IF PANEL_TYPE=20-29:(except for required demographic information)] or stop the survey at any time.

Do you agree to participate in this survey?

RESPONSE OPTIONS:
1. Yes
2. No

IF UCSD_INTRO=2,98, TERMINATE

Physical Abuse and Violence

DISPLAY_Q1.
This set of questions asks you about physically abusive or violent experiences you may have had in your life. Physical abuse can include being hit, slapped, punched, shoved, choked, kicked, shaken or otherwise physically hurt, including being threatened with a weapon such as a knife or gun.

Q1.
Please check off each type of experience that has ever been done to you.

Select all that apply.

RESPONSE OPTIONS:
1. Someone physically hurt you through violent or abusive behavior
2. Someone threatened or hurt you with a knife
3. Someone threatened or hurt you with a gun
4. None of the above [SP]

[SHOW IF Q1=1,2,3]
Q1_AT4.
At what age(s) did the below experience(s) occur?

Select all that apply.

GRID ITEMS:
A. [SHOW IF Q1=1] Someone physically hurt you through violent or abusive behavior
B. [SHOW IF Q1=2] Someone threatened or hurt you with a knife
C. [SHOW IF Q1=3] Someone threatened or hurt you with a gun

RESPONSE OPTIONS:
1. 0-12 years old (Child)
2. 13-17 years old (Youth)
3. 18-24 years old (Young Adult)
4. [SHOW IF S_AGE>24] 25-54 years old (Adult)
5. [SHOW IF S_AGE>54] 55 or older (Older Adult)

[SHOW IF Q1=1,2,3]
Q2.
When did the below experience(s) occur?

Select all that apply.

GRID ITEMS:
A. [SHOW IF Q1=1] Someone physically hurt you through violent or abusive behavior
B. [SHOW IF Q1=2] Someone threatened or hurt you with a knife
C. [SHOW IF Q1=3] Someone threatened or hurt you with a gun

RESPONSE OPTIONS:
1. Within the past 12 months
2. Over 12 months ago

COMPUTE DOV_Q2

IF Q2A, Q2B, OR Q2C=1	**DOV_Q2=1** "Experienced physical abuse or violence in past 12 months"
ELSE	**DOV_Q2=2** "Did not experience physical abuse or violence in past 12 months"

COMPUTE DOV_Q2cnt
IF DOV_Q2=1 DOV_Q2cnt=COUNT # OF Q2=1

[SHOW IF DOV_Q2=1]
DISPLAY_Q2.
For each type of experience you have reported, we will ask about some details.

[SHOW IF DOV_Q2cnt>1]
DISPLAY_Q2A.
IF 2ND INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) when someone threatened or hurt you with a knife.
IF 3rd INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) when someone threatened or hurt you with a gun

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[SHOW IF DOV_Q2=1]
Q2_A.
Who [physically hurt you/ threatened or hurt you with a knife/ threatened or hurt you with a gun] in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

1. An adult family member, relative, or in-law
2. A family member or relative under the age of 18
3. Spouse or romantic partner
4. Unrelated person you know well (i.e. friend, classmate, co-worker)
5. Unrelated person you don't know as well (i.e., acquaintance, neighbor or community member)
6. Stranger
7. A teacher, coach or other adult authority figure
8. Police, corrections or law enforcement officer
9. A political, religious or community leader
10. A boss or employer
11. Other, please specify [TEXTBOX]

[SHOW IF DOV_Q2=1]

Q2_BT4.

Where did you experience being [physically hurt/ threatened or hurt with a knife/ threatened or hurt with a gun] in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

1. Home
2. School
3. Workplace
4. Public spaces (e.g., neighborhood, park, on the street, etc.)
5. On public transportation (e.g., taxi, rideshare or other paid transportation)
6. In a car (your own car or the car of someone you know personally)
7. Clubs or bars
8. Other place

[SHOW IF DOV_Q2=1]

Q3_A.

[INSERT IF DOV_Q2cnt>1: The next question is about all types of physical abuse or violence, including gun and knife violence, that you have experienced in the past 12 months.]

Because of the physically violent experience you had in the past 12 months, have you done any of the following?

If you've had a physically violent experience more than once and had nothing happen from one incident but had consequences from others, please select "Did nothing/nothing happened" in addition to the specific consequences that occurred at other times.

Select all that apply.

RESPONSE OPTIONS:

1. Missed days of work or school
2. Changed your route or regular routine
3. Stopped a hobby or activity or stopped participating in a community or religious group
4. Ended a relationship
5. Changed schools and/or universities or dropped out of school or university, or dropped a course
6. Sought a new job assignment, changed jobs or quit a job
7. Moved from a dorm, apartment, house or other form of residence
8. Sought medical help, including mental health counselling
9. Filed an official complaint or report to an authority figure, including filing a police report
10. Obtained a restraining order
11. Felt anxiety or depression
12. Seriously thought about killing yourself
13. Other – please specify [TEXTBOX]
14. Did nothing/nothing happened

[SHOW IF DOV_Q2=1]
Q3_BT4.
[INSERT IF DOV_Q2cnt>1: The next question is about all types of physical abuse or violence, including gun and knife violence, that you have experienced in the past 12 months.]

Did you tell anyone about or get any help for the physical violence experience(s) you had in the past 12 months? If yes, who did you tell?

Select all that apply.

RESPONSE OPTIONS:
1. I did not tell anyone or seek any help [SP]
2. Friends or family
3. Medical services
4. Police, other criminal justice services (e.g., restraining order)
5. Legal services (e.g., lawyer)
6. Governmental social services (e.g., Child Protection Services)
7. Non-governmental social services (e.g., crisis hotline or victim advocate services)
8. Housing/shelter services
9. Other authority figure (e.g., teacher, coach, employer, faith leader, or community leader)
10. Other [TEXTBOX]

[SHOW IF DOV_Q2=1]
Q3_CT4.
[INSERT IF DOV_Q2cnt>1: The next question is about all types of physical abuse or violence, including gun and knife violence, that you have experienced in the past 12 months.]

Do you believe that the physically violent experience(s) you had in the past 12 months were due to any of the following characteristics?

Select all that apply.

RESPONSE OPTIONS:

1. Your ethnicity or race
2. Your immigration situation or assumptions about it
3. Your gender
4. Your age
5. Your religion
6. Your physical appearance
7. Your sexual orientation or gender identity
8. Your income level/social class
9. Your political views
10. Other – please specify: [TEXTBOX]

[SHOW IF DOV_Q2=1]

Q2_OE.

Could you describe an incident of physical violence that you've experienced in the past year? We want to know who did this, in what circumstance, and whether there were any consequences for them.

[LARGE TEXTBOX]

RESPONSE OPTIONS:

Decline to answer [SP]

Q4.

We now want to talk about times when you may have done something physically violent to another person. Please check off each type of experience(s) you have done to someone else.

Reminder that your answers to the questions will be strictly confidential. Please make sure you are in a safe and private location while completing this survey.

Select all that apply.

RESPONSE OPTIONS:

1. You physically hurt someone
2. You threatened or hurt someone with a knife
3. You threatened or hurt someone with a gun
4. None of the above [SP]

[SHOW IF Q4=1,2,3]

Q5.

When did the below experience(s) occur?

Select all that apply.

GRID ITEMS:

A. [SHOW IF Q4=1] You physically hurt someone
B. [SHOW IF Q4=2] You threatened or hurt someone with a knife
C. [SHOW IF Q4=3] You threatened or hurt someone with a gun

RESPONSE OPTIONS:

1. Within the past 12 months
2. Over 12 months ago

COMPUTE DOV_Q5

IF Q5A, Q5B, OR Q5C=1	**DOV_Q5=1** "Physically abused someone within the last 12 months"
ELSE	**DOV_Q5=2** "Did not physically abuse someone within the last 12 months"

COMPUTE DOV_Q5cnt
IF DOV_Q5=1 DOV_Q5cnt=COUNT # OF Q5=1

[SHOW IF DOV_Q5=1]
DISPLAY_Q5.
For each type of experience you have reported, we will ask about some details.

[SHOW IF DOV_Q5cnt>1]
DISPLAY_Q5A.
IF 2ND INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) when you threatened or hurt someone with a knife.
IF 3rd INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) when you threatened or hurt someone with a gun.

[SHOW IF DOV_Q5=1]
Q5_A.
Who did you [physically hurt/ threaten or hurt with a knife/ threaten or hurt with a gun] in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

1. An adult family member, relative, or in-law
2. Spouse or romantic partner
3. Unrelated person you knew well (friend, classmate, co-worker)
4. Unrelated person you did not know well (acquaintance, neighbor or community member)
5. Other

[SHOW IF DOV_Q5=1]

Q5_B.

What happened when you [physically hurt someone/ threatened or hurt someone with a knife/ threatened or hurt someone with a gun] in the past 12 months?

If you've [physically hurt someone/ threatened or hurt someone with a knife/ threatened or hurt someone with a gun] more than once and had nothing happen from one incident but had consequences from others, please select "nothing happened" in addition to the specific consequences that occurred at other times.

Select all that apply.

RESPONSE OPTIONS:

1. Nothing happened
2. The person or someone attached to the person got mad at me but a complaint was not filed
3. A formal complaint was filed with the police or with some other authority
4. I was arrested
5. I was removed from my home
6. I lost my job
7. I was removed from my school
8. My relationship ended
9. I lost my children
10. Other

SEXUALLY HARASSING OR ABUSIVE EXPERIENCES

Q6.

This set of questions asks you about sexually harassing or abusive experiences you may have had in your life. Please check off each type of experience that has ever been done to you.

RESPONSE OPTIONS:

1. Verbal sexual harassment – This can include someone whistling, leering or staring at you, or calling out to you in ways that make you feel disrespected or unsafe. It can include someone talking about your body parts (such as your butt or breasts) inappropriately or offensively, or saying sexually explicit comments or questions ("I want to do BLANK to you"). It can also include someone repeatedly asking you for a date or your phone number when you've said no. In some cultures, this is also known as 'eve teasing'.
2. Homophobic or transphobic comments – This can include someone purposefully misgendering you or calling you a homophobic or transphobic slur, like "Fag," "Dyke," or "Tranny."
3. Cyber sexual harassment – This can include someone sending you sexual content without your permission, sexualizing you inappropriately, or threatening you with sex acts, in private online spaces, such as over e-mail or text, or in public online space, such as on social media. This can

also include someone taking and/or sharing sexual pictures or videos of you without your permission.

4. Physically aggressive sexual harassment – This can include someone flashing or exposing their genitals to you without your permission. This can also include someone purposely touching you or brushing up against you in an unwelcome, sexual way.
5. Quid pro quo sexual harassment or coercion – This can include someone forcing or pressuring you to do a sexual act in exchange for something (such as a good grade, a promotion, a job, drugs, food, money, or something similar) or instead of something (like paying rent or a citation, etc.)
6. Forced sex - This can include someone forcing you to do a sexual act without your permission or one that you don't want to do (including while you are under the influence of alcohol or drugs).
7. None of the above. [SP]

[SHOW IF Q6=1,2,3,4,5,6]

Q6_AT4.

At what age(s) did the below experience(s) occur?

Select all that apply.

GRID ITEMS:

A. [SHOW IF Q6=1] Verbal sexual harassment
B. [SHOW IF Q6=2] Homophobic or transphobic comments
C. [SHOW IF Q6=3] Cyber sexual harassment
D. [SHOW IF Q6=4] Physically aggressive sexual harassment
E. [SHOW IF Q6=5] Quid pro quo sexual harassment or coercion
F. [SHOW IF Q6=6] Forced sex

RESPONSE OPTIONS:

1. 0-12 years old (Child)
2. 13-17 years old (Youth)
3. 18-24 years old (Young Adult)
4. [SHOW IF S_AGE>24] 25-54 years old (Adult)
5. [SHOW IF S_AGE>54] 55 or older (Older Adult)

[SHOW IF Q6=1,2,3,4,5,6]

Q7.

When did the below experience(s) occur?

Select all that apply.

GRID ITEMS:

A. [SHOW IF Q6=1] Verbal sexual harassment
B. [SHOW IF Q6=2] Homophobic or transphobic comments
C. [SHOW IF Q6=3] Cyber sexual harassment
D. [SHOW IF Q6=4] Physically aggressive sexual harassment
E. [SHOW IF Q6=5] Quid pro quo sexual harassment or coercion

F. [SHOW IF Q6=6] Forced sex

RESPONSE OPTIONS:
1. Within the past 12 months
2. Over 12 months ago

COMPUTE DOV_Q7

IF Q7A, Q7B, Q7C, Q7D, Q7E, OR Q7F = 1	**DOV_Q7=1** "Experienced sexual harassment or abuse in past 12 months"
ELSE	**DOV_Q7=2** "Did not experience sexual harassment or abuse in past 12 months"

COMPUTE DOV_Q7cnt
IF DOV_Q7=1 DOV_Q7cnt=COUNT # OF Q7=1

[SHOW IF DOV_Q7=1]
For each type of experience you have reported, we will ask about some details.

[SHOW IF DOV_Q7=1]
DISPLAY_Q7A.
IF 1ST INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with verbalsexual harassment.

This can include someone whistling, leering or staring at you, or calling out to you in ways that make you feel disrespected or unsafe. It can include someone talking about your body parts (such as your butt or breasts) inappropriately or offensively, or saying sexually explicit comments or questions ("I want to do BLANK to you"). It can also include someone repeatedly asking you for a date or your phone number when you've said no. In some cultures, this is also known as 'eve teasing'.

IF 2nd INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with homophobic or transphobic comments.

This can include someone purposefully misgendering you or calling you a homophobic or transphobic slur, like "Fag," "Dyke," or "Tranny."

IF 3rd INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with cyber sexual harassment.

This can include someone sending you sexual content without your permission, sexualizing you inappropriately, or threatening you with sex acts, in private online spaces, such as over e-mail or text, or in public online space, such as on social media. This can also include someone taking and/or sharing sexual pictures or videos of you without your permission.

IF 4th INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with physically aggressive sexual harassment.

This can include someone flashing or exposing their genitals to you without your permission. This can also include someone purposely touching you or brushing up against you in an unwelcome, sexual way.

IF 5th INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with quid pro quo sexual harassment or coercion.

This can include someone forcing or pressuring you to do a sexual act in exchange for something (such as a good grade, a promotion, a job, drugs, food, money, or something similar) or instead of something (like paying rent or a citation, etc.).

IF 6th INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with forced sex.

This can include someone forcing you to do a sexual act without your permission or one that you don't want to do (including while you are under the influence of alcohol or drugs).

[SHOW IF DOV_Q7=1]
Q7_A.
Who [verbally sexually harassed/ made homophobic or transphobic comments to/ cyber sexually harassed/ physically sexually harassed/ sexually coerced/ forced sex on] you in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:
1. An adult family member, relative, or in-law
2. A family member or relative under the age of 18
3. Spouse or romantic partner
4. Unrelated person you know well (friend, classmate, co-worker)
5. Unrelated person you don't know as well (acquaintance, neighbor or community member)
6. Stranger
7. A teacher, coach or other adult authority figure
8. Police, corrections or law enforcement officer
9. A political, religious or community leader
10. A boss or employer
11. Other

[SHOW IF DOV_Q7=1]
Q7_BT4.
Where were you when someone [verbally sexually harassed/ made homophobic or transphobic comments to/ cyber sexually harassed/ physically sexually harassed/ sexually coerced/ forced sex on] you in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

1. Home
2. School
3. Workplace
4. Public spaces (e.g., neighborhood, park, on the street, etc.)
5. On public transportation (e.g., taxi, rideshare, or other paid transportation)
6. In a car (your own car or the car of someone you know)
7. Clubs or bars
8. Other place

[SHOW IF DOV_Q7=1]
Q8_A.
[INSERT IF DOV_Q7cnt>1: The next question is about all types of sexual harassment or abuse that you have experienced in the past 12 months.]

Because of the sexually harassing or abusive experience(s) you had in the past 12 months, have you done any of the following?

If you've had a sexually harassing or abusive experience more than once and had nothing happen from one incident but had consequences from others, please select "Did nothing/nothing happened" in addition to the specific consequences that occurred at other times.

Select all that apply.

RESPONSE OPTIONS:

1. Missed days of work or school
2. Changed your regular route or routine
3. Stopped a hobby or activity or stopped participating in a community or religious group
4. Ended a relationship
5. Changed schools and/or universities or dropped out of school or university, or dropped a course
6. Sought a new job assignment, changed jobs or quit a job
7. Moved from a dorm, apartment, house or other form of residence
8. Sought medical help, including mental health counselling
9. Filed an official complaint or report to an authority figure, including filing a police report
10. Felt anxiety or depression
11. Seriously thought about killing yourself
12. Other – please specify: [TEXTBOX]
13. Did nothing/nothing happened

[SHOW IF DOV_Q7=1]
Q8_BT4.
[INSERT IF DOV_Q7cnt>1: The next question is about all types of sexual harassment or abuse that you have experienced in the past 12 months.]

Did you tell anyone about or get any help for the sexually harassing or abusive experience(s) you had in the past 12 months? If yes, who did you tell?

Select all that apply.

RESPONSE OPTIONS:

1. I did not tell anyone or seek any help [SP]
2. Friends or family
3. Medical services
4. Police, other criminal justice services (e.g., restraining order)
5. Legal services (e.g., lawyer)
6. Governmental social services (e.g., Child Protection Services)
7. Non-governmental social services (e.g., crisis hotline or victim advocate services)
8. Housing/shelter services
9. Other authority figure (e.g., teacher, coach, employer, faith leader, or community leader)
10. Other, please specify [TEXTBOX]

[SHOW IF DOV_Q7=1]

Q8_CT4.

[INSERT IF DOV_Q7cnt>1: The next question is about all types of sexual harassment or abuse that you have experienced in the past 12 months.]

Do you believe that the sexually harassing or abusive you had in the past 12 months were due to any of the following characteristics?

Select all that apply.

RESPONSE OPTIONS:

1. Your ethnicity or race
2. Your immigration situation or assumptions about it
3. Your gender
4. Your age
5. Your religion
6. Your physical appearance
7. Your sexual orientation or gender identity
8. Your income level/social class
9. Your political views
10. Other – please specify: [TEXTBOX]

[SHOW IF DOV_Q7=1]

Q7_OE.

Could you describe an incident of sexual harassment or abuse that you've experienced in the past year? We want to know who did this, in what circumstance, and whether there were any consequences for them.

[LARGE TEXTBOX]

RESPONSE OPTIONS:

99. Decline to answer [SP]

Q9.

We now want to talk about times when you may have done something sexually harassing or abusive to another person.

Please check off each type of experience(s) you have done to someone else.

Remember that your answers to the questions will be strictly confidential. Please make sure you are in a safe and private location while completing this survey.

Select all that apply.

RESPONSE OPTIONS:

1. Verbal sexual harassment – This can include you whistling, leering or staring at someone, or calling out to someone in ways that make them feel disrespected or unsafe. It can include you talking about their body parts (such as butt or breasts) inappropriately or offensively, or saying sexually explicit comments or questions ("I want to do BLANK to you"). It can also include you repeatedly asking someone for a date or your phone number when they've said no. In some cultures, this is also known as 'eve teasing'.
2. Homophobic or transphobic comments – This can include you purposefully misgendering someone or calling someone a homophobic or transphobic slur, like "Fag," "Dyke," or "Tranny."
3. Cyber sexual harassment – This could include sending someone sexual content without their permission, sexualizing them inappropriately, or threatening them with sex acts, in private online spaces, such as over e-mail or text, or in public online spaces, such as on social media. This can also include taking and/or sharing sexual pictures or videos of someone else without their permission.
4. Physically aggressive sexual harassment – This can include you flashing or exposing your genitals to someone without their permission. This can also include purposely touching someone or brushing up against someone in an unwelcome, sexual way.
5. Quid pro quo sexual harassment or coercion – This can include you forcing or pressuring someone to do a sexual act in exchange for something (good grade, a promotion, a job, drugs, food, money, or something similar) or instead of something (paying rent or a citation, etc.)
6. Forced sex - This can include you forcing someone to do a sexual act without their permission or one that they don't want to do (including while they were under the influence of alcohol or drugs).
7. None of the above. [SP]

[SHOW IF Q9=1,2,3,4,5,6]

Q10.

When did the below experience(s) occur?

Select all that apply.

GRID ITEMS:

A. [SHOW IF Q9=1] You verbally sexually harassed someone
B. [SHOW IF Q9=2] You made homophobic or transphobic comments
C. [SHOW IF Q9=3] You cyber sexually harassed someone
D. [SHOW IF Q9=4] You physically aggressively sexually harassed someone
E. [SHOW IF Q9=5] You sexually harassed/coerced someone
F. [SHOW IF Q9=6] You forced someone to have sex

RESPONSE OPTIONS:

1. Within the past 12 months
2. Over 12 months ago

COMPUTE DOV_Q10

IF Q10A, Q10B, Q10C, Q10D, Q10E, OR Q10F = 1	**DOV_Q10=1** "Sexual harassed or abused in past 12 months"
ELSE	**DOV_Q10=2** "Did not sexually harass or abuse in past 12 months"

COMPUTE DOV_Q10cnt
IF DOV_Q10=1 DOV_Q10cnt=COUNT # OF Q10=1

[SHOW IF DOV_Q10=1]
DISPLAY_Q10.
For each type of experience you have reported, we will ask about some details.

[SHOW IF DOV_Q10=1]
DISPLAY_Q10A.
IF 1ST INTERATION OF LOOP INERT: Now we'd like to focus on your experience(s) with committing <u>verbal</u> sexual harassment.

This can include you whistling, leering or staring, or calling out to someone in an aggressive or unwanted way. It can include talking about their body parts (such as their butt or breasts) inappropriately or offensively, or saying sexually explicit comments or questions ("I want to do BLANK to you"). It can also include repeatedly asking someone for a date or their phone number when they have already said no. In some cultures, this is also known as 'eve teasing'.

IF 2nd INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with using homophobic or transphobic comments.

This can include calling someone a homophobic or transphobic slur, like "Fag," "Dyke," or "Tranny," or purposefully misgendering someone.

IF 3rd INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with committing cyber sexual harassment.

This could include sending someone sexual content without their permission, sexualizing them inappropriately, or threatening them with sex acts, in private online spaces, such as over e-mail or text, or in public online spaces, such as on social media. This can also include taking and/or sharing sexual pictures or videos of someone else without their permission.

IF 4th INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with committing physically aggressive sexual harassment.

This can include flashing or exposing your genitals to someone without their permission. This can also include purposely touching someone or brushing up against them in an unwelcome, sexual way.

IF 5th INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with committing quid pro quo sexual harassment or coercion.

This can include pressuring or requiring someone to do a sexual act in exchange for something (such as a good grade, a promotion, a job, drugs, food, money, or something similar) or instead of something (like paying rent or a citation, etc.)

IF 6th INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with forcing sex.

This can include forcing someone to do a sexual act without their permission or one that they don't want to do (including while they were under the influence of alcohol or drugs).

[SHOW IF DOV_Q10=1]
Q10_A.
Who did you [verbally sexually harass/ make homophobic or transphobic comments to/ cyber sexually harass / physically sexually harass/ sexually coerce/ force to have sex] in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

1. An adult family member, relative, or in-law
2. A family member or relative under the age of 18
3. Spouse or romantic partner
4. Unrelated person you know well (e.g., friend, classmate, co-worker)
5. Unrelated person you don't know well (e.g., acquaintance, neighbor or community member)
6. Stranger
7. Other, please specify [TEXTBOX]

[SHOW IF DOV_Q10=1]
Q10_B.

What happened when you [verbally sexually harassed someone/ made homophobic or transphobic comments/ cyber sexually harassed someone / physically sexually harassed someone / sexually coerced someone / forced someone to have sex] in the past 12 months?

If you've [verbally sexually harassed someone/ made homophobic or transphobic comments/ cyber sexually harassed someone / physically sexually harassed someone / sexually coerced someone / forced someone to have sex] more than once and had nothing happen from one incident but had consequences from others, please select "nothing happened" in addition to the specific consequences that occurred at other times.

Select all that apply.

RESPONSE OPTIONS:

1. Nothing happened
2. The person or someone attached to the person got mad at me but a complaint was not filed
3. A formal complaint was filed with the police or with some other authority
4. I was arrested
5. I was removed from my home
6. I lost my job
7. I was removed from my school
8. My relationship ended
9. I lost my children
10. Other, please specify [TEXTBOX]

EXPERIENCES OF IPV

DISPLAY_IPV.

The following set of questions asks you about difficulties or mistreatment from a current or former romantic or sexual partner. This can include a spouse, someone you were casually dating, boyfriends, girlfriends, or sexual partners.

IPV1.

Has a current or ex-romantic or sexual partner ever done any of the following when you did not want them to?

Select all that apply.

RESPONSE OPTIONS:

1. Insulted, humiliated, or made fun of you in front of others
2. Controlled your access to money, for example not letting you have credit cards, kept you from working or going to work
3. Keeps your important papers, such as your immigration papers, financial papers, birth certificate
4. Tried to keep you from seeing or talking to your family or friends
5. Kept track of you by demanding to know where you were and what you were doing

6. Made threats to physically harm you
7. Made threats to harm someone close to you
8. Threatened to hurt themselves or commit suicide because they were upset with you
9. Made decisions for you that should have been yours to make
10. Destroyed something that was important to you
11. Intentionally hurt or threatened to use violence against your pet(s)
12. Harassed you by phone, text, email or using social media
13. Slapped you
14. Pushed or shoved you
15. Hit you with a fist or something hard
16. Hurt you by pulling your hair
17. Slammed you against something
18. Tried to hurt you by choking or suffocating you
19. Beaten you
20. Burned you on purpose
21. Used a knife on you
22. Used a gun on you
23. Forced or tried to force you to have sex, or made you perform sexual acts that you did not want to perform
24. Forced or pressured you into becoming pregnant or continuing a pregnancy when you did not want it
25. Forced or pressured you to prevent or end a pregnancy against your will
26. None of the above [SP]

COMPUTE DOV_IPV

IF ANY IPV1_1 THRU IPV1_25=1 **DOV_IPV=1** "Experienced intimate partner violence"
ELSE **DOV_IPV=2** "Did not experience intimate partner violence"

COMPUTE DOV_IPVcnt
IF DOV_IPV=1 DOV_IPVcnt=COUNT # OF IPV1=1

[SHOW IF DOV_IPV=1]
IPV2.
The next questions are about all instances of abuse or mistreatment from a current or former romantic or sexual partner that you have told us about.

What age were you when a partner did this to you? If you experienced intimate partner violence at different ages, please select all age ranges when this occurred.

Select all that apply.

RESPONSE OPTIONS:
1. 13-17 years old (Youth)
2. 18-24 years old (Young Adult)

3. [SHOW IF S_AGE>24] 25-54 years old (Adult)
4. [SHOW IF S_AGE>54] 55 or older (Older Adult)

[SHOW IF DOV_IPV=1]
IPV3.
When did a partner do this to you?

Select all that apply.

RESPONSE OPTIONS:
1. Within the past 12 months
2. Over 12 months ago

[SHOW IF DOV_IPV=1]
IPV4.
Are you still in a relationship with any partner who did this to you?

RESPONSE OPTIONS:
1. Yes
2. No

IPV5.
When you were a child (under the age of 18), did you ever see or hear your mother or primary caregiver being pushed, slapped, hit, punched, or beat up by their romantic or sexual partner?

RESPONSE OPTIONS:
1. Yes
2. No

NEIGHBORHOOD VIOLENCE AND POLICING

DISPLAY.
This next set of questions asks you about violence and safety in your neighborhood you currently live in.

Q11.
How safe do you think your neighborhood is from violence and crime?

RESPONSE OPTIONS:
1. Extremely safe
2. Quite safe
3. Slightly safe

4. Not at all safe

Q13.
Thinking about living in your neighborhood, please indicate how much you agree or disagree with the following statements:

GRID ITEMS, RANDOMIZE:

A. The police department is responsive to community concerns
B. You trust the police
C. You feel safe around the police
D. You would feel comfortable going to the police for help in most situations
E. You would not feel comfortable going to the police because the police might be suspicious of you

RESPONSE OPTIONS:

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

Q14.
Please tell me which of the following best describes any experiences you may have had being approached or stopped by the police. This might involve a police officer stopping you while you were driving or walking, or having an officer come to your home to question you about an incident.

RESPONSE OPTIONS:

1. You have been approached or stopped by the police within the last 6 months.
2. You have been approached or stopped by the police within the last year, but not within the last 6 months.
3. You have been approached or stopped by the police in the past, but not within the last year.
4. You have never been stopped or approached by the police.

[SHOW IF Q14=1,2,3]
Q15.
On the last occasion you were approached by the police, how do you think you were treated?

RESPONSE OPTIONS:

1. Very well
2. Reasonably well
3. Neither well nor badly
4. Somewhat badly
5. Very badly

DOMESTIC VIOLENCE RESTRAINING ORDERS AND GUN VIOLENCE RESTRAINING ORDERS

SECTION 1: Awareness and Utilization of DVROs and GVROs/ERPOS

Q1_NEW.
Before this survey, had you heard of the following legal measures?

GRID ITEMS:

A. Domestic Violence Restraining Orders (DVROs)
B. Gun Violence Restraining Orders (GVROs), *also referred to as Extreme Risk Protection Orders or ERPOs)*

RESPONSE OPTIONS:

1. Yes, I've heard of them
2. No, I've never heard of them

Q2_NEW.
In your opinion, which of the following best describes the purpose of a Domestic Violence Restraining Order (DVRO)?

Select all that apply.

RESPONSE OPTIONS:

1. To protect someone from physical violence, threats, harassment, or stalking by someone they have a close relationship with (e.g., partner, family member).
2. To prevent someone from purchasing or possessing firearms.
3. To protect someone from a stranger or acquaintance.
4. To provide financial or child custody protections as part of the order.

Q3_NEW.
In your opinion, which of the following best describes the purpose of a Gun Violence Restraining Order (GVRO)?

Select all that apply.

RESPONSE OPTIONS:

1. To protect someone from harassment, threats, or stalking.
2. To temporarily remove firearms from a person deemed a risk to themselves or others.
3. To address situations where firearms have already been used in a crime.
4. To prevent someone from purchasing firearms if they pose a threat.

Q4_NEW.
Have you ever sought a DVRO or GVRO/ERPO for protection?

Select all that apply.

RESPONSE OPTIONS:
1. Yes, I have sought a DVRO
2. Yes, I have sought a GVRO/ERPO
3. No, I have not sought either [SP]

SOCIOECONOMIC CIRCUMSTANCES

Q16.
Have you lacked enough money for food or other basic needs at any point in the past year?

RESPONSE OPTIONS:
1. Yes
2. No

Q17.
Have you or anyone in your household received financial support or other assistance from any of the following to help you and your family deal with financial hardships in the past year?

Select all that apply.

RESPONSE OPTIONS:
1. Government support in the form of direct monetary payment
2. Government support in the form of food or other resources
3. Charity from non-profits, either money or resources including food and clothing
4. Charity from religious organizations or groups
5. Borrowed money or received charity from friends or family
6. Other - please specify: [TEXTBOX]
7. None of the above [SP]

Q18.
Have you been evicted from your home, rental or owned home?

RESPONSE OPTIONS:
1. Yes, in the past year
2. Yes, I have been evicted, but not in the past year
3. Never

Q19.
Have you ever been homeless – on the streets or in a shelter?

RESPONSE OPTIONS:
1. Yes, in the past year
2. Yes, but not in the past year
3. Never

Q20.
Have you been in prison or been in jail for more than 48 hours?

RESPONSE OPTIONS:
1. Yes, in the past year
2. Yes, but not in the past year
3. Never

[SHOW IF Q20=1,2]
Q21_NEW.
Have you been in prison, jail, or any juvenile correctional facility for more than 48 hours before you were age 18?

Select all that apply.

RESPONSE OPTIONS:
1. Yes, before age 16
2. Yes, at 16 or 17
3. No [SP]

FIREARMS

Q21.
We would now like to ask you about your experience with keeping firearms in or around your home. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire.

Please include firearms kept in a garage, outdoor storage area, or motor vehicle. Please check all of the following responses that apply to you.

RESPONSE OPTIONS:
1. There are currently firearms in or around my home, but I do not have access to them.
2. There are currently firearms in or around my home, and I have access to them.
3. I am a registered owner of a firearm.

4. I grew up with firearms in or around my home.
5. I have been trained to use firearms.
6. Most people in my neighborhood have firearms in or around their home.
7. I possess a firearm to help keep my home and family safe.
8. I possess a firearm for sport.
9. I would not keep a firearm in or around my home.

Q22.
Have you obtained a firearm in the past 12 months?

RESPONSE OPTIONS:
1. Yes, I have obtained a firearm for the first time
2. Yes, but this is not my first firearm
3. No, but I have a firearm
4. No, and I do not have a firearm at this time

[SHOW IF Q22=1,2,3]
Q22A.
Which of the following storage protections do you use for your firearm(s)? If you have multiple firearms, please respond on the basis of all firearms you have.

RESPONSE OPTIONS:
1. I store and lock all firearms using a trigger lock, biometric lock, gun case, strongbox, gun cabinet, or gun safe. Firearms are unloaded.
2. I store and lock all firearms, but the firearms are loaded.
3. I store and lock some but not all firearms.
4. I do not store and lock my firearms.

DISCRIMINATION

Q28.
In the following questions, we are interested in your beliefs about the way other people have treated you. Have you ever experienced any of the following concerns?

Select all that apply.

RESPONSE OPTIONS:
1. I was unfairly fired or denied a promotion
2. I was unfairly passed over for a job opportunity
3. I was unfairly stopped, searched, questioned, physically threatened or abused by the police
4. I was unfairly discouraged by a teacher or advisor from continuing my education
5. I was unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to rent or sell me a house or apartment

6. I moved into a neighborhood where neighbors made life difficult for me and my family
7. I have had difficulty getting a mortgage or a loan from a bank
8. None of these issues has ever happened to me [SP]

[SHOW IF Q28=1,2,3,4,5,6,7]

Q29.

When you think about the unfair treatment you have received, as indicated in the prior question, what do you think was the main reason you were treated unfairly in most of these circumstances?

RESPONSE OPTIONS:

1. Your ethnicity or race
2. Your immigration situation or assumptions about it
3. Your gender
4. Your age
5. Your religion
6. Your physical appearance (not including disability)
7. Your disability
8. Your sexual orientation or gender identity
9. Your income level/social class
10. Your political beliefs
11. Other – please specify: [TEXTBOX]

Q30.

In a typical week, when you are in public spaces – such as at work, in a shopping environment, or walking outside - do you experience any of the following things in your life?

Select all that apply.

1. I receive poorer service in restaurants or stores compared to the service other people receive.
2. People treat me as if I am not intelligent
3. People mock me or make fun of me
4. People act afraid of me
5. People treat me like I am dishonest
6. People treat me like they are better than me
7. People verbally abuse me
8. People spit on me or are physically aggressive toward me
9. None of the above [SP]

[SHOW IF Q30=1,2,3,4,5,6,7,8]

Q30T3.

When you think about the unfair treatment you have received, as indicated in the prior question, what do you think was the main reason you were treated unfairly in most of these circumstances?

RESPONSE OPTIONS:

1. Your ethnicity or race
2. Your immigration situation or assumptions about it
3. Your gender
4. Your age
5. Your religion
6. Your physical appearance (not including disability)
7. Your disability
8. Your sexual orientation or gender identity
9. Your income level/social class
10. Your political beliefs
11. Other – please specify: [TEXTBOX]

[SHOW IF Q30=1,2,3,4,5]

Q30_OE.

Could you describe an incident of unfair treatment that you've experienced in the past year, and tell us why you think you were treated unfairly? We want to better understand the circumstances where these incidents occur, including who was involved and where it happened.

[LARGE TEXTBOX]

99. Decline to answer [SP]

ATTITUDES TOWARD WOMEN'S ADVANCEMENT & GENDER ROLES

Q31.

Now please tell me whether you agree or not with the following statements about women.

GRID ITEMS:

A. As a whole, men make better political leaders than women
B. A university education is more important for men than for women
C. On the whole, men make better business executives than women do
D. Access to abortion is important for women's health
E. Women sometimes lie about being sexually harassed or assaulted to get attention, vengeance or money from men

RESPONSE OPTIONS:

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

Q31NEWA.

In the past 12 months, have you worked with fellow citizens to solve a problem in your community?

RESPONSE OPTIONS:
1. Yes
2. No

Q31NEWB.
In the past 12 months, have you participated in any kind of public activism (e.g., a rally, march, or protest) for the following types of causes?

GRID ITEMS:
A. Liberal political causes (e.g., pro-abortion rights, gun control, immigrant rights, civil rights, LGBTQ rights, racial justice, Democratic or progressive politician)
B. Conservative political causes (e.g., pro-life legislation, gun rights, nationalism, immigration limits, Republican or libertarian politicians, opposition to DEI efforts such as trans rights and critical race theory)
C. Non-partisan/non-political causes

RESPONSE OPTIONS:
1. Yes
2. No

[SHOW IF ANY Q31NEWBA TO Q31NEWBC=1]
Q31NEWC.
Did you have a firearm on you when you were at a social or political activist event in public?

RESPONSE OPTIONS:
1. Yes
2. No

[SHOW IF ANY Q31NEWBA TO Q31NEWBC=1]
Q31NEWD.
Did you experience violence or threats from police or military when you were at a social or political activist event in public?

RESPONSE OPTIONS:
1. Yes
2. No

[SHOW IF ANY Q31NEWBA TO Q31NEWBC=1]
Q31NEWE.
Did you experience violence or threats from other people when you were at a social or political activist event in public?

RESPONSE OPTIONS:

01 Yes
02 No

PHYSICAL & MENTAL HEALTH

DISPLAY1.
Now we will ask you a few questions about your health and your health care access.

Q32.
Would you say that in general your physical health is:

RESPONSE OPTIONS:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Q33.
Is your physical health in general now better, worse, or about the same as it was a year ago?

RESPONSE OPTIONS:

1. Better
2. Worse
3. Same

Q34.
Over the last 2 weeks, how often have you been bothered by the following problems?

GRID ITEMS, RANDOMIZE:

A. Feeling nervous, anxious or on edge
B. Not being able to stop or control worrying
C. Little interest or pleasure in doing things
D. Feeling down, depressed, or hopeless
E. Becoming very irritable or angry easily or for small things

RESPONSE OPTIONS:

1. Not at all
2. Several days
3. More than half of the days

4. Nearly every day

Q35.
During the past 12 months, did you ever seriously consider attempting suicide?

RESPONSE OPTIONS:
1. Yes
2. No

Q36.
During the past 30 days, on how many days did you have [IF P_GENDER1=1 OR GENDER1=1: 5 / INSERT IF P_GENDER1=2 OR GENDER1=2: 4] or more drinks of alcohol in a row, that is, within a couple of hours?

RESPONSE OPTIONS:
1. 0 days
2. 1 day
3. 2 days
4. 3 to 5 days
5. 6 to 9 days
6. 10 to 19 days
7. 20 or more days

Q37.
During the past 30 days, on how many days did you use prescription drugs without a doctor's orders or use illegal drugs (excluding marijuana)?

Illegal drugs can include substances like inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to feel good or to get high), heroin, crack or cocaine, methamphetamine, hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (MDMA), PCP (sometimes called angel dust), peyote, just to feel good or to get high.

RESPONSE OPTIONS:
1. 0 days
2. 1 day
3. 2 days
4. 3 to 5 days
5. 6 to 9 days
6. 10 to 19 days
7. 20 or more days

Q38.

Have you ever overdosed from drugs by accident (i.e., where you had a negative reaction from using too much drugs)?

RESPONSE OPTIONS:

1. Yes, in the past year
2. Yes, but not in the past year
3. No, never

SOCIAL SUPPORT

DISPLAY3.
The next few questions will ask you about the support you have and how much control you feel in your life.

Q43.
How often do you get the social and emotional support you need?

RESPONSE OPTIONS:

1. Always
2. Usually
3. Sometimes
4. Rarely

Q44.
How much choice and control do you have over your life?

Some people feel they have completely free choice and control over their lives, while other people feel that what they do has no real effect on what happens to them.

Please use this scale where 1 means “no choice at all” and 10 means “a great deal of choice” to indicate how much freedom of choice and control you feel you have over the way your life turns out.

RESPONSE OPTIONS:

1. 1 – No choice at all
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10 – A great deal of choice

[SHOW IF (P_GENDER1=2 OR GENDER1=2)]
Q45_PREGW.
Are you currently or recently pregnant?

RESPONSE OPTIONS:
1. Yes, I am currently pregnant
2. Yes, I was pregnant in the past year
3. No, I have not been pregnant in the past year

[SHOW IF (P_GENDER1=1 OR GENDER1=1)]
Q45_PREGM.
In the past year, have you gotten anyone pregnant?

RESPONSE OPTIONS:
1. Yes
2. No
77. I don't know

Q45_T4.
Do you have children under age 18 years who live with you?

Select all that apply.

RESPONSE OPTIONS:
1. Yes, children age 0-4
2. Yes, children age 5-17
3. No, no children under 18 [SP]

[SHOW IF Q45_T4_1=1]
Q46_T4.
Which of the following forms of childcare have you used for these children in the past 6 months?

Select all that apply.

RESPONSE OPTIONS:
1. Care by a grandparent or other relative
2. Care in a public preschool/school, such as the Head Start or Transitional Kindergarten
3. Care by someone you pay to watch them in <u>your</u> home (e.g. a babysitter, nanny, or nanny share)
4. Care by someone you pay to watch them in <u>their own</u> home
5. Care by someone you pay to watch them with a group of other children (e.g., a private daycare or preschool)
6. No childcare outside of you and your partner/spouse [SP]

[SHOW IF Q45_T4_1 OR Q45_T4_2=1]

Q46A_T4.

In the past year, have you had 10 or more days where your childcare arrangements or your children's school was cancelled or closed unexpectedly (e.g. not scheduled holidays or vacation), such as due to illness, fire risk, or weather-related events?

RESPONSE OPTIONS:

1. Yes
2. No

GENDER

Q47_T4.

What is your gender identity?

RESPONSE OPTIONS:

1. Woman
2. Man
3. Non-binary / Genderqueer / Gender fluid person
4. Prefer to self-describe, please specify [OPEN TEXT]
5. Prefer not to answer

Q48_T4.

Do you have any lived experience as a trans person?

RESPONSE OPTIONS:

1. Yes
2. No
99. Prefer not to answer

DISPLAY5.

Thank you for sharing your experiences with us. The information you shared will make a difference!

We appreciate that these questions are sensitive and thank you for sharing your experiences in the survey. The information from the survey will help service programs, educators, and policymakers better support our communities and the state to prevent violence and to support those who have been hurt by violence.

We thank you for helping us understand these issues better for our state.

[SHOW IF PANEL_TYPE<20]

CNS1.

This survey was conducted on behalf of UCSD and Tulane researchers. The researchers may want to contact survey respondents to conduct a brief follow-up interview. In order to do this, we would need to pass along your answers and your name and phone number to the UCSD and Tulane researchers. The information would be used for this study only and you would never be identified in any news article or report without your permission. Would you be willing to be contacted by a UCSD and Tulane researcher?

RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF CNS1=1]

CNS2.

So that an UCSD or Tulane researcher may contact you, please provide your first name, phone number, and the best time to reach you.

RESPONSE OPTIONS:

Name:
Phone number (10 digits):
Best time to reach you:

1. Morning
2. Afternoon
3. Evening

Demographic Profile:
Additional questions asked of panelists prior to this survey
and are included in the survey data

Variable	Values
Age	Age in years
Age (7 categories)	1 = 18-24; 2 = 25-34; 3 = 35-44; 4 = 45-54; 5 = 55-64; 6 = 65-74; 7 = 75+
Age (4 categories)	1 = 18-29; 2 = 30-44; 3 = 45-59; 4 = 60+
Education (5 categories)	1 = Less than HS
	2 = HS graduate
	3 = Some college/associates degree
	4 = Bachelor's degree
	5 = Post grad study/professional degree
Race/Ethnicity	1 = White, Non-Hispanic
	2 = Black, Non-Hispanic
	3 = Other, Non-Hispanic
	4 = Hispanic
	5 = 2+ races, Non-Hispanic

	6 = Asian/Pacific Islander, Non-Hispanic
Housing Type	1 = A one-family house detached from any other house
	2 = A one-family house attached to one or more houses
	3 = A building with 2 or more apartments
	4 = A mobile home or trailer
	5 = Boat, RV, van, etc.
Household Income (18 categories)	1 = Less than $5,000 2 = $5,000 to $9,999
	3 = $10,000 to $14,999 4 = $15,000 to $19,999
	5 = $20,000 to $24,999 6 = $25,000 to $29,999
	7 = $30,000 to $34,999 8 = $35,000 to $39,999
	9 = $40,000 to $49,999 10 = $50,000 to $59,999
	11 = $60,000 to $74,999 12 = $75,000 to $84,999
	13 = $85,000 to $99,999 14 = $100,000 to $124,999
	15 = $125,000 to $149,999 16 = $150,000 to $174,999
	17 = $175,000 to $199,999 18 = $200,000 or more
Household Income (9 categories)	1 = Less than $10,000
	2 = $10,000 to $19,999
	3 = $20,000 to $29,999
	4 = $30,000 to $39,999
	5 = $40,000 to $49,999
	6 = $50,000 to $74,999
	7 = $75,000 to $99,999
	8 = $100,000 to $149,999
	9 = $150,000 or more
Household Income (4 categories)	1 = Less than $30,000
	2 = $30,000 to $59,999
	3 = $60,000 to $99,999
	4 = $100,000 or more
Marital Status	1 = Married
	2 = Widowed
	3 = Divorced
	4 = Separated
	5 = Never married
Metropolitan Statistical Area Status	0 = Non-Metro
	1 = Metro (as defined US OMB Core-Based Statistical Area)
Home Internet Access	0 = No
	1 = Yes
Telephone Service	1 = Landline telephone only
	2 = Have a landline, but mostly use cellphone
	3 = Have cellphone, but mostly use landline
	4 = Cellphone only

	5 = No telephone service
Ownership of Living Quarters	1 = Owned or being bought by you or someone in your household
	2 = Rented for cash
	3 = Occupied without payment of cash rent
Region 4 (US Census)	1 = Northeast
	2 = Midwest
	3 = South
	4 = West
Region 9 (US Census)	1 = New England
	2 = Mid-Atlantic
	3 = East-North Central
	4 = West-North Central
	5 = South Atlantic
	6 = East-South Central
	7 = West-South Central
	8 = Mountain
	9 = Pacific
State	State of residence
ZIP Code	Current ZIP code
California Region	1 = Bay Region
	2 = Central Valley
	3 = Mountain Valley
	4 = Northern
	5 = Southern
Louisiana Region	1 = North
	2 = South
Mississippi Region	1 = Delta
	2 = North
	3 = Central
	4 = South
Texas Region	1 = Coastal
	2 = Central
	3 = West
Household Size	Total number of members in household
Current Employment Status	1 = Working - as a paid employee
	2 = Working - self-employed
	3 = Not working - on temporary layoff from a job
	4 = Not working - looking for work
	5 = Not working – retired
	6 = Not working – disabled
	7 = Not working – other

Industry	Current industry
Occupation	Current occupation or job
Sex at Birth	1 = Male
	2 = Female
Current Gender	1 = Male
	2 = Female
	3 = Transgender
	4 = Do not identify as male, female, or transgender
Sexual Orientation	1 = Lesbian or gay
	2 = Straight, that is, not lesbian or gay
	3 = Bisexual
	4 = Something else
	77 = I don't know the answer
Place of Birth	1 = In the United States
	2 = Outside the United States – Please specify country where you were born
Religious Affiliation	1 = Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, Jehovah's Witness, etc.)
	2 = Roman Catholic (Catholic)
	3 = Mormon (Church of Jesus Christ of Latter-day Saints/LDS)
	4 = Orthodox (Greek, Russian, or some other orthodox church)
	5 = Jewish (Judaism)
	6 = Muslim (Islam)
	7 = Buddhist
	8 = Hindu
	9 = Atheist (do not believe in God)
	10 = Agnostic (not sure if there is a God)
	11 = Nothing in particular
	12 = Just Christian
	13 = Unitarian (Universalist)
	14 = Something else – please specify
Ideology	1 = Very Liberal
	2 = Somewhat Liberal
	3 = Moderate
	4 = Somewhat Conservative
	5 = Very Conservative
Health Insurance Status	1 = Yes
	2 = No
Health Insurance Coverage	1 = A plan through your employer
	2 = A plan through your spouse's employer
	3 = A plan you purchased yourself directly from an insurance company
	4 = State-based Healthcare Exchange

	5 = Medicare
	6 = State-based Medicaid
	7 = Some other source
Disability Status	1 = Yes
	2 = No