

National Couples' Health and Time Study Wave 1 Survey Documentation

Primary Respondents

The National Couples' Health and Time Study (NCHAT) questionnaire was designed to be gender-neutral and as inclusive as possible. In all items, we changed any reference to a spouse or partner to be "spouse/partner." We also removed idioms and unnecessary words for clarity and brevity. Any modifications to validated questionnaires are noted in this documentation. This documentation is organized by content categories. To understand the flow of the NCHAT survey, please see our [Wave 1 Questionnaire](#). Links and DOI numbers next to citations without links are clickable.

Elements included in the Codebook for each item/measure:

1. Variable name(s)
2. Measure name, citation (if applicable), and question text
3. Skip logic, if applicable
4. Notes, if applicable

Screener

S1 **[REQUIRED]** Are you currently living with a spouse/husband/wife or partner/girlfriend/boyfriend most of the time?

- 1 Yes
- 2 No **[TERMINATE]**

Demographics and other Personal Information (Main Respondent)

Religion

1. Q6
 2. N/A
- Q6 What is your current religion, if any?
- 1 Protestant
 - 2 Roman Catholic
 - 3 Mormon
 - 4 Orthodox Christian
 - 5 Other Christian
 - 6 Jewish
 - 7 Muslim
 - 8 Buddhist
 - 9 Hindu
 - 10 Atheist
 - 11 Agnostic
 - 12 Something else **[SPECIFY]**
 - 13 Nothing in particular
3. All respondents
 4. N/A

Religious Attendance

1. Q7
 2. N/A
- Q7 Aside from weddings and funerals, how often do you attend religious services (online or in-person)?
- 1 Never
 - 2 Seldom

- 3 A few times a year
- 4 Once or twice a month
- 5 Once a week
- 6 More than once a week

- 4. All respondents
- 5. N/A

Open-ended Race

- 1. OPENRACE
- 2. N/A

OPENRACE How would you describe your race and/or ethnicity?
[ENTER UP TO 80 CHARACTERS]

- 3. All respondents
- 4. N/A

Ethnicity

- 1. HISP
- 2. Modeled after the 2010 Census

- Citation
 - United States Census Bureau. 2010. Decennial Census of Populations and Housing Questionnaires and Instructions. https://www.census.gov/programs-surveys/decennial-census/technical-documentation/questionnaires.2010_Census.html

HISP Are you Hispanic, Latino/a/x, or Spanish or Spanish origin?

- 1 No, not of Hispanic, Latino/a/x, or Spanish origin
- 2 Yes, Mexican, Mexican Am., Chicano/a/x
- 3 Yes, Puerto Rican
- 4 Yes, Cuban
- 5 Yes, another Hispanic, Latino/a/x, or Spanish origin (Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on)

- 3. All respondents
- 4. N/A

Race

- 1. RACE
- 2. Modeled after the 2010 Census

- Citation
 - United States Census Bureau. 2010. Decennial Census of Populations and Housing Questionnaires and Instructions. https://www.census.gov/programs-surveys/decennial-census/technical-documentation/questionnaires.2010_Census.html

RACE What is your race? (***you may select more than one***)

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian Indian
- 5 Chinese
- 6 Filipino/a/x
- 7 Japanese
- 8 Korean
- 9 Vietnamese
- 10 Native Hawaiian

- 11 Guamanian or Chamorro
- 12 Samoan
- 13 Other Asian
- 14 Other Pacific Islander
- 15 Some other race
- 3. All respondents
- 4. N/A

Race (continued)

- 1. SWANA
- 2. N/A
- SWANA Are you South West Asian/Middle Eastern or North African? **(Please select all that apply.)**
 - 1 South West Asian/Middle Eastern
 - 2 North African
 - 3 Neither **[EXCLUSIVE]**
- 3. Only asked if RACE = 1 or RACE = 15
- 4. N/A

Street Race

- 1. RACE2
- 2. Street Race
 - Citation
 - López N, Vargas E, Juarez M, Cacari-Stone L, Bettez S. What's Your "Street Race"? Leveraging Multidimensional Measures of Race and Intersectionality for Examining Physical and Mental Health Status among Latinxs. *Sociology of Race and Ethnicity*. 2018;4(1):49-66. doi: 10.1177/2332649217708798.

RACE2 If you were walking down the street, what race and/or ethnicity do you think people who do not know you personally would assume you are based on what you look like? **(you may select more than one)**

- 1 White
- 2 American Indian, Native American, Alaska Native, or Indigenous
- 3 Hispanic or Latino/a/x
- 4 Black or African American
- 5 Asian
- 6 Middle Eastern or North African
- 7 Native Hawaiian or other Pacific Islander
- 8 Some other race, ethnicity, or origin (**Specify**)
- 3. All respondents
- 4. N/A

Sex at Birth

- 1. D1
- 2. Citation:
 - The GenIUSS Group (2014). Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: <https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>

D1 What sex appears on your original birth certificate?

- 1 Male
- 2 Female
- 3 Don't know/does not apply

3. All respondents
4. N/A

Gender (Part 1)

1. D2
 2. Citation:
 - The GenIUSS Group (2014). Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: <https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>
- D2 Which of the following best describes your gender? (**select one**)
- 1 Man
 - 2 Woman
 - 3 Trans man
 - 4 Trans woman
 - 5 Do not identify as any of the above (there is an option to specify at next question)
3. All respondents
 4. N/A

Gender (Part 2)

1. D2_1
 2. Citation:
 - The GenIUSS Group (2014). Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: <https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>
- D2_1 Do any of the following terms describe your gender? **Please select all that apply.**
- 1 Nonbinary
 - 2 Two-spirit
 - 3 Agender
 - 4 Gender fluid
 - 5 Gender neutral
 - 6 Genderqueer
 - 7 Other (**Please specify**)
 - 99 Don't know
3. Only asked if D2 =5 or blank
 4. N/A

Socially Assigned Gender

1. D2_2
 2. Socially Assigned Gender
 - Citation:
 - Wylie, S. A., Corliss, H. L., Boulanger, V., Prokop, L. A., & Austin, S. B. (2010). Socially assigned gender nonconformity: A brief measure for use in surveillance and investigation of health disparities. *Sex roles*, 63(3-4), 264-276. <https://link.springer.com/article/10.1007/s11199-010-9798-y>
- D2_2 A person's appearance, style, dress, or mannerisms may affect the way people think of them. On average, **how do you think other people would** describe your appearance, style, dress, or mannerisms?
- 1 Very Feminine
 - 2 Mostly Feminine

- 3 Somewhat Feminine
- 4 Equally Feminine and Masculine
- 5 Somewhat Masculine
- 6 Mostly Masculine
- 7 Very Masculine

- 3. All respondents
- 4. N/A

Educational Attainment

- 1. D3
 - 2. N/A
- D3 What is your current level of completed education?

- 1 Less than high school
- 2 High school degree or GED
- 3 Vocational or Technical Program or Training
- 4 Some College
- 5 Associate degree
- 6 Bachelor's degree
- 7 Master's degree
- 8 Doctorate or Professional degree (e.g., Ph.D., M.D., J.D., etc.)

- 3. All respondents
- 4. N/A

Currently in School

- 1. D4
 - 2. N/A
- D4 Are you currently enrolled in school?

- 1 Yes
- 2 No

- 3. All respondents
- 4. N/A

Age

- 1. AGE
 - 2. N/A
- AGE What is the year and month you were born?

[programmer insert 2 drop downs – one for month, one for year]

- 3. All respondents
- 4. N/A

Political Affiliation

- 1. PARTYID
 - 2. N/A
- PARTYID In politics, as of today, with which political party do you most closely affiliate?

- 1 Democrat
- 2 Republican
- 3 Independent
- 4 Other party

- 3. All respondents
- 4. N/A

Employment Before the Pandemic

1. EMPA
2. N/A
- EMPA Which of the following best describes your employment status on February 1, 2020?
 - 1 Employed full-time (35 or more hours per week) and working
 - 2 Employed part-time (less than 35 hours per week) and working
 - 3 Employed but not working (furloughed, parental leave, sick leave, etc.)
 - 4 Not employed
3. All respondents
4. N/A

Current Employment

1. EMP
2. N/A
- EMP Which of the following best describes your current employment status?
 - 1 Currently employed full-time (35 or more hours per week) and working
 - 2 Currently employed part-time (less than 35 hours per week) and working
 - 3 Currently employed but not working (furloughed, parental leave, sick leave, etc.)
 - 4 Not employed
3. All respondents
4. N/A

Reason Not Working

1. EMP1
2. N/A
- EMP1 Why are you not working at this time?
 - 1 Mandatory furlough
 - 2 Opt-in furlough
 - 3 Sick or disability leave
 - 4 Parental leave
 - 5 Family medical leave
 - 6 Military leave
 - 7 Other
3. Only asked if EMP = 3
4. N/A

Receiving Pay as Part of Leave

1. EMP1_B
2. N/A
- EMP1_B Are you currently receiving pay as part of this leave?
 - 1 Yes, at my normal pay/rate
 - 2 Yes, at a reduced pay/rate
 - 3 No, I am not receiving any pay
3. Only asked if EMP = 3
4. N/A

Length of Leave

1. EMP1_C
2. N/A

EMP1_C How many weeks have you been on this leave?

DROP DOWN NUMBER IN WEEKS—RESTRICT TO NUMERIC, WHOLE NUMBERS; [first category less than 1 week; highest category: more than 26 weeks]

3. Only asked if EMP = 3
4. N/A

Reason Unemployed

1. EMP2
2. N/A

EMP2 Why are you not working at this time? (select all that apply)

- 1 Retired
- 2 Homemaker
- 3 Student
- 4 Disabled
- 5 Unemployed and looking for work
- 6 Unemployed and not looking for work

3. Only asked if EMP = 4
4. N/A

Length of Unemployment

1. EMP3
2. N/A

EMP3 How many weeks have you been unemployed?

DROP DOWN NUMBER IN WEEKS—RESTRICT TO NUMERIC, WHOLE NUMBERS; [first category less than 1 week; highest category: more than 26 weeks]

3. Only asked if EMP2 = 5
4. N/A

Number of Current Jobs

1. Q10
2. N/A

Q10 How many jobs do you currently have?

[DROP DOWN NUMBER —RESTRICT TO NUMERIC, WHOLE NUMBERS; 0 (0)...More than 10 (10)]

3. Only asked if EMP = 1,2, or 3
4. N/A

Job Category

1. Q11
2. N/A

Q11 Which of the following best describes your current role at your primary job?

- 1 ARCHITECTURE OR ENGINEERING
 - 11 Architect
 - 12 Draftsman
 - 13 Engineer
 - 14 Surveyor
 - 15 Other architecture or engineering
- 2 ARTS, DESIGN, ENTERTAINMENT AND MEDIA
 - 21 Actor
 - 22 Artist
 - 23 Broadcaster, broadcast technician
 - 24 Designer
 - 25 Director, producer
 - 26 Musician, singer
 - 27 Photographer
 - 28 Writer
 - 29 Other arts, design, entertainment, and media
- 3 CLERICAL OR OFFICE WORKER
 - 31 Administrative assistant/secretary
 - 32 Bank clerk
 - 33 Computer operator, data entry
 - 34 Postal clerk
 - 35 Telephone operator
 - 36 Other clerical or office worker
- 4 COMMUNITY AND SOCIAL SERVICES
 - 41 Clergy
 - 42 Mental health/substance abuse counselor
 - 43 Probation officer
 - 44 Social worker
 - 45 Therapist
 - 46 Other community and social services
- 5 COMPUTER AND MATHEMATICAL
 - 51 Actuary, mathematician, statistician
 - 52 Computer programmer
 - 53 Software engineer, database or network administrator
 - 54 Other computer or mathematical
- 6 CONSTRUCTION OR MINING WORKER
 - 61 Carpenter
 - 62 Electrician
 - 63 Miner
 - 64 Plumber
 - 65 Other construction or mining worker
- 7 EDUCATION, TRAINING, AND LIBRARY
 - 71 Librarian
 - 72 Professor
 - 73 Teacher (any level)
 - 74 Teacher's assistant
 - 75 Other education, training, and library
- 8 FARMING, FISHING, OR FORESTRY WORKER
 - 81 Farmer, farm worker
 - 82 Fisherman, deck hand on fishing boat
 - 83 Lumberjack, forest management

- 84 Other farming, fishing, or forestry worker
- 9 FINANCIAL, INSURANCE, REAL ESTATE, OR CONSULTING
 - 91 Accountant/CPA
 - 92 Auditor
 - 93 Consultant/analyst
 - 94 Financial advisor
 - 95 Insurance
 - 96 Real estate/appraiser
 - 97 Other financial, insurance, real estate, or consulting
- 10 HEALTHCARE
 - 101 Medical assistant or aide
 - 102 Medical technician
 - 103 Nurse
 - 104 Pharmacist
 - 105 Physical therapist
 - 106 Physician
 - 107 Physician's assistant
 - 108 Veterinarian
 - 109 Other healthcare
- 11 INSTALLATION, MAINTENANCE, OR REPAIR WORKER
 - 111 Garage mechanic
 - 112 Linesman
 - 113 Other installation, maintenance, or repair worker
- 114 LEGAL
 - 115 Court reporter
 - 116 Judge
 - 117 Law clerk
 - 118 Lawyer
 - 119 Title examiner
 - 1110 Other legal
- 12 LIFE, PHYSICAL, AND SOCIAL SCIENCES
 - 121 Biochemist, chemist
 - 122 Geographer
 - 123 Physicist
 - 124 Political scientist
 - 125 Scientist
 - 126 Sociologist
 - 127 Other life, physical, social sciences
- 13 MANAGER, EXECUTIVE, OR OFFICIAL
 - 131 Manager, executive, or official for a business
 - 132 Manager, executive, or official for a government agency
 - 133 Other manager, executive, or official
- 14 MANUFACTURING OR PRODUCTION WORKER
 - 141 Garment or furniture manufacturing
 - 142 Non-restaurant food preparation (baker)
 - 143 Printer, print shop worker
 - 144 Worker in a factory
 - 145 Other manufacturing or production
- 15 MILITARY
 - 151 Military personnel
- 16 SALES WORKER
 - 161 Clerk in a store

- 162 Door-to-door salesperson
- 163 Manufacturer's representative
- 164 Sales associate
- 165 Other sales worker
- 17 SERVICE WORKER
 - 171 Attendant
 - 172 Barber or beautician
 - 173 Fast-food worker
 - 174 Firefighter, police officer
 - 175 Janitorial
 - 176 Landscaping
 - 177 Maid or housekeeper
 - 178 Personal care worker
 - 179 Waiter or waitress
 - 1710 Other service worker
- 18 SMALL BUSINESS OWNER
 - 181 Small business owner
- 19 TRANSPORTATION WORKER
 - 191 Driver (bus, truck, taxi)
 - 192 Flight attendant
 - 193 Pilot
 - 194 Postal carrier
 - 195 Other transportation worker
- 20 OTHER JOB CATEGORY
 - 20

- 3. Only asked if EMP = 1,2, or 3
- 4. N/A

Essential Job

- 1. ESS
- 2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).

ESS Is your job something your local or state government considers an essential job that is exempt from stay-at-home orders?

- 1 Yes
- 2 No
- 3 Don't know/do not have stay at home order

- 3. Only asked if EMP = 1,2, or 3
- 4. N/A

Number of Work Hours Past 7 Days

- 1. Q12
- 2. N/A

Q12 In the past 7 days, how many hours did you work? If you have more than one job, think about the total number of hours you worked at all your jobs.

[RESTRICT TO NUMERIC, WHOLE NUMBERS]

- 3. Only asked if EMP = 1 or 2
- 4. N/A

Work Schedule

1. Q13
2. N/A

Q13 Which of the following best describes the hours you worked in the past 7 days at your main job?

- 1 A daytime shift (any time between 6 A.M. and 6 P.M.)
 - 2 A evening shift (any time between 2 P.M. and midnight)
 - 3 A night shift (any time between 9 P.M. and 8 A.M.)
 - 4 A rotating shift (changed periodically from days to evenings or nights)
 - 5 Some other schedule
3. Only asked if EMP = 1 or 2
 4. N/A

Job Satisfaction

1. Q15
2. N/A

Q15 Overall, how satisfied would you say you are with your main job?

- 1 Very dissatisfied
 - 2 Somewhat dissatisfied
 - 3 Neither satisfied or dissatisfied
 - 4 Somewhat satisfied
 - 5 Very satisfied
3. Only asked if EMP = 1, 2 or 3
 4. N/A

Exposure to COVID-19

1. COV3
2. Citation:

- Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).

COV3 Given my work situation it is difficult for me to avoid exposure to coronavirus

- 1 Strongly disagree
 - 2 Disagree
 - 3 Neither agree nor disagree
 - 4 Agree
 - 5 Strongly agree
 - 99 Does not apply
3. Only asked if EMP = 1, 2 or 3
 4. N/A

COVID-19 Exposure Worry

1. COV4
2. Citation:

- Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).

COV4 How worried are you that you will be exposed to coronavirus at work?

- 1 Not worried at all
 - 2 Not too worried
 - 3 Somewhat worried
 - 4 Very worried
3. Only asked if EMP = 1, 2 or 3
 4. N/A

Impact of COVID-19 on Work

1. COVEMP1
2. N/A

COVEMP1 How has the coronavirus pandemic affected you in the past week? **(select all that apply)**

- 1 Worked remotely or from home more than I usually do
 - 2 Worked more hours than usual
 - 3 Worked reduced hours
 - 4 Was not able to work
 - 5 Income or pay has been reduced
 - 6 Not paid at all
 - 7 Had serious financial problems
3. Only asked if EMP = 1, 2, or 3
 4. N/A

Work-Family Conflict

1. C17A1
2. Work-Family Conflict Scale

- Citation

- Haslam D, Filus A, Morawska A, Sanders MR, Fletcher R. The Work–Family Conflict Scale (WAFCS): Development and Initial Validation of a Self-report Measure of Work–Family Conflict for Use with Parents. *Child psychiatry and human development*. 2015;46(3):346-57. doi: 10.1007/s10578-014-0476-0.

C17A1 In the past week, how often have your work responsibilities negatively impacted your family life?

- 1 Very rarely
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Very often
3. Only asked if EMP = 1, 2, or 3
 4. N/A

Stress about Work-Family Conflict

1. C17A2
2. Modeled after:

- Citation

- Haslam D, Filus A, Morawska A, Sanders MR, Fletcher R. The Work–Family Conflict Scale (WAFCS): Development and Initial Validation of a Self-report Measure of Work–Family Conflict for Use with Parents. *Child psychiatry and human development*. 2015;46(3):346-57. doi: 10.1007/s10578-014-0476-0.

C17A2 How stressed are you about the impact of your work responsibilities on your family?

- 1 Not stressed at all
 - 2
 - 3
 - 4
 - 5 Very stressed
3. Only asked [IF EMP = 1, 2 OR 3]
 4. N/A

Family-Work Conflict

1. C17B1

2. Work-Family Conflict Scale

- Citation
 - Haslam D, Filus A, Morawska A, Sanders MR, Fletcher R. The Work–Family Conflict Scale (WAFCS): Development and Initial Validation of a Self-report Measure of Work–Family Conflict for Use with Parents. *Child psychiatry and human development*. 2015;46(3):346-57. doi: 10.1007/s10578-014-0476-0.

C17B1 In the past week, how often have your family responsibilities negatively impacted your work?

- 1 Very rarely
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

3. Only asked [IF EMP = 1, 2 OR 3]
4. N/A

Stress about Family-Work Conflict

1. Q15
2. Modeled after:
 - Citation

- Haslam D, Filus A, Morawska A, Sanders MR, Fletcher R. The Work–Family Conflict Scale (WAFCS): Development and Initial Validation of a Self-report Measure of Work–Family Conflict for Use with Parents. *Child psychiatry and human development*. 2015;46(3):346-57. doi: 10.1007/s10578-014-0476-0.

C17B2 How stressed are you about the impact of your family responsibilities on your work?

- 1 Not stressed at all
- 2
- 3
- 4
- 5 Very stressed

3. Only asked [IF EMP = 1, 2 OR 3]
4. N/A

Insurance

1. D5
2. Citation:
 - American Community Survey. Retrieved from:
<https://www.census.gov/programssurveys/acs/methodology/questionnaires/2016/quest16.pd2015>.

D5 Are you currently covered by any of the following types of health insurance or health coverage plans? Please mark all that apply. (**Select all that apply**)

- 1 I currently do not have health insurance
- 2 Insurance through my current or former employer or union
- 3 Insurance through my spouse/partner
- 4 Insurance through my parent
- 5 Insurance through someone other than my spouse/partner or parent
- 6 Insurance I purchased through Healthcare.Gov or a Health Insurance Marketplace (sometimes called “Obamacare”)
- 7 Medicare (for people 65 and older, or people with certain disabilities)
- 8 Medicaid (government-assistance plan for those with low incomes or a disability)
- 9 TRICARE or other military healthcare VA (including if you ever used or enrolled for VA)

- healthcare)
- 10 Indian Health Service
- 11 Another type of health insurance or health coverage plan... **please specify**
- 3. All respondents
- 4. N/A

Personal Income

- 1. D9
- 2. N/A
- D9 Using your best estimate, what is your **personal** annual income, earned from work you do for an employer or for yourself? This includes all wages, salary, commissions, bonuses or tips from all jobs. *(Please enter the amount to the nearest dollar. Do not enter a dollar sign or commas or periods. Example: 52000)*
[ENTER NUMBER – RESTRICT TO NUMERIC]
- 3. All respondents
- 4. N/A

Personal Income (Part 2)

- 1. D9
- 2. N/A
- D10 Can you please share your best estimate for your **personal** annual income?
 - 1 Under \$6,000
 - 2 \$6,000 to \$11,999
 - 3 \$12,000 to \$23,999
 - 4 24,000 to \$35,999
 - 5 \$36,000 to \$47,999
 - 6 \$48,000 to \$59,999
 - 7 \$60,000 to \$89,999
 - 8 \$90,000 to \$119,999
 - 9 \$120,000 to \$179,999
 - 10 \$180,000 to \$239,999
 - 11 \$240,000 and over
- 3. Only asked if D9 = blank
- 4. N/A

Household Income

- 1. D11
- 2. N/A
- D11 Using your best estimate, what is your total **household** income (including everyone you live with as part of your household)? *(Please enter the amount to the nearest dollar. Do not enter a dollar sign or commas or periods. Example: 52000)*
(Please include money from various jobs; net business, farm or rental income; pensions; dividends or inheritance; interest; social security payments; earned income tax credits; child support; welfare benefits or other money from the government)
[ENTER NUMBER – RESTRICT TO NUMERIC]
- 3. All respondents
- 4. N/A

Household Income (Part 2)

- 1. D12
- 2. N/A

D12 Can you please share your best estimate for your total **household** income?

- 1 Under \$6,000
- 2 \$6,000 to \$11,999
- 3 \$12,000 to \$23,999
- 4 \$24,000 to \$35,999
- 5 \$36,000 to \$47,999
- 6 \$48,000 to \$59,999
- 7 \$60,000 to \$89,999
- 8 \$90,000 to \$119,999
- 9 \$120,000 to \$179,999
- 10 \$180,000 to \$239,999
- 11 \$240,000 and over

3. Only asked if D11 = blank
4. N/A

Total Number of People in Household

1. D12_B
2. N/A

D12_B How many people living in your household depend on that income? Include everyone who is living or staying here, including yourself.

Number of people: _____ **[DROP DOWN NUMBER – PROGRAMMER RESTRICT TO NUMERIC, WHOLE NUMBERS]**

3. All respondents
4. N/A

Change in Household Income

1. D12_C
2. N/A

D12_C Do you expect your household's income this year (2020) to be more than, less than, or about the same as your household's income last year (2019)?

1. Less than last year
2. About the same as last year
3. More than last year

D12_C after Jan 1, 2021 Was your household's income in 2020 more than, less than, or about the same as your household's income in 2019?

1. Less than 2019
2. About the same as 2019
3. More than 2019

3. All respondents
4. If a respondent started the survey in 2020 but completed this question in 2021, they were shown the version of this question before Jan 1, 2021

Country of Origin

1. D13
2. N/A

D13 What country were you born in?

[Format as country drop down]

3. All respondents
4. N/A

Length of Time in U.S.

1. D14
2. N/A
D14 How long have you lived in the U.S.?
[Less than 1 year, 1-## drop down]
3. Only ask if U.S. not selected in D13
4. N/A

Sexual Identity

1. IDENTITY
2. Modeled After:
 - Citation:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
 - Generations Study team from SMART (2009). Best Practices for asking questions about sexual orientation on surveys. Los Angeles, CA: The Williams Institute. Retrieved from <https://williamsinstitute.law.ucla.edu/publications/smart-so-survey/>

IDENTITY Which of the following do you consider yourself to be? **(select all that apply)**

- 1 Heterosexual or “straight”
 - 2 Gay or lesbian
 - 3 Bisexual
 - 4 Same-gender loving
 - 5 Queer
 - 6 Pansexual
 - 7 Omnisexual
 - 8 Asexual
 - 9 Don’t know
 - 10 Questioning
 - 11 Something else (**specify**)
3. All respondents
 4. N/A

Out to Spouse/Partner

1. Q95
 2. N/A
- Q95 Does your partner know that you are [insert select]? **[DISPLAY FOR EACH SELECTED IN IDENTITY]**
- A Heterosexual or “straight” **[DISPLAY IF SELECTED 1 IN IDENTITY]**
 - B Gay or lesbian **[DISPLAY IF SELECTED 2 IN IDENTITY]**
 - C Bisexual **[DISPLAY IF SELECTED 3 IN IDENTITY]**
 - D Same-gender loving **[DISPLAY IF SELECTED 4 IN IDENTITY]**
 - E Queer **[DISPLAY IF SELECTED 5 IN IDENTITY]**
 - F Pansexual **[DISPLAY IF SELECTED 6 IN IDENTITY]**
 - G Omnisexual **[DISPLAY IF SELECTED 7 IN IDENTITY]**
 - H Asexual **[DISPLAY IF SELECTED 8 IN IDENTITY]**
 - I Questioning **[DISPLAY IF SELECTED 10 IN IDENTITY]**
 - J **[SOMETHING ELSE SPECIFIED] [DISPLAY TEXT IF SELECTED 11 IN IDENTITY]**
- 1 Yes

- 2 No
- 99 Don't know
- 3. Only asked if IDENTITY = 1 through 8, 10, or 11
- 4. N/A

Sexual Attraction

- 1. Q96
- 2. Modeled After:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>

Q96 Please indicate how romantically or sexually attracted you are to the following people:

- A Women
- B Men
- C Trans women
- D Trans men
- E Nonbinary people (agender, gender-neutral, gender fluid)

- 1 Not at all
- 2 Not very
- 3 Somewhat
- 4 Very
- 99 Don't know

- 3. All respondents
- 4. N/A

Sexual Experiences with Women

- 1. QWOMEN_1
- 2. N/A
 - QWOMEN_1 Have you ever had a sexual experience with a woman?
 - 1 Yes
 - 2 No
- 3. All respondents
- 4. N/A

Number of Sexual Experiences

- 1. QWOMEN_2
- 2. N/A
 - QWOMEN_2 How many women have you had a consensual sexual experience with?
 - [NUMERIC ENTRY]**
- 3. Only asked if QWOMEN_1 = 1
- 4. N/A

Sexual Experiences with Men

- 1. QMEN_1
- 2. N/A
 - QMEN_1 Have you ever had a sexual experience with a man?
 - 1 Yes
 - 2 No
- 3. All respondents
- 4. N/A

Number of Sexual Experiences

1. QMEN_2
2. N/A
QMEN_2 How many men have you had a consensual sexual experience with?
[NUMERIC ENTRY]
3. Only asked if QMEN_1 = 1
4. N/A

Previous Cohabitation

1. OTHRPAR
2. N/A
OTHRPAR Apart from your current partner/spouse, have you ever lived with a romantic partner/spouse? By living together we mean that you were in a relationship and neither of you had a separate residence.
1 Yes
2 No
3. All respondents
4. N/A

Number of other Cohabitations

1. NUMPAR
2. N/A
NUMPAR Not including your current partner/spouse, how many romantic partners/spouses have you lived with?
[NUMERIC, WHOLE NUMBER DROP DOWN 0 – 10+]
3. Only asked if OTHERPAR = 1
4. N/A

Previous Marriage

1. DIVORCE
2. N/A
DIVORCE Not including your current partner/spouse, have you ever been married?
1 Yes
2 No
3. Only asked if OTHERPAR = 1
4. N/A

Identity Centrality

1. Q100A
 2. Adapted version of the Lesbian, Gay, and Bisexual Identity Scale
 - Citation:
 - Mohr JJ, Kendra MS. Revision and extension of a multidimensional measure of sexual minority identity: The Lesbian, Gay, and Bisexual Identity Scale. Journal of Counseling Psychology. 2012;58(2):234-45. doi: 10.1037/a0022858.
- Q100A Please indicate your level of agreement with each of the following questions.
- A My racial or ethnic identity is a central part of my identity
 - B My sexual orientation/identity is a central part of my identity
 - C My gender/gender identity is a central part of my identity
 - D **[ASK IF IDENTITY = 2-11]** I am proud to be LGBTQ+
 - E I am proud of my racial-ethnic identity

- F **[ASK IF IDENTITY = 2-11]** If it were possible, I would choose to be straight
 G **[ASK IF IDENTITY = 2-11]** I wish I were heterosexual
 H **[ASK IF IDENTITY = 2 - 7 & 10]** I believe it is unfair that I am attracted to people of the same sex
 I **[ASK IF IDENTITY = 2 - 7 & 10]** I prefer to keep my same-sex romantic relationships rather private
 J **[ASK IF IDENTITY = 2 - 7 & 10]** I keep careful control over who knows about my same-sex romantic relationships
 K **[ASK IF IDENTITY = 2-11]** My sexual orientation is a very personal and private matter.

- 1 Strongly disagree
 2 Disagree
 3 Neither agree nor disagree
 4 Agree
 5 Strongly agree

3. All respondents
 4. N/A

Outness

1. Q10B
 2. Modeled After:
- Mohr, J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and evaluation in counseling and development*, 33(2), 66-90. DOI: 10.1080/07481756.2000.12068999

Q10B Are you out to: all, most, some or to none of your...

- A Family
 B Friends
 C Co-workers **[ASK IF EMP = 1,2, OR 3]**
 D Healthcare providers

- 1 All
 2 Most
 3 Some
 4 None

3. Only asked if Identity = 2 through 11
 4. N/A

Spouse/Partner Demographic Information

INTRO: Next, we will ask you about all members of your household who live there most of the time. We will use initials (first letter of their first name and first letter of their last name) to identify members of your household. If members of your household have the same initials, please use something different for each family member. You can use a nickname, numbers, initials – anything you would like to identify each family member. (AB, YZ, Person1, Person2, Kid)

Please complete the following questions for your current spouse/partner(s) who live(s) in your household most of the time. If you have more than one spouse/partner living in your household most of the time, you will be asked if you have another spouse/partner after you complete the series of questions for your first partner.

Initials

1. HHR1
 2. N/A

HHR1 What are your partner/spouse's initials?

FILL IN TEXT [UP TO 3 CHARACTERS]

3. All respondents
4. N/A

Type of Relationship

1. HHR2
2. N/A

HHR2 Please choose the appropriate relationship of **[initials IN HHR1]** to you:

- 1 My spouse/wife/husband
- 2 My partner/boyfriend/girlfriend
- 3 Other: _____ (**specify**)

3. All respondents
4. N/A

Age

1. HHR3
2. N/A

HHR3 How old is **[initials IN HHR1]**?

[Age drop down start with 17 OR UNDER, , 18, 19....if under 18 selected, term survey]

3. All respondents
4. N/A

Sex at Birth

1. HHR4
2. Citation:

- The GenIUSS Group (2014). Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: <https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>

HHR4 What sex appears on **[initials in HHR1]**'s original birth certificate?

- 1 Male
- 2 Female
- 3 Don't know/not sure

3. All respondents
4. N/A

Gender (Part 1)

1. HHR5
2. Citation:

- The GenIUSS Group (2014). Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: <https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>

HHR5 How would **[initials in HHR1]** describe their gender? (**select one**)

- 1 Man
- 2 Woman
- 3 Trans man
- 4 Trans woman
- 5 Do not identify as any of the above (there is an option to specify at next question)

3. All respondents
4. N/A

Gender (Part 2)

1. HHR36
 2. Citation:
 - The GenIUSS Group (2014). Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: <https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>
- HHR36 Do any of the following terms describe their gender? **(select all that apply)**
- 1 Nonbinary
 - 2 Two-spirit
 - 3 Agender
 - 4 Gender fluid
 - 5 Gender neutral
 - 6 Genderqueer
 - 7 Other **(Please specify)**
 - 99 Don't know
3. Only asked if HHR5= 5 or blank
 4. N/A

Educational Attainment

1. HHR6
 2. N/A
- HHR6 What is **[initials in HHR1]'s** highest level of completed education?
- 1 Less than high school
 - 2 High school degree or GED
 - 3 Vocational or Technical Program or Training
 - 4 Some college
 - 5 Associate degree
 - 6 Bachelor's degree
 - 7 Master's degree
 - 8 Doctorate or Professional degree (e.g., Ph.D., M.D., J.D., etc.)
3. All respondents
 4. N/A

Employment before the Pandemic

1. EMP7A
 2. N/A
- EMP7A Which of the following best describes **[initials in HHR1]'s** employment status on February 1, 2020?
- 1 Employed full-time (35 or more hours per week) and working
 - 2 Employed part-time (less than 35 hours per week) and working
 - 3 Employed but not working (furloughed, parental leave, sick leave, etc.)
 - 4 Not employed
3. All respondents
 4. N/A

Current Employment

1. EMP7

2. N/A
EMP7 Which of the following best describes [initials in HHR1]'s current employment status?
 - 1 Currently employed full-time (35 or more hours per week) and working
 - 2 Currently employed part-time (less than 35 hours per week) and working
 - 3 Currently employed but not working (furloughed, parental leave, sick leave, etc.)
 - 4 Not employed
3. All respondents
4. N/A

Reason Not Working

1. EMP7C
2. N/A
EMP7C Why is [initials in HHR1] not working at this time? (select all that apply)
 - 1 Mandatory furlough
 - 2 Opt-in furlough
 - 3 Sick or disability leave
 - 4 Parental leave
 - 5 Family medical leave
 - 6 Military leave
 - 7 Other
3. Only asked if EMP7 = 3
4. N/A

Receiving Pay as Part of Leave

1. EMP7D
2. N/A
EMP7D Is [initials in HHR1] currently receiving pay as part of this leave?
 - 1 Yes, at their normal pay/rate
 - 2 Yes, at a reduced pay/rate
 - 3 No, they are not receiving any pay
3. Only asked if EMP7 = 3
4. N/A

Length of Leave

1. EMP7E
2. N/A
EMP7E How many weeks has [initials in HHR1] been on this leave?
DROP DOWN NUMBER IN WEEKS– PROGRAMMER RESTRICT TO NUMERIC, WHOLE NUMBERS; first category less than 1 week; highest category: more than 26 weeks]
3. Only asked if EMP7 = 3
4. N/A

Reason Unemployed

1. EMP7B
2. N/A
EMP7B Why is [initials in HHR1] not working at this time? (select all that apply)
 - 1 Retired
 - 2 Homemaker
 - 3 Student
 - 4 Disabled
 - 5 Unemployed and looking for work
 - 6 Unemployed and not looking for work
3. Only asked if EMP7 = 4

4. N/A

Length of Unemployment

1. EMP8
2. N/A
EMP8 How many weeks has [initials in HHR1] been unemployed?
[DROP DOWN NUMBER IN WEEKS– PROGRAMMER RESTRICT TO NUMERIC, WHOLE NUMBERS first category less than 1 week; highest category: more than 26 weeks]
3. Only asked if EMP7B = 5
4. N/A

Essential Job

1. ESS2
2. N/A
ESS2 Is [initials in HHR1]'s job something your local or state government considers an essential job that is exempt from stay-at-home orders?
 - 1 Yes
 - 2 No
 - 3 Don't know/do not have stay at home order
3. Only asked if EMP7 = 1, 2, or 3
4. N/A

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Ethnicity

1. HHR8
2. Modeled after the 2010 Census
 - Citation
 - United States Census Bureau. 2010. Decennial Census of Populations and Housing Questionnaires and Instructions. https://www.census.gov/programs-surveys/decennial-census/technical-documentation/questionnaires.2010_Census.html

HHR8 Is [initials in HHR1] Hispanic, Latino/a/x, or Spanish or Spanish origin?

 - 1 No, not of Hispanic, Latino/a/x, or Spanish origin
 - 2 Yes, Mexican, Mexican Am., Chicano/a/x
 - 3 Yes, Puerto Rican
 - 4 Yes, Cuban
 - 5 Yes, another Hispanic, Latino/a/x, or Spanish origin (Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on)
3. All respondents
4. N/A

Race

1. HHR9
2. Modeled after the 2010 Census
 - Citation
 - United States Census Bureau. 2010. Decennial Census of Populations and Housing Questionnaires and Instructions. https://www.census.gov/programs-surveys/decennial-census/technical-documentation/questionnaires.2010_Census.html

HHR9 What is [initials in HHR1]'s race? (**Select all that apply**)

 - 1 White
 - 2 Black or African American

- 3 American Indian or Alaska Native (**SPECIFY: enter name of enrolled or principal tribe**)
- 4 Asian Indian
- 5 Chinese
- 6 Filipino/a/x
- 7 Japanese
- 8 Korean
- 9 Vietnamese
- 10 Native Hawaiian
- 11 Guamanian or Chamorro
- 12 Samoan
- 13 Other Asian (**specify**)
- 14 Other Pacific Islander (**specify**)
- 15 Some other race (**specify**)

- 3. All respondents
- 4. N/A

Another Spouse/Partner

- 1. HHR10
- 2. N/A
- HHR10 Do you have another spouse/partner living with you?
 - 1 Yes
 - 2 No
- 3. All respondents
- 4. N/A

Initials of Other Spouses/Partners

- 1. HHR11
- 2. N/A
- HHR11 What are the initials of other spouses/partners living in your household?
 - 1 **[Initials]**
 - 2 **[Initials]**
 - 3 **[Initials]**
- 3. Only asked if HHR10 = 1
- 4. Respondents looped through HHR2 through HHR9 for up to 3 additional spouses/partners

Primary Partner

- 1. HHR12
- 2. N/A
- HHR12 Please select your spouse or partner that you spend the most time with:
 - 1 **[Initials]**
 - 2 **[Initials]**
 - 3 **[Initials]**
 - 4 **[Initials]**
 - 5 I spend an equal amount of time with both/all

- 3. Only asked if HHR10 = 1
- 4. Respondents who reported more than one spouse/partner were asked to select the spouse/partner that they spent the most time with. Questions about their relationship with their primary partner were the following: “For this next set of questions, please think about your relationship with **[IF HHR12 <4, DISPLAY “your spouse/partner, [INSERT SELECTION]”, IF HHR = 5 DISPLAY “spouses or partners overall”].**”

Household Information

Home Ownership

1. Q42
2. N/A

Q42 The home or apartment where you currently live is:

- 1 Owned by you
- 2 Owned by your spouse/partner
- 3 Owned by you and your spouse/partner
- 4 Owned by someone else in your household besides you and your spouse/partner
- 5 Rented by you
- 6 Rented by your spouse/partner
- 7 Rented by you and your spouse/partner
- 8 Rented by someone else in your household besides you and your spouse/partner

3. N/A
4. N/A

Number of Rooms in Home

1. CROWD
2. Modeled After:

- Matheny AP, Wachs TD, Ludwig JL, Phillips K. Bringing order out of chaos - Psychometric characteristics of the confusion, hubbub, and order scale. *Journal of Applied Developmental Psychology*. 1995;16:429–444. [https://doi.org/10.1016/0193-3973\(95\)90028-4](https://doi.org/10.1016/0193-3973(95)90028-4)

CROWD Not counting bathrooms, hallways, or an unfinished basement, how many rooms do you have in your household?

[NUMERIC DROP DOWN—WHOLE NUMBERS]

3. N/A
4. N/A

Household Roster

Next, we'll ask you about other members of your household who live there most of the time, not including yourself or your spouse(s)/partner(s).

Number of People in Household

1. HHR14_1
2. N/A

HHR14_1 Not including yourself or your spouse(s)/partner(s), how many other people live in your household most of the time?

[insert numeric drop down 0 – 10+]

3. All respondents
4. N/A

Initials

1. HHR14
2. N/A

HHR14 What are the initials of your other household members? Do not include yourself or your spouse(s)/partner(s). *As a reminder, we will use initials (first letter of their first name and first letter of their last name) to identify members of your household. If members of your household have the same initials, please use something different for each family member. You can use a nickname, numbers, initials – anything you would like to identify each family member. (AB, YZ, Person1, Person2, Kid)*

INSERT TEXT BOXES TO MATCH NUMBER IN HHR14_1]:

- 1 FILL IN TEXT [UP TO 3 CHARACTERS]
- 2 FILL IN TEXT [UP TO 3 CHARACTERS]
- 3 FILL IN TEXT [UP TO 3 CHARACTERS]
- 4 FILL IN TEXT [UP TO 3 CHARACTERS]
- 5 FILL IN TEXT [UP TO 3 CHARACTERS]
- 6 FILL IN TEXT [UP TO 3 CHARACTERS]
- 7 FILL IN TEXT [UP TO 3 CHARACTERS]
- 8 FILL IN TEXT [UP TO 3 CHARACTERS]
- 9 FILL IN TEXT [UP TO 3 CHARACTERS]
- 10 FILL IN TEXT [UP TO 3 CHARACTERS]

3. Only asked if HHR14_1 is 1 or greater
4. N/A

Age

1. HHR16
2. N/A

HHR16 How old is [initials IN HHR14]?

[NUMERIC DROP DOWN—WHOLE NUMBERS; less than 1 year to more than 100]

3. Asked for each initial in HHR14
4. N/A

Relationship to Main Respondent

1. HHR17
2. N/A

HHR17 How is [insert initials] related to you (*select all that apply*)

- 1 My biological child
- 2 My adopted child
- 3 My spouse/partner's child
- 4 My non-biological child
- 5 My foster child
- 6 My grandchild
- 7 My parent
- 8 My spouse/partner's parent
- 9 My sibling
- 10 My spouse/partner's sibling
- 11 My other family member or relative
- 12 My spouse/partner's other family member or relative
- 13 Friend (no family relation)
- 14 Roommate (no relation)
- 15 Other—(*specify*)

3. Asked for each initial in HHR14
4. N/A

Relationship to Partner

1. HHR18
2. N/A

HHR18 How is [insert child's initials] related to your current spouse/partner: *Please select all that apply.*

- 1 Their biological child
- 2 Their adopted child

- 3 Their non-biological child
 - 4 Their foster child
 - 5 Their grandchild
 - 6 They are not related to this child
 - 7 Other—(**specify**)
3. Asked for each initial in HHR14 if HHR17 = 1-6
 4. N/A

Gender (Part 1)

1. HHR19
 2. Citation:
 - The GenIUSS Group (2014). Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: <https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>
- HHR19 How would [**initials**] describe their gender? (**select one**)
- 1 Man/Boy
 - 2 Woman/Girl
 - 3 Trans man/Trans boy
 - 4 Trans woman/Trans girl
 - 5 Do not identify as any of the above (there is an option to specify at next question)
3. Asked for each initial in HHR14
 4. N/A

Gender (Part 2)

1. HHR19_2
 2. Citation:
 - The GenIUSS Group (2014). Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: <https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>
- HHR19_2 Do any of the following terms describe their gender? (**select all that apply**)
- 1 Nonbinary
 - 2 Two-spirit
 - 3 Agender
 - 4 Gender fluid
 - 5 Gender neutral
 - 6 Genderqueer
 - 7 Other (**Please specify**)
 - 99 Don't know
3. Asked for each initial in HHR14 if HHR19 = 5 or blank
 4. N/A

Ethnicity

1. HHR20
 2. Modeled after the 2010 Census
 - Citation
 - United States Census Bureau. 2010. Decennial Census of Populations and Housing Questionnaires and Instructions. https://www.census.gov/programs-surveys/decennial-census/technical-documentation/questionnaires.2010_Census.html
- HHR20 Is [**insert initials**] Hispanic, Latino/a/x, or Spanish or Spanish origin?

- 1 No, not of Hispanic, Latino/a/x, or Spanish origin
 - 2 Yes, Mexican, Mexican Am., Chicano/a/x
 - 3 Yes, Puerto Rican
 - 4 Yes, Cuban
 - 5 Yes, another Hispanic, Latino/a/x, or Spanish origin (*specify*)
3. Asked for each initial in HHR14
 4. N/A

Race

1. HHR21
2. Modeled after the 2010 Census
 - Citation
 - United States Census Bureau. 2010. Decennial Census of Populations and Housing Questionnaires and Instructions. https://www.census.gov/programs-surveys/decennial-census/technical-documentation/questionnaires.2010_Census.html

HHR21 What is [insert initials]'s race? **[Select all that apply]**

- 1 White
 - 2 Black or African American
 - 3 American Indian or Alaska Native
 - 4 Asian Indian
 - 5 Chinese
 - 6 Filipino/a/x
 - 7 Japanese
 - 8 Korean
 - 9 Vietnamese
 - 10 Native Hawaiian
 - 11 Guamanian or Chamorro
 - 12 Samoan
 - 13 Other Asian (*specify*)
 - 14 Other Pacific Islander (*specify*)
 - 15 Some other race (*specify*)
3. Asked for each initial in HHR14
 4. N/A

Parent-Child Closeness

1. HHR22
 2. N/A
- HHR22 How close is your relationship with [insert initials]?
- 1 Not close at all
 - 2
 - 3
 - 4
 - 5 Very close
3. Asked for each initial in HHR14 if HHR17 = 1-6
 4. N/A

Parent-Child Stress

1. HHR23
 2. N/A
- HHR23 How stressful is your relationship with [insert child initials]?
- 1 Not stressful at all
 - 2

- 3
- 4
- 5 Very stressful

- 3. Asked for each initial in HHR14 if HHR17 = 1-6
- 4. N/A

Kids Schooling at Home

- 1. HHR203
- 2. N/A
- HHR203 Are your children currently attending school (K-12) in-person, online, or are they homeschooled? Please select all that apply.
 - 1 In-person
 - 2 Online
 - 3 Homeschooled
 - 4 Not applicable **[EXCLUSIVE]**
- 3. Asked for each initial in HHR14 if HHR17 = 1-6
- 4. N/A

Non-Household Children

Any Non-household Children

- 1. HH25
- 2. N/A
- HH25 Do you have any (other) children that do not live with you?
 - 1 Yes
 - 2 No
- 3. All respondents
- 4. N/A

Number of Non-household Children

- 1. HH26
- 2. N/A
- HH26 How many children do you have that do not live with you?
[NUMERIC DROP DOWN]
- 3. Only asked if Yes (1) to HH25
- 4. N/A

Initials

- 1. HH27
- 2. N/A
- HH27 Please identify these children using their initials [INSERT TEXT BOXES TO MATCH NUMBER IN HH26]:
 - 1 FILL IN TEXT [UP TO 3 CHARACTERS]
 - 2 FILL IN TEXT [UP TO 3 CHARACTERS]
 - 3 FILL IN TEXT [UP TO 3 CHARACTERS]
 - 4 FILL IN TEXT [UP TO 3 CHARACTERS]
 - 5 FILL IN TEXT [UP TO 3 CHARACTERS]
 - 6 FILL IN TEXT [UP TO 3 CHARACTERS]
 - 7 FILL IN TEXT [UP TO 3 CHARACTERS]
 - 8 FILL IN TEXT [UP TO 3 CHARACTERS]
 - 9 FILL IN TEXT [UP TO 3 CHARACTERS]
 - 10 FILL IN TEXT [UP TO 3 CHARACTERS]

3. Only asked if Yes (1) to HH25
4. N/A

Age

1. HH28
2. N/A
HH28 How old is [initials IN HH27]?
[NUMERIC DROP DOWN—WHOLE NUMBERS; less than 1 year to more than 100]
3. Asked for each set of initials reported in H27
4. N/A

Relationship to Main Respondent

1. HH29
2. N/A
HH29 Please choose the appropriate relationship(s) of [Initials] to you: **(select all that apply)**
 - 1 My biological child
 - 2 My adopted child
 - 3 My non-biological child
 - 4 My spouse/partner's child
 - 5 My foster child
 - 6 My grandchild
 - 7 Other (**specify**)
3. Asked for each set of initials reported in H27
4. N/A

Relationship to Spouse/Partner

1. HH30
2. N/A
HH30 Please choose the appropriate relationship(s) of [insert child's initials] to your current partner/spouse? **(select all that apply)**
 - 1 Their biological child
 - 2 Their adopted child
 - 3 Their non-biological child
 - 4 Their foster child
 - 5 Their grandchild
 - 6 They are not related to this child
 - 7 Other—(**specify**)
3. Asked for each set of initials reported in H27
4. N/A

Gender (Part 1)

1. HH31
2. Citation:
 - The GenIUSS Group (2014). Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: <https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>
- HH31 How would [initials] describe their gender? **(select one)**
 - 1 Man/Boy
 - 2 Woman/Girl
 - 3 Trans man/Trans boy

- 4 Trans woman/Trans girl
- 5 Do not identify as any of the above (there is an option to specify at next question)
3. Asked for each set of initials reported in H27
4. N/A

Gender (Part 2)

1. HHR35
 2. Citation:
 - The GenIUSS Group (2014). Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from:
<https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>
- HHR35 Do any of the following terms describe their gender? (**select all that apply**)
- 1 Nonbinary
 - 2 Two-spirit
 - 3 Agender
 - 4 Gender fluid
 - 5 Gender neutral
 - 6 Genderqueer
 - 7 Other (**Please specify**)
 - 99 Don't know
3. Asked for each set of initials reported in H27 and if HH31 = 5 or is blank
 4. N/A

Frequency of Communication

1. HH32
 2. N/A
- HH32 How often do you communicate with **[INITIALS]**, whether in person or through other means (e.g., texting, video chatting, facetimeing, talking in person or on the phone)
- 1 Never
 - 2 Once a year
 - 3 A few times a year
 - 4 Monthly
 - 5 Weekly
 - 6 Daily
3. Asked for each set of initials reported in H27
 4. N/A

Closeness

1. HH33
 2. N/A
- HH33 How close is your relationship with **[insert child initials]**?
- 1 Not close at all
 - 2
 - 3
 - 4
 - 5 Very close
3. Asked for each set of initials reported in H27
 4. N/A

Stressfulness

1. HH34
2. N/A
HH34 How stressful is your relationship with [insert child initials]?
 - 1 Not stressful at all
 - 2
 - 3
 - 4
 - 5 Very stressful
3. Asked for each set of initials reported in H27
4. N/A

COVID Risk, Exposure, and Testing

Social Distancing

1. SOCDIS
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).SOCDIS Are you currently practicing social distancing as best you can (in other words: are you maintaining at least 6 feet of physical space between you and others to avoid spreading or catching the coronavirus)?
 - 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much
3. All respondents
4. N/A

COVID Life Disruption

1. GALCOV2
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).GALCOV2 To what extent has your life been affected or disrupted by the coronavirus situation?
 - 1 Not at all
 - 2 Not much
 - 3 A fair amount
 - 4 A great deal
3. All respondents
4. N/A

Elderly or Disabled Family Member

1. GALCOV4
2. N/A
GALCOV4 Do you currently help care for an elderly or disabled family member?
 - 1 Yes, in my home
 - 2 Yes, outside my home
 - 3 No
3. All respondents
4. N/A

High Risk Household Member

1. COV6
2. N/A
COV6 Do you personally have someone in your household who is likely to suffer serious complications if infected with the coronavirus?
 - 1 Yes
 - 2 No
3. All respondents
4. N/A

COVID Symptoms

1. COVSYMP
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).COVSYMP Have you ever been ill, or suspected you may be ill, with coronavirus (COVID-19)?
 - 1 Yes, I have had coronavirus or suspected I had coronavirus in the past
 - 2 Yes, I currently have coronavirus or suspect I have coronavirus
 - 3 No, I have not had coronavirus or suspected I had coronavirus
3. All respondents
4. N/A

COVID Test

1. COVTEST
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).COVTEST Have you ever received a coronavirus (COVID-19) test?
 - 1 Yes
 - 2 No
3. All respondents
4. N/A

COVID Status

1. COVSTATUS
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).COVSTATUS Did you test positive for coronavirus (COVID-19)?
 - 1 Yes
 - 2 No
 - 3 I am currently waiting for the results
3. Only asked if COVTEST = 1
4. N/A

COVID Symptoms (Spouse/Partner)

1. COVSYMP2
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).COVSYMP2 Has your spouse/partner ever been ill, or suspected they may be ill, with coronavirus (COVID-19)?
 - 1 Yes, they have had coronavirus or suspected they had coronavirus in the past
 - 2 Yes, they currently have coronavirus or suspect they have coronavirus
 - 3 No, they have not had coronavirus or suspected they had coronavirus

3. All respondents
4. N/A

COVID Test (Spouse/Partner)

1. COVTEST2
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).COVTEST2 Has your spouse/partner ever received a coronavirus (COVID-19) test?
 - 1 Yes
 - 2 No
3. All respondents
4. N/A

COVID Status (Spouse/Partner)

1. COVSTATUS2
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).COVSTATUS2 Did they test positive for coronavirus (COVID-19)?
 - 1 Yes
 - 2 No
 - 3 They are currently waiting for the results
3. Only asked if COVTEST2 = 1
4. N/A

COVID Symptoms (Household)

1. COVSYMP3
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).COVSYMP3 Has anyone else in your household besides you and your spouse/partner ever been ill, or suspected they may be ill, with coronavirus (COVID-19)?
 - 1 Yes, another household member has had coronavirus or suspected they had coronavirus in the past
 - 2 Yes, another household member currently has coronavirus or suspects they have coronavirus
 - 3 No, other household members have not had coronavirus or suspected they had coronavirus
3. Only asked if HHR14_1 >0
4. N/A

COVID Test (Household)

1. COVTEST3
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).COVTEST3 Has anyone else in your household besides you and your spouse/partner ever received a coronavirus (COVID-19) test?
 - 1 Yes
 - 2 No
3. Only asked if HHR14_1 >0
4. N/A

COVID Status (Household)

1. COVTEST3
2. Citation:
 - Gallup. Gallup COVID-19 Pulse Survey Questionnaire. (2019).

COVSTATUS3 Did anyone else in your household besides you and your spouse/partner test positive for coronavirus (COVID-19)?

- 1 Yes
- 2 No
- 3 They are currently waiting for the results

3. Only asked if COVTEST3 =1
4. N/A

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Current Relationship Information and Functioning Measures

Couple Satisfaction Index

1. Q17_1, Q19, Q20, Q21
2. Couple Satisfaction Index
 - Citations:
 - Funk, Janette L. and Ronald D. Rogge. 2007. "Testing the Ruler with Item Response Theory: Increasing Precision of Measurement for Relationship Satisfaction with the Couples Satisfaction Index." *Journal of Family Psychology* 21(4):572-83. doi: 10.1037/0893-3200.21.4.572.

Q17_1 Please indicate the level of happiness, all things considered, in your relationship.

- 1 Extremely unhappy
- 2 Fairly unhappy
- 3 A little unhappy
- 4 Happy
- 5 Very happy
- 6 Extremely happy
- 7 Perfect

Q19 I have a warm and comfortable relationship with my spouse/partner:

- 1 Not at all true
- 2 A little true
- 3 Somewhat true
- 4 Mostly true
- 5 Almost completely true
- 6 Completely true

Q20 How rewarding is your relationship with your spouse/partner?

- 1 Not at all rewarding
- 2 A little rewarding
- 3 Somewhat rewarding
- 4 Mostly rewarding
- 5 Almost completely rewarding
- 6 Completely rewarding

Q21 In general, how satisfied are you with your relationship?

- 1 Not at all satisfied
- 2 A little satisfied
- 3 Somewhat satisfied
- 4 Mostly satisfied
- 5 Almost completely satisfied
- 6 Completely satisfied

3. All respondents
4. N/A

Relationship Commitment

1. Q22
2. Relationship Commitment
 - Citation:
 - Stanley SM, & Markman, H. J. Marriage in the 90s: A nationwide random phone survey. Denver, Colorado: PREP, Inc.; 1997.

Q22 In general, how committed are you to your current spouse/partner?

- | | |
|---|-----------------------------|
| 1 | Not at all committed |
| 2 | A little committed |
| 3 | Somewhat committed |
| 4 | Mostly committed |
| 5 | Almost completely committed |
| 6 | Completely committed |

3. All respondents
4. N/A

Dyadic Coping Inventory-Supportive Subscale

1. Q25A, Q25B, Q25C, Q25D
2. Dyadic Coping Inventory-Supportive Subscale
 - Citations:
 - Bodenmann, G. (2008). Dyadisches Coping Inventar: Test manual [Dyadic Coping Inventory: Test manual]. Bern, Switzerland: Huber.
 - Ledermann, T., Bodenmann, G., Gagliardi, S., Charvoz, L., Verardi, S., Rossier, J., Bertni, A., & Iafrate, R. (2010). Psychometrics of the Dyadic Coping Inventory in three language groups. *Swiss Journal of Psychology/Schweizerische Zeitschrift für Psychologie/Revue Suisse de Psychologie*, 69(4), 201-212. DOI 10.1024/1421-0185/a000024

Q25 How often do you experience each of the following situations with your spouse/partner?

- A. My spouse/partner shows empathy and understanding.
- B. My spouse/partner expresses that they are on my side.
- C. My spouse/partner helps me in stressful situations.
- D. My spouse/partner helps me analyze situations so that I can better face problems.

- | | |
|---|-------------|
| 1 | Very rarely |
| 2 | Rarely |
| 3 | Sometimes |
| 4 | Often |
| 5 | Very often |

3. All primary respondents
4. Q25A: The term “partner” was changed to partner/spouse to be consistent with the rest of the survey. The last two words of the item “to me” were cut for brevity.
Q25B: The term “partner” was changed to “partner/spouse” to be consistent with the rest of the survey. “He/she” was changed to “they” to be gender-neutral.
Q25C: The original item “My partner helps me to see stressful situations in a different light” was changed to “My spouse/partner helps me in stressful situations” to remove the idiom. The term “partner” was changed to “partner/spouse” to be consistent with the rest of the survey. “
Q25D: Q25 was changed from singular tense (i.e., the situation and the problem) to plural (i.e., situations and problems).

One item from the original measure was cut: "My partner listens to me and gives me the opportunity to communicate what really bothers me.

Relationship Constraint

1. Q23
 2. Relationship Constraint
 - Citation:
 - Stanley SM, & Markman, H. J. Marriage in the 90s: A nationwide random phone survey. Denver, Colorado: PREP, Inc.; 1997.
- Q23 Please share your level of agreement with the following: I feel trapped or stuck in this relationship.
- | | |
|---|----------------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
3. All respondents
 4. N/A

Relationship Commitment

1. Q22
 2. N/A
- Q22 In general, how committed are you to your current spouse/partner?
- | | |
|---|-----------------------------|
| 1 | Not at all committed |
| 2 | A little committed |
| 3 | Somewhat committed |
| 4 | Mostly committed |
| 5 | Almost completely committed |
| 6 | Completely committed |
3. All respondents
 4. N/A

Marital Risk Scale

1. Q24, Q24_1
2. Marital Risk Scale
 - Citation:
 - MIDUS. Documentation of scales. 2004. Available from: <https://www.midus.wisc.edu/midus2/project1/>
 - Midlife in the United States (MIDUS 2), 2004-2006 (ICPSR 4652) <https://www.icpsr.umich.edu/web/NACDA/studies/4652/datadocumentation>

Q24 What do you think the chances are that you and your spouse/partner eventually breakup or separate?

- | | |
|---|-------------------|
| 1 | Very unlikely |
| 2 | Unlikely |
| 3 | Somewhat unlikely |
| 4 | Somewhat likely |
| 5 | Likely |
| 6 | Very likely |

Q24_1 In the past week, how often have you thought your relationship might be in trouble?

- | | |
|---|--------|
| 1 | Never |
| 2 | Rarely |

- 3 Sometimes
- 4 Often
- 5 Very often

3. All respondents
4. We included two of five items from the Marital Risk Scale. To maintain consistency throughout the survey and reduce respondent burden, scales were modified. Additionally, in MIDUS, Q24_1 used the past year as the time reference.

Negative Interaction Scale

1. Q28A, Q28B, Q28C, Q28D
2. Negative Interaction Scale
 - Citations:
 - Stanley, S. M., Markman, H. J., & Whitton, S. W. (2002). Communication, conflict, and commitment: Insights on the foundations of relationship success from a national survey. *Family Process*, 41(4), 659-675. <https://doi.org/10.1111/j.1545-5300.2002.00659.x>

In the past week, how often did you and your spouse/partner experience each of the following situations?

- A. Little arguments escalated into ugly fights with accusations, criticisms, name calling, or bringing up past hurts.
- B. My spouse/partner criticized or belittled my opinions, feelings, or desires.
- C. My spouse/partner seemed to view my words or actions more negatively than I meant them to be.
- D. When we argued, one of us withdrew...that is, did not talk about it anymore, or left the scene.

- 1 Very rarely
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

3. All respondents
4. We included four of the original eight items. We also changed the tense of the items to be past tense to match the timeframe reference of the rest of the questionnaire. The original measure was on a 3-point scale, we changed this scale to match the rest of the questionnaire to reduce burden on the respondents.

Argument Frequency

1. Q26
2. Argument Frequency
 - Citation: N/A

Q26 In the past week, how often did you argue with your spouse/partner?

- 1 Very rarely
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

3. All respondents
4. N/A

Family Acceptance

1. Q27A, Q27B
2. Modeled after item from Daily Heterosexual Experiences Questionnaire:

- Citation:

Balsam, K. F., Beadnell, B., & Molina, Y. (2013). The Daily Heterosexist Experiences Questionnaire: Measuring Minority Stress Among Lesbian, Gay, Bisexual, and Transgender Adults. *Measurement and Evaluation in Counseling and Development*, 46(1), 3–25. <https://doi.org/10.1177/0748175612449743>

Q27 Please indicate how much you agree or disagree with each of the following:
 A Your family members are accepting of your current spouse/partner as part of the family.
 B Your current spouse/partner's family members are accepting of you as part of the family.

 - 1 Strongly disagree
 - 2 Disagree
 - 3 Neither agree nor disagree
 - 4 Agree
 - 5 Strongly agree
- 3. All respondents
- 4. N/A

COVID-19 Pandemic Specific Questions

Change in Relationship Satisfaction

1. Change in Relationship Satisfaction
2. Modeled after the Couple Satisfaction Index (see Q21)
 - Citations:
 - Funk, Janette L. and Ronald D. Rogge. 2007. "Testing the Ruler with Item Response Theory: Increasing Precision of Measurement for Relationship Satisfaction with the Couples Satisfaction Index." *Journal of Family Psychology* 21(4):572-83. doi: 10.1037/0893-3200.21.4.572

Q21_B In the past week, have you been less satisfied, more satisfied, or had the same level of satisfaction with your relationship as before the coronavirus pandemic?

- 1 Less satisfied
 - 2 About the same level of satisfaction
 - 3 More satisfied
 - 4 Not applicable, we were not together before the coronavirus pandemic
3. All respondents
 4. N/A

Change in Marital Risk

1. Change in Marital Risk
2. Modeled after the Marital Risk Scale (see Q24_1)
 - Citations:
 - MIDUS. Documentation of scales. 2004. Available from: <https://www.midus.wisc.edu/midus2/project1/>
 - Midlife in the United States (MIDUS 2), 2004-2006 (ICPSR 4652) <https://www.icpsr.umich.edu/web/NACDA/studies/4652/datadocumentation>

Q24_1B In the past week, have you thought your relationship might be in trouble less often, more often, or about the same as before the coronavirus pandemic?

- 1 Less often
 - 2 About the same
 - 3 More often
 - 4 Not applicable, we were not together before the coronavirus pandemic
3. All respondents
 4. N/A

COVID Relationship Outlook

1. COVID Relationship Outlook
2. Developed by
 - Citations:
 - Kamp Dush, C. M., Manning, W. D., & Berrigan, M. N. (2020). The National Couples' Health and Time Study Baseline Questionnaire.

COVREL_A Our relationship will be stronger than ever after the coronavirus pandemic is over

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

COVREL_B The coronavirus pandemic is making me question my relationship

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

COVREL_C After the coronavirus pandemic is over, we will probably break up, separate, or divorce

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

3. All respondents
4. N/A

Change in Argument Frequency

1. Q26_B
2. N/A

Q26 In the past week, have you argued with your spouse/partner less often, more often, or about the same as before the coronavirus pandemic?

- 1 Less often
- 2 About the same
- 3 More often
- 4 Not applicable, we were not together before the coronavirus pandemic

3. All respondents
4. N/A

Relationship Milestones

1. MARITAL
2. N/A

MARITAL Have you and your current spouse/partner ever experienced any of the following with each other? (Select all that apply)

- 1 Legal marriage
- 2 Commitment ceremony
- 3 Registered domestic partnership
- 4 Civil union
- 5 None of the above [programmer note – do not allow respondent to select 5 AND an option 1 – 4]

3. All respondents

4. N/A

Date of Sexual Relationship

1. Q31
2. N/A
Q31 When did you begin your sexual relationship?
[DROP DOWN MM/YYYY]
3. All respondents
4. N/A

Date of Cohabitation

1. Q32
2. N/A
Q32 When did you move in together?
[DROP DOWN MM/YYYY]
3. All respondents
4. N/A

Date of Marriage

1. Q33
2. N/A
Q33 When were you legally married?
[DROP DOWN MM/YYYY]
3. Only asked if MARITAL = 1
4. N/A

Date of Commitment Ceremony

1. Q34
2. N/A
Q34 When was your commitment ceremony?
[DROP DOWN MM/YYYY]
3. Only asked if MARITAL = 2
4. N/A

Date of Domestic Partnership

1. Q35
2. N/A
Q35 When did you form a domestic partnership?
[DROP DOWN MM/YYYY]
3. Only asked if MARITAL = 3
4. N/A

Date of Civil Union

1. Q36
2. N/A
Q36 When was your civil union?
[DROP DOWN MM/YYYY]
3. Only asked if MARITAL = 4
4. N/A

Marital Expectations

1. Q37

2. N/A
Q37 Do you ever want to get married?
1 Yes
2 No
99 Don't know
3. Only asked if MARITAL = 2 through 5
4. N/A

Current Engagement

1. Q38
2. N/A
Q38 Are you engaged to be married to your current partner?
1 Yes
2 No
3. Only asked if MARITAL = 2 through 5
4. N/A

Likelihood of Marriage

1. Q39
2. N/A
Q39 How likely are you to marry your partner in the next year?
1 Very unlikely
2 Unlikely
3 Somewhat unlikely
4 Somewhat likely
5 Likely
6 Very likely
7 Don't know
3. Only asked if MARITAL = 2 through 5
4. N/A

Finances and Financial Hardship

Dividing Money

1. Q40
2. N/A
Q40 Couples handle their money differently. Which of the following do you do? 1 Yes
1 We keep all of our money separate
2 Put some money together
3 Put all of our money together
3. All respondents
4. N/A

Financial Hardship

1. Q41
2. N/A
Q41 Did any of the following happen to you in the past month?
A We received an eviction or foreclosure notice for our house or apartment
B We did not have enough money to buy food
C My spouse/partner or I needed to see a doctor, go to the hospital, or get a prescription medication but didn't because we didn't have enough money
D We were unable to pay our gas, electric, other utility bill, or rent/mortgage
E We were unable to make the minimum payment on credit cards

- F We did not have a regular place to sleep or stay
 - 1 Yes, this did happen
 - 2 No, this did not happen
- 3. All respondents
- 4. N/A

Pregnancy

Intentions

- 1. Q45
- 2. N/A
- Q45 Do you intend to have a child in the next year?
 - 1 Yes
 - 2 No
 - 3 Not sure
- 3. All respondents
- 4. N/A

Intentions (Spouse/Partner)

- 1. Q45A
- 2. N/A
- Q45A Do you think your spouse/partner intends to have a child in the next year?
 - 1 Yes
 - 2 No
 - 3 Not sure
- 3. All respondents
- 4. N/A

Currently Pregnant

- 1. PREG
- 2. N/A
- PREG Are you and your spouse/partner currently pregnant or expecting a child?
 - 1 Yes, we are pregnant
 - 2 Yes, we are expecting a child through surrogacy
 - 3 Yes, we are expecting a child through adoption
 - 4 No, we are not pregnant or expecting a child
 - 5 Maybe/not sure
- 3. All respondents
- 4. N/A

Currently Pregnant Timing

- 1. PREG
- 2. N/A
- PREG2 Would you say you are having this child too soon, at about the right time, or later than you wanted?
 - 1 Sooner than I wanted
 - 2 At about the right time
 - 3 Later than I wanted
 - 4 Didn't care about the timing
 - 9 Don't know
- 3. Only asked if PREG = 1 through 3
- 4. N/A

Pregnancy Plans Changed

1. PREG3
 2. N/A
- PREG3 Since the coronavirus pandemic began, have your plans to have children changed?
- 1 Yes, we have decided to have a child sooner
 - 2 Yes, we have decided to wait longer to have a child
 - 3 Yes, we have decided not to have a child
 - 4 No
 - 5 Not applicable, we were not together before the coronavirus pandemic
3. Only asked if PREG = 4 or 5
 4. N/A

Future Pregnancy Intentions

1. PREG4 and PREG5
 2. N/A
- [IF PREG = 1-3, ASK]**
- PREG4** After the child you are currently expecting, would you, yourself, want to have another child?
- 1 Definitely yes
 - 2 Probably yes
 - 3 Probably no
 - 4 Definitely no
 - 5 Not sure
- [IF PREG = 4-5, ASK]**
- PREG5** Would you, yourself, want to have a/another child?
- 1 Definitely yes
 - 2 Probably yes
 - 3 Probably no
 - 4 Definitely no
 - 5 Not sure
3. Skip logic in bold above
 4. N/A

Future Pregnancy Intentions (Spouse/Partner)

1. PREG6 and PREG7
 2. N/A
- [IF PREG = 1-3, ASK]**
- PREG6** After the child you are currently expecting, would your **current partner/spouse** want to have another child?
- 1 Definitely yes
 - 2 Probably yes
 - 3 Probably no
 - 4 Definitely no
 - 5 Not sure
- [IF PREG = 4-5, ASK]**
- PREG7** Would your **current partner/spouse** want to have a/another child?
- 1 Definitely yes
 - 2 Probably yes
 - 3 Probably no
 - 4 Definitely no
 - 5 Not sure
3. Skip logic in bold above

4. N/A

Reasons to Avoid Pregnancy (Part 1)

1. COVPREG1

2. N/A

COVPREG1 Why would it be important for **you** to avoid having a/another child right now?

- A Concerns about health issues
- B Economic worries
- C Unsure about my relationship
- D The coronavirus pandemic makes my future feel unpredictable
- E Concerns that my child will be treated unfairly
- F Too young to have children
- G Already have all the children I want

- 1 Not at all important
- 2 Not too important
- 3 Somewhat important
- 4 Pretty important
- 5 Very important
- 99 Does not apply (shown for F and G only)

3. Only asked if Q45 = 2 or 3

4. N/A

Reasons to Avoid Pregnancy (Part 2)

1. DISCPREG1

2. N/A

Please select all that apply.

DISCPREG1 Why do you think your child would be treated unfairly?

- 1. Because of my child's race/ethnicity
- 2. Because of my own sexual and/or gender identity
- 3. Other (**please list**) (**programmer: insert text box – 200 characters**)

3. Only asked if COVPREG1_e = 2 through 5

4. N/A

Reasons to Avoid Pregnancy (Spouse/Partner)

1. COVPREG2

2. N/A

COVPREG2 Why would it be important for **your partner/spouse** to avoid having a/another child right now?

- A Concerns about health issues
- B Economic worries
- C Unsure about our relationship
- D The coronavirus pandemic makes their future feel unpredictable
- E Concerns that our child will be treated unfairly
- F Too young to have children
- G Already have all the children they want

- 1 Not at all important
- 2 Not too important

- 3 Somewhat important
- 4 Pretty important
- 5 Very important
- 99 Does not apply (shown for F and G only)

- 3. Only asked if Q45A = 2 or 3
- 4. N/A

Current Sex Life

Sexual Frequency

- 1. Q116
- 2. N/A
- Q116 In the past month, how many times did you and your current spouse/partner have sex?
[NUMERIC, WHOLE NUMBER DROP DOWN 0 – 40+]
- 3. All respondents
- 4. N/A

Sexual Satisfaction

- 1. Q117
- 2. N/A
- Q117 How satisfied are you with your sexual relationship with your current spouse/partner?
 - 1 Very dissatisfied
 - 2 Somewhat dissatisfied
 - 3 Neither satisfied or dissatisfied
 - 4 Somewhat satisfied
 - 5 Very satisfied
- 3. All respondents
- 4. N/A

Protection During Sex

- 1. Q84
- 2. N/A
- Q84 The last time you had sex did you use a condom or other protective barrier (such as male or female condom, dental dam, or glove)?
 - 1 Yes
 - 2 No
- 3. All respondents
- 4. N/A

Other Sexual Partners

- 1. Q121
- 2. N/A
- Q121 Are you currently having sex with someone other than your spouse/partner? **(select all that apply)**
 - 1 No
 - 2 Yes, I am currently having sex with person(s) of a different-gender than me
 - 3 Yes, I am currently having sex with person(s) of the same-gender as me
- 3. All respondents
- 4. N/A

Birth Control

1. Q121
2. N/A

Q85 The last time you had sex, what was/were the primary type(s) of birth control you used? (**select all that apply**)

- 1 None
- 2 Does not apply
- 3 Female sterilization (tubal ligation)
- 4 Male sterilization (vasectomy)
- 5 Birth control pills (oral contraception)
- 6 A condom (male or female)
- 7 Contraceptive implant (Norplant)
- 8 Depo-provera (the three month shot)
- 9 An IUD (intrauterine device), coil, loop
- 10 A diaphragm, sponge, cervical cap or shield
- 11 Emergency contraception or the morning after pill
- 12 Spermicide
- 13 Natural family planning (safe periods by temperature, cervical mucus test, or calendar)
- 14 Withdrawal (pulling out)
- 15 Other method

3. Only asked if PREG does not = 1
4. N/A

Intimate Partner Violence

Content Warning: All couples argue, it's part of being in a relationship. Sometimes these arguments can escalate or get out of hand. In this section we will ask you questions about things that can happen when arguments or conflicts escalate in relationships. Please indicate how often you experienced these in your relationship and how often you have done these things in your relationship.

Bierasure (Victimization)

1. Q123 through Q125
2. Brief Version of the Anti-Bisexual Experiences Scale

- Citation:
 - Dyar C, Feinstein BA, Davila J. Development and Validation of a Brief Version of the Anti-Bisexual Experiences Scale. Archives of sexual behavior. 2019;48(1):175-89. doi: 10.1007/s10508-018-1157-z. <https://doi.org/10.1007/s10508-018-1157-z>

How often does this happen in your current relationship? **My spouse/partner has:**

Q123 pressured me to change how I label my sexual orientation/identity

Q124 threatened to "out" me

Q125 told me to "act straight" around people

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

3. Only asked if IDENTITY= 2 through 11
4. N/A

Bierasure (Perpetration)

1. Q126 through Q128
2. Brief Version of the Anti-Bisexual Experiences Scale

- Citation:

- Dyar C, Feinstein BA, Davila J. Development and Validation of a Brief Version of the Anti-Bisexual Experiences Scale. Archives of sexual behavior. 2019;48(1):175-89. <https://doi.org/10.1007/s10508-018-1157-z>

How often does this happen in your current relationship? **I have:**

Q126 pressured my spouse/partner to change how they label their sexual orientation/identity

Q127 threatened to “out” them

Q128 told them to “act straight” around people

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often
- 99 Does not apply

3. Only asked if IDENTITY= 2 through 11
4. N/A

Intimate Partner Violence (Victimization)

1. Q129
2. Multiple sources listed below
 - Citation:

- Ford-Gilboe M, Wathen CN, Varcoe C, Macmillan HL, Scott-Storey K, Mantler T, Hegarty K, Perrin N. Development of a brief measure of intimate partner violence experiences: the Composite Abuse Scale (Revised)—Short Form (CAS R -SF). *BMJ Open*. 2016;6(12):e012824. doi: 10.1136/bmjopen-2016-012824.
- Gillum TL, & DiFulvio, G. . There’s so much at stake: Sexual minority youth discuss dating violence. . *Violence Against Women*. 2012;18(7):725-45. <https://doi.org/10.1177/1077801212455164>
- Stephenson R, & Finneran, C. . The IPV-GBM Scale: A new scale to measure intimate partner violence among gay and bisexual men. *PLOS One*. 2013;8(6):1-10. doi: 10.1136/bmjopen-2016-012824

Q129 How often does this happen in your current relationship? **My spouse/partner has:**

- Told me I was crazy, stupid, or not good enough
- Monitored or harassed me by phone, text, email or social media
- Kept me from seeing or talking to my friends or family
- Kept me from having access to a job, money, or financial resources
- Threatened to hurt me or someone close to me
- Pushed, slapped, hit, kicked, bit, choked, or threw something to hurt me
- Seriously physically hurt me in a fight to the point that I (probably) needed health care
- Made me perform a sex act that I did not want to perform or forced or tried to force me to have sex

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

3. All respondents
4. N/A

Intimate Partner Violence (Victimization)

1. Q130

2. Multiple sources listed below

- Citation:

- Ford-Gilboe M, Wathen CN, Varcoe C, Macmillan HL, Scott-Storey K, Mantler T, Hegarty K, Perrin N. Development of a brief measure of intimate partner violence experiences: the Composite Abuse Scale (Revised)—Short Form (CAS R -SF). *BMJ Open*. 2016;6(12):e012824. doi: 10.1136/bmjopen-2016-012824.
- Gillum TL, & DiFulvio, G. . There's so much at stake: Sexual minority youth discuss dating violence. . *Violence Against Women*. 2012;18(7):725-45. <https://doi.org/10.1177/1077801212455164>
- Stephenson R, & Finneran, C. . The IPV-GBM Scale: A new scale to measure intimate partner violence among gay and bisexual men. *PLOS One*. 2013;8(6):1-10. doi: 10.1136/bmjopen-2016-012824

Q130 How often does this happen in your current relationship? **I have:**

- a. Told them they were crazy, stupid, or not good enough
 - b. Monitored or harassed them by phone, text, email or social media
 - c. Kept them from seeing or talking to their friends or family
 - d. Kept them from having access to a job, money, or financial resources
 - e. Threatened to hurt them or someone close to them
 - f. Pushed, slapped, hit, kicked, bit, choked, or threw something to hurt them
 - g. Seriously physically hurt them in a fight to the point that they (probably) needed health care
 - h. Made them perform a sex act that they did not want to perform or forced or tried to force them to have sex
- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Very often

3. All respondents

4. N/A

Change in Intimate Partner Violence (Victimization)

1. Q129_A

2. Multiple sources listed below

- Citation:

- Ford-Gilboe M, Wathen CN, Varcoe C, Macmillan HL, Scott-Storey K, Mantler T, Hegarty K, Perrin N. Development of a brief measure of intimate partner violence experiences: the Composite Abuse Scale (Revised)—Short Form (CAS R -SF). *BMJ Open*. 2016;6(12):e012824. doi: 10.1136/bmjopen-2016-012824.
- Gillum TL, & DiFulvio, G. . There's so much at stake: Sexual minority youth discuss dating violence. . *Violence Against Women*. 2012;18(7):725-45. <https://doi.org/10.1177/1077801212455164>
- Stephenson R, & Finneran, C. . The IPV-GBM Scale: A new scale to measure intimate partner violence among gay and bisexual men. *PLOS One*. 2013;8(6):1-10. doi: 10.1136/bmjopen-2016-012824

Q129_A Has your spouse/partner pushed, slapped, hit, kicked, bit, choked, or thrown something to hurt you less often, more often, or about the same since the coronavirus pandemic began?

- 1 Less often
- 2 About the same
- 3 More often
- 4 Not applicable, we were not together before the coronavirus pandemic

3. Only asked if Q129F = 2, 3, 4, or 5
4. N/A

Change in Intimate Partner Violence (Victimization)

1. Q129_B
2. Multiple sources listed below
 - Citation:
 - Ford-Gilboe M, Wathen CN, Varcoe C, Macmillan HL, Scott-Storey K, Mantler T, Hegarty K, Perrin N. Development of a brief measure of intimate partner violence experiences: the Composite Abuse Scale (Revised)—Short Form (CAS R -SF). *BMJ Open*. 2016;6(12):e012824. doi: 10.1136/bmjopen-2016-012824.
 - Gillum TL, & DiFulvio, G. . There's so much at stake: Sexual minority youth discuss dating violence. . *Violence Against Women*. 2012;18(7):725-45. <https://doi.org/10.1177/1077801212455164>
 - Stephenson R, & Finneran, C. . The IPV-GBM Scale: A new scale to measure intimate partner violence among gay and bisexual men. *PLOS One*. 2013;8(6):1-10. doi: 10.1136/bmjopen-2016-012824

Q129_B Have you pushed, slapped, hit, kicked, bit, choked, or thrown something to hurt your spouse/partner less often, more often, or about the same since the coronavirus pandemic began?

- 1 Less often
 - 2 About the same
 - 3 More often
 - 4 Not applicable, we were not together before the coronavirus pandemic
3. Only asked if Q130F = 2, 3, 4, or 5
 4. N/A

Division of Unpaid Labor

Division of Housework Satisfaction

1. C18A
2. Modeled after
 - Citation:
 - Goldberg, A. E., & Perry-Jenkins, M. (2004). Division of Labor and Working-Class Women's Well-Being Across the Transition to Parenthood. *Journal of Family Psychology*, 18(1), 225–236. <https://doi.org/10.1037/0893-3200.18.1.225>

C18A In the past week, how satisfied were you with the way you and your spouse/partner divided housework (e.g., loading the dishwasher, doing the laundry)?

- 1 Very dissatisfied
 - 2 Somewhat dissatisfied
 - 3 Neither satisfied or dissatisfied
 - 4 Somewhat satisfied
 - 5 Very satisfied
3. All respondents
 4. N/A

Division of Childcare Satisfaction

1. C18B
2. Modeled after
 - Citation:
 - Goldberg, A. E., & Perry-Jenkins, M. (2004). Division of Labor and Working-Class Women's Well-Being Across the Transition to Parenthood. *Journal of Family Psychology*, 18(1), 225–236. <https://doi.org/10.1037/0893-3200.18.1.225>

C18B In the past week, how satisfied were you with the way you and your spouse/partner divided childcare (e.g., putting the child to bed/waking the child up, helping child with homework)

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied or dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

3. Only asked if HHR17 = 1 through 6
4. N/A

Division of Household Planning and Management Satisfaction

1. C18C
2. Modeled after
 - Citation:
 - Goldberg, A. E., & Perry-Jenkins, M. (2004). Division of Labor and Working-Class Women's Well-Being Across the Transition to Parenthood. *Journal of Family Psychology*, 18(1), 225–236. <https://doi.org/10.1037/0893-3200.18.1.225>
 - Kamp Dush, C. M., Manning, W. D., & Berrigan, M. N. (2020). The National Couples' Health and Time Study Baseline Questionnaire.

C18C In the past week, how satisfied were you with the way you and your spouse/partner divided household planning and management (e.g., meal planning, birthday and holiday planning, scheduling appointments, paying bills, etc.)

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Neither satisfied or dissatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

3. All respondents
4. N/A

Division of Unpaid Labor Stress

1. C18D
2. Citation:
 - Kamp Dush, C. M., Manning, W. D., & Berrigan, M. N. (2020). The National Couples' Health and Time Study Baseline Questionnaire.

C18D Overall, how stressed are you about the following?

- A. Dividing housework
- B. Dividing childcare [**If HHR17 = 1-6 – child in household**]
- C. Dividing household planning and management
 - 1 Not stressed at all
 - 2
 - 3
 - 4
 - 5 Very stressed

3. C18D_B only asked if HHR17 = 1 through 6
4. N/A

Physical Health and Well-being

Overall Health

1. Q46A
2. PROMIS Adult Assessment

- Citation:
 - PROMIS Adult Assessment. 2019. Retrieved from:
<http://www.healthmeasures.net/explore-measurement-systems/promis/intro-to-promis>

Q46A In general, would you say your health is:

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

3. All respondents
4. N/A

Overall Health (Spouse/Partner)

1. Q46B
2. PROMIS Adult Assessment

- Citation:
 - PROMIS Adult Assessment. 2019. Retrieved from:
<http://www.healthmeasures.net/explore-measurement-systems/promis/intro-to-promis>

Q46B In general, would you say your spouse/partner's health is:

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

3. All respondents
4. N/A

Hours of Sleep

1. Q48
2. PROMIS Adult Assessment

- Citation:
 - PROMIS Adult Assessment. 2019. Retrieved from:
<http://www.healthmeasures.net/explore-measurement-systems/promis/intro-to-promis>

Q48 In the past week, about how many hours of sleep did you get each night?

[Drop down # of hours – limit numbers to between 0 and 24, with increments of 0.5]

3. All respondents
4. N/A

Change in Sleep

1. Q48B
2. PROMIS Adult Assessment

- Citation:
 - PROMIS Adult Assessment. 2019. Retrieved from:
<http://www.healthmeasures.net/explore-measurement-systems/promis/intro-to-promis>

Q48B In the past week, have you had less sleep, more sleep, or about the same amount of sleep as before the coronavirus pandemic?

- 1 Less sleep
- 2 About the same amount of sleep
- 3 More sleep

3. All respondents

4. N/A

Sleep Quality

1. Q49
 2. PROMIS Adult Assessment
 - Citation:
 - PROMIS Adult Assessment. 2019. Retrieved from:
<http://www.healthmeasures.net/explore-measurement-systems/promis/intro-to-promis>
- Q49 In the past week, my sleep quality was:
- | | |
|---|-----------|
| 1 | Poor |
| 2 | Fair |
| 3 | Good |
| 4 | Very good |
| 5 | Excellent |
3. All respondents
 4. N/A

Height

1. Q50
 2. N/A
- Q50 What is your height?
[Feet and inches DROP DOWN]
3. All respondents
 4. N/A

Weight

1. Q51
 2. N/A
- Q51 What is your weight (in pounds)?
[NUMERIC ENTRY – RESTRICT TO NUMBER BETWEEN 60 AND 1000]
3. All respondents
 4. N/A

Health Conditions

1. Q52
 2. Modified version of chronic conditions from the Health and Retirement Study
 - Citations:
 - Fisher, G., Faul, J., Weir, D., & Wallace, R. (2005). Documentation of Chronic Disease Measure in the Health and Retirement Study.
<https://hrs.isr.umich.edu/sites/default/files/biblio/dr-009.pdf>
- Q52 Have you ever been told by a doctor or health professional that you currently, or previously have had, any of the following?

A	Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
B	Asthma
C	Blood clots in legs or lungs
D	Cancer or a malignancy of any kind
E	Chronic obstructive pulmonary disease (COPD)
F	Crohn's disease or ulcerative colitis
G	Diabetes

H	Emphysema
I	A heart attack
J	Heart condition, heart disease, or angina
K	High cholesterol
L	High blood sugar
M	Hypertension (high blood pressure)
N	Kidney disease
O	Liver disease
P	Menopause
Q	Osteoporosis or loss of bone density
R	Perimenopause
S	Prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar
T	Sleep disorder (e.g., insomnia or sleep apnea)
U	A stroke
V	Thyroid problems
W	An ulcer

1. Currently have
2. Previously had
3. Never had
3. All respondents
4. N/A

Psychological Well-being

Feelings in the Past Day

1. W3
2. Gallup Global Emotions
 - Citations:
 - Gallup. 2019. Gallup 2019 Global Emotions Report. Washington, DC.
<https://www.gallup.com/analytics/248906/gallup-global-emotions-report-2019.aspx>

W3 In the past day, did you experience the following feelings during A LOT OF THE DAY?

- 1 Yes
- 2 No

- A. Enjoyment
- B. Worry
- C. Sadness
- D. Stress
- E. Anger
- F. Happiness
- G. Boredom
- H. Loneliness

3. All respondents
4. Given the length of the survey, some items, such as pain, were not included.

Current and Prospective Life Satisfaction

1. Q4 (current life satisfaction), Q5 (prospective life satisfaction)

2. Cantril Scale

- Citations:
 - Cantril H. The pattern of human concerns. New Brunswick, NJ: Rutgers University Press; 1965.

First, we'd like to start by asking you some questions about your personal experiences.

Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

Q4 On which step of the ladder would you say you personally feel you stand at this time? **[programmer – insert ladder image like pictured]**



- 10 10 Best possible
- 9 9
- 8 8
- 7 7
- 6 6
- 5 5
- 4 4
- 3 3
- 2 2
- 1 1
- 0 0 Worst possible

Q5 On which step do you think you will stand about five years from now? **[programmer – insert ladder image like pictured]**



- 10 10 Best possible
- 9 9
- 8 8

- 7 7
- 6 6
- 5 5
- 4 4
- 3 3
- 2 2
- 1 1
- 0 0 Worst possible

3. All Respondents
4. How Gallup uses the Cantril Scale: <https://news.gallup.com/poll/122453/understanding-gallup-uses-cantril-scale.aspx>

Loneliness

1. Q54
2. UCLA Loneliness Short Version (3-items)
 - Citation: Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J. T. (2004). A short scale for measuring loneliness in large surveys: Results from two population-based studies. *Research on Aging, 26*(6), 655-672. <https://doi.org/10.1177/0164027504268574>

Q54 The next questions are about how you feel about different aspects of your life. For each one, report how often you feel that way.

In the past 7 days, how often have you been bothered by the following problems?

- A How often did you feel that you lacked companionship?
- B How often did you feel left out?
- C How often did you feel isolated from others?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

3. All respondents
4. The tense of the three items was changed to be past tense. The original measure was a three-point scale (1=hardly ever; 2= some of the time; 3= often)

Depression

1. Q55
2. CESD-10
 - Citations:
 - Radloff, L. S. (1977). The CES-D scale: a self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385–401. <https://doi.org/10.1177/014662167700100306>
 - Andresen, E. M., Malmgren, J. A., Carter, W. B., & Patrick, D. L. (1994). Screening for depression in well older adults: Evaluation of a short form of the CES-D. *American Journal of Preventive Medicine, 10*(2), 77-84. [https://doi.org/10.1016/S0749-3797\(18\)30622-6](https://doi.org/10.1016/S0749-3797(18)30622-6)

Q55 Below is a list of the ways you might have felt or behaved. How often have you felt this way in the past 7 days?

- A I was bothered by things that don't usually bother me

- B I had trouble keeping my mind on what I was doing
- C I felt lonely
- D My sleep was restless
- E I felt depressed
- F I felt like everything I did was an effort
- G I felt hopeful about the future
- H I felt fearful
- I I was happy
- J I could not get “going”

- 1 Rarely or none of the time (Less than 1 day)
- 2 Some or a little of the time (1-2 days)
- 3 Occasionally or a moderate amount of time (3-4 days)
- 4 Most or all of the time (5-7 days)

- 3. All respondents
- 4. N/A

Anxiety

- 1. Q56
- 2. GAD-7

- Citations:

- Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing Generalized Anxiety Disorder. *Archives of Internal Medicine*, 166(10), 1092-1097. doi: 10.1001/archinte.166.10.1092

Q56 In the past 7 days, how often have you been bothered by the following problems?

- A Feeling nervous, anxious or on edge
- B Not being able to stop or control your worrying
- C Worrying too much about different things
- D Trouble relaxing
- E Being so restless that it is hard to sit still
- F Becoming easily annoyed or irritable
- G Feeling afraid as if something awful might happen

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

- 3. All respondents
- 4. The original scale was in the time frame of the past two weeks. We changed this to the past 7 days to match the rest of the survey. The word “your” was added to item B.

Stress Overload Scale

- 1. Q57
- 2. The Short Stress Overload Scale

- Citations:

- Amirkhan JH. A brief stress diagnostic tool: The short stress overload scale. *Assessment*. 2018;25(8):1001-13. <https://doi.org/10.1177/1073191116673173>

Q57 In the past 7 days, how often have you felt:

- A Overwhelmed by your responsibilities
- B That there wasn’t enough time to get to everything

- C Like nothing was going right
- D Like you were rushed
- E Like there was no escape
- F Like things kept piling up
- G Like just giving up

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

3. All respondents
4. The original scale was in the time frame of the past two weeks. We changed this to the past 7 days to match the rest of the survey. The word “your” was added to item B.

Emotion Regulation

1. Q58
2. The Difficulties in Emotion Regulation Scale Short Form (DERS-SF)
 - Citations:
 - Kaufman EA, Xia M, Fosco G, Yaptangco M, Skidmore CR, Crowell SE. The Difficulties in Emotion Regulation Scale Short Form (DERS-SF): Validation and Replication in Adolescent and Adult Samples. *Journal of psychopathology and behavioral assessment*. 2015;38(3):443-55. doi: 10.1007/s10862-015-9529-3

Q58 Please indicate how often the following statements apply to you.

- A I am confused about how I feel.
- B When I am upset, I acknowledge my emotions.
- C When I am upset, I have difficulty getting work done.
- D When I am upset, it takes me a long time to feel better.
- E When I am upset, I become embarrassed for feeling that way.
- F When I am upset, I believe that there is nothing I can do to make myself feel better.
- G When I am upset, I start to feel very bad about myself.
- H When I am upset, I have difficulty focusing on other things.
- I When I am upset, I feel out of control.
- J When I am upset, my emotions feel overwhelming.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

3. All respondents
4. Only a subset of the items were kept in the survey due to length.

Suicide

1. HARM, Q59, and Q60
2. Modified from
 - Citation:
 - Study to Assess Risk and Resilience in Service Members Instrument. <https://starrs-ls.org/#!/page/instruments>

HARM Since the coronavirus pandemic began, have you had thoughts of killing yourself?

- 1 Yes

2 No

Q59 Since the coronavirus pandemic began, have you had intentions to act on thoughts of wishing you were dead or trying to kill yourself?

- 1 Yes
- 2 No

Q60 Since the coronavirus pandemic began, have you thought about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself?

- 1 Yes
- 2 No

- 3. Q59 and Q60 only asked if HARM =1
- 4. Message below display if HARM = 1

If you are having current thoughts of suicide, please call 9-1-1 for assistance or the National Suicide Hotline at (800) 273-TALK (8255).

Overall Stress

- 1. STRESS1
- 2. N/A

STRESS1 In the past week, how stressed have you been?

- 1 Not at all stressed
- 2
- 3
- 4
- 5 Very stressed

Change in Stress

- 1. STRESS2
- 2. N/A

STRESS2 In the past week, have you been less stressed, more stressed, or had about the same amount of stress as before the coronavirus pandemic?

- 1 Less stressed
- 2 About the same amount of stress
- 3 More stressed

Sources of Stress

- 1. STRESS3
- 2. N/A

STRESS3 How stressed are you about the following?

- A Getting coronavirus
- B My spouse or partner getting coronavirus
- C My children getting coronavirus **[DISPLAY IF CHILD IN HOUSEHOLD]**
- D My parents, siblings, or other family members getting coronavirus
- E Giving someone the coronavirus
- F Money and finances
- G My job
- H Getting food and supplies
- I My child's education **[DISPLAY IF CHILD IN HOUSEHOLD]**
- J Healthcare/insurance
- K Following public health recommendations (social distancing, wearing a mask)
- L My overall health
- M My spouse/partner's overall health

N My family's overall health

- 1 Not at all stressed
- 2
- 3
- 4
- 5 Very Stressed
- 99 Does not apply [ONLY APPEAR FOR **STRESS3-G**]

Coping

- 1. COPE
- 2. N/A

COPE What are you doing to cope with the coronavirus pandemic?

- A. Taking a break from the news or social media
- B. Exercising or walking
- C. Praying or meditating
- D. Getting plenty of sleep
- E. Connecting with friends or family
- F. Connecting with your religious community
- G. Connecting with a mental or physical healthcare provider
- H. Watching or streaming TV or gaming
- I. Smoking cigarettes or vaping
- J. Drinking alcohol
- K. Using drugs (like valium, cannabis, marijuana, or opioids)
- L. Eating more food than usual
- M. Eating less food than usual
- N. Cutting or self-injury

- 1 Yes
- 2 No

Community Context

Perceived Community Climate

- 1. Q8
- 2. Perceived Community Climate

- Citations:

- Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
- Gallup. 2008. Gallup World Poll Survey Data. Washington, DC. <https://www.gallup.com/178667/gallup-world-poll-work.aspx>

Q8 Is the city or area where you live a good place or not a good place to live for...

- A People who are racial and ethnic minorities
- B People who are gay, lesbian, or bisexual
- C People who are transgender or nonbinary (agender, gender-neutral, gender fluid)
- D People who are immigrants from other countries
- E Women
- F Children

- 1 Not a good place
- 2
- 3

- 4
- 5 Good place
- 3. All respondents
- 4. N/A

Movement for Racial Equity

- 1. GFLOYD
 - 2. Citation:
 - Kamp Dush, C. M., Manning, W. D., & Hardeman, R. (2020). The National Couples' Health and Time Study Baseline Questionnaire.
- GFLOYD How has the recent movement for racial equity sparked by the killing of George Floyd influenced your...
- A Stress
 - B Parenting
 - C Relationship with your partner/spouse
 - D Attitudes about race in America
- 1 Not at all
 - 2 Not much
 - 3 A fair amount
 - 4 A great deal
- 3. All respondents
 - 4. N/A

Stress about Police

- 1. STRESS4
 - 2. Citation:
 - Kamp Dush, C. M., Manning, W. D., & Hardeman, R. (2020). The National Couples' Health and Time Study Baseline Questionnaire.
- STRESS4 How stressed are you about the way the following people might be treated by police and the criminal justice system?
- A My family and friends
 - B My children
 - C Myself
 - D People who are Black
 - E People who are Hispanic or Latino/a/x
 - F People who are Immigrants
 - G People who are LGBTQ+
- 1 Not at all stressed
 - 2
 - 3
 - 4
 - 5 Very Stressed
 - 99 Does not apply
- 3. All respondents
 - 4. N/A

Social Support

- 1. Q9
- 2. Social Support from Friends and Family

- Citations:
 - Procidano ME, Heller K. Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology*. 1983;11(1):1-24. doi: 10.1007/BF00898416

Q9 How much do you rely on each of the following people for emotional support...

- A I rely on my spouse/partner for emotional support.
- B I rely on my family for emotional support.
- C I rely on my friends for emotional support.

- 1 Not at all
- 2
- 3
- 4
- 5 A great deal

3. All respondents

4. N/A

Alcohol, Smoking, and Drugs

Alcohol Consumption

1. Q61 and Q62
2. Multiple Sources

- Citations:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
 - Hughes TL, Martin K, Nisi R, Veldhuis C. Chicago Health and Life Experiences of Women Wave 4 Questionnaire. 2017. <https://www.chlewstudy.org/>

Q61 Now, thinking back over the last 30 days, about how regularly did you drink alcoholic beverages such as wine, beer, or liquor? Would you say that it was...

- 1 More than once a day
- 2 Once a day
- 3 5 or 6 days a week
- 4 3 or 4 days a week
- 5 1 or 2 days a week
- 6 2 to 3 times in the last month
- 7 Once in the last month
- 8 Did not drink any alcoholic beverages

Q62 Over the last 30 days, about how many drinks would you have on a typical day when you drank?

[number drop down with range from 1 to 20+]

3. All respondents were asked Q61; Q62 was only asked if Q61 = 1 through 7
4. N/A

Problem Drinking

1. Q61 and Q62
2. Multiple Sources

- Citations:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>

- Hughes TL, Martin K, Nisi R, Veldhuis C. Chicago Health and Life Experiences of Women Wave 4 Questionnaire. 2017. <https://www.chlewstudy.org/>

Q63 Has a family member or a friend, a doctor or a nurse, or anyone else, been worried about your drinking or said to you that you should stop drinking or cut down?

- 1 Yes, in the past 12 months
- 2 Yes, but not in the past 12 months
- 3 No

3. All respondents
4. N/A

Smoking

1. SMOKE, Q64, QV1, QV3
2. Multiple Sources

- Citations:

- Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
- Hughes TL, Martin K, Nisi R, Veldhuis C. Chicago Health and Life Experiences of Women Wave 4 Questionnaire. 2017. <https://www.chlewstudy.org/>.

SMOKE Do you currently smoke cigarettes, e-cigarettes (including vaping), or cigars (or cigarillos) that contain nicotine? **Please select all that apply.**

- 1 Yes, I smoke cigarettes
- 2 Yes, I smoke e-cigarettes (including vaping)
- 3 Yes, I smoke cigars (or cigarillos)
- 4 No, I don't smoke cigarettes, e-cigarettes, or cigars

[IF SMOKE = 1, ask]

Q64 In a typical day, how many cigarettes do you smoke?

- 1 10 or less
- 2 11-20
- 3 21-30
- 4 31 or more

[IF SMOKE = 2, ask]

QV1 In the past 30 days, on how often did you use an e-cigarette or other electronic vaping product?

- 1 0 days
- 2 1 or 2 days
- 3 3 to 5 days
- 4 6 to 9 days
- 5 10 to 19 days
- 6 20 to 29 days
- 7 All 30 days

[IF SMOKE = 2, ask]

QV2 What strength e-cigarette or other electronic vaping product do you use most often?

- 1 No nicotine
- 2 Ultra-light (6 milligrams of nicotine or less; 0.6% or less)
- 3 Light (7 to 12 milligrams of nicotine; 0.7% to 1.2%)
- 4 Medium (13 to 17 milligrams of nicotine; 1.3% to 1.7%)
- 5 Strong (18 to 23 milligrams of nicotine; 1.8% to 2.3%)
- 6 Extra strong (24 milligrams of nicotine or more; 2.4% or more)

[IF SMOKE = 2, ask]

QV3 On the days you vaped, how many times did you usually pick up your e-cigarette device to take a puff?

- 1 1 time
- 2 2 times
- 3 3-5 times
- 4 6-9 times
- 5 10-14 times
- 6 15-20 times
- 7 >20 times

- 3. All respondents; specific skip logic for follow-up questions in bold above
- 4. N/A

Prescription Drugs

- 1. Q65 through Q80
- 2. Multiple Sources
 - Citations:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
 - Hughes TL, Martin K, Nisi R, Veldhuis C. Chicago Health and Life Experiences of Women Wave 4 Questionnaire. 2017. <https://www.chlewstudy.org/>

This next set of questions will ask about some of the prescription medications you may or may not be taking. Doctors often prescribe drugs or medication for health reasons. Many people may also take prescription drugs or medication with a prescription or doctor's advice. Please indicate whether or not you have used any of the following medications, either with or without a doctor's prescription.

Q65 In the past 30 days have you used antidepressant medication, such as citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), fluvoxamine (Luvox), paroxetine (Paxil), sertraline (Zoloft), bupropion (Wellbutrin), vilazodone (Viibryd), vortioxetine (Brintellix), or amitriptyline (Elavil)?

- 1 Yes
- 2 No

Q66 In the past 30 days have you used tranquilizers or anti-anxiety medication, such as diazepam (Valium), chlordiazepoxide (Librium), lorazepam (Ativan), alprazolam (Xanax), clonazepam (Klonopin), or clorazepate (Tranzene)?

- 1 Yes
- 2 No

Q67 In the past 30 days have you used sleeping pills such as zolpidem (Ambien), eszopiclone (Lunesta), temazepam (Restoril), triazolam (Halcion), or barbituates?

- 1 Yes
- 2 No

Q68 In the past 30 days have you used painkillers or other opiates such as codeine, acetaminophen with codeine (Tylenol #3), oxycodone (Percodan, Percocet, Oxycontin), hydromorphone (Dilaudid), hydrocodone (Vicodin, Norco), fentanyl or morphine?

- 1 Yes
- 2 No

Q69 In the past 30 days have you used marijuana, pot, hashish, THC, or synthetic marijuana?

- 1 Yes
- 2 No

PRESCRIP Do you have a doctor's prescription for any of the following?

- A Antidepressant medication
- B Tranquilizers or anti-anxiety medication
- C Sleeping pills
- D Painkillers
- E Marijuana

- 1 Yes
- 2 No

Q80 Are you taking **[insert drug category from PRESCRIP]** as prescribed? **[ask for each item endorsed in PRESCRIP]**

- 1 I am taking it less than prescribed
 - 2 I am taking it mostly as prescribed
 - 3 I am taking it as prescribed
 - 4 I am taking it more than prescribed
3. All respondents; specific skip logic for follow-up questions in bold above
4. N/A

Illicit Drugs

- 1. Q82 and Q83
- 2. Multiple Sources
 - Citations:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
 - Hughes TL, Martin K, Nisi R, Veldhuis C. Chicago Health and Life Experiences of Women Wave 4 Questionnaire. 2017. <https://www.chlewstudy.org/>

Q82 Please indicate whether you have used any of the following in the past 12 months (without a prescription).

- A Uppers or stimulants such as amphetamines, speed, crank, ice, crystal meth, predulin, Ritalin, or Adderall?
- B Cocaine or crack?
- C Heroin or illegal methadone, buprenorphine, suboxone, Subutex, fentanyl or naltrexone?
- D Hallucinogens or psychedelic drugs, such as acid or LSD, angel dust, PCP, mescaline, or peyote?
- E Club drugs, such as ecstasy/MDMA, GHB or ketamine?

- 1 Yes
- 2 No

Q83 Has a family member or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?

- 1 Yes, in the past 12 months
- 2 Yes, but not in the past 12 months
- 3 No
3. All respondents
4. N/A

HIV

HIV Status

1. HIV, Q86, Q87, Q88,
2. Multiple Sources:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
 - Sales JM, Spitalnick J, Milhausen RR, Wingood GM, Diclemente RJ, Salazar LF, Crosby RA. Validation of the worry about sexual outcomes scale for use in STI/HIV prevention interventions for adolescent females. Health Education Research. 2008;24(1):140-52. <https://doi.org/10.1093/her/cyn006>

HIV What is your current HIV status?

- 1 Positive (you have HIV)
- 2 Negative (you do not have HIV)
- 99 Don't know
3. All respondents
4. N/A

Frequency of Testing

1. Q86
2. N/A
- Q86 About how often do you get tested for HIV?
 - 1 Once every 1 to 3 months
 - 2 About once every 4 to 6 months
 - 3 About once a year
 - 4 About once every 2 years or less often
 - 5 I've never been tested for HIV
3. Only asked if HIV = 2 OR 99
4. N/A

Last Time Tested

1. Q87
2. N/A
- Q87 When was the last time you were tested for HIV?
[DROP DOWN MONTH/YEAR – GO BACK TO 1985]
3. Only asked if Q86 = 1, 2, 3, or 4
4. N/A

Viral Load

1. Q88
2. N/A

Q88 Based on your most recent viral load test, which of the following best describes your HIV viral load?
(When copies of HIV cannot be detected by standard viral load tests, an HIV-positive person is said to have an “undetectable viral load.” For most tests used clinically today, this means fewer than 50 copies of HIV per milliliter of blood (<50 copies/mL).

- 1 Undetectable
- 2 Detectable
- 99 Don't know

- 3. Only asked if HIV = 1
- 4. N/A

Partner/Spouse HIV Status

- PARTHIV
- Multiple Sources:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
 - Sales JM, Spitalnick J, Milhausen RR, Wingood GM, Diclemente RJ, Salazar LF, Crosby RA. Validation of the worry about sexual outcomes scale for use in STI/HIV prevention interventions for adolescent females. Health Education Research. 2008;24(1):140-52. <https://doi.org/10.1093/her/cyn006>

PARTHIV What is your current spouses/partner's current HIV status?

- 1 Positive (they have HIV)
- 2 Negative (they do not have HIV)
- 99 Don't know

- 3. All respondents
- 4. N/A

Partner/Spouse Viral Load

- 1. Q89
- 2. Multiple Sources:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
 - Sales JM, Spitalnick J, Milhausen RR, Wingood GM, Diclemente RJ, Salazar LF, Crosby RA. Validation of the worry about sexual outcomes scale for use in STI/HIV prevention interventions for adolescent females. Health Education Research. 2008;24(1):140-52. <https://doi.org/10.1093/her/cyn006>

[IF PARTHIV = 1, ASK]

Q89 Based on their most recent viral load test, which of the following best describes their HIV viral load?

(When copies of HIV cannot be detected by standard viral load tests, an HIV-positive person is said to have an “undetectable viral load.” For most tests used clinically today, this means fewer than 50 copies of HIV per milliliter of blood (<50 copies/mL).

- 1 Undetectable
- 2 Detectable
- 99 Don't know

- 3. Only asked if PARTHIV = 1
- 4. N/A

HIV Medication

1. Q90
 2. Citation:
 - Composite question modified by Generations Study team based on various surveys about PReP awareness, attitude, and use:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
- Q90 Truvada and DESCovy are medications that HIV-negative individuals can take to prevent HIV infection. This is called PrEP (or Pre-Exposure Prophylaxis). Have you ever or are you currently taking Truvada or DESCovy for PrEP?

Insert Grid

	Currently taking	Previously have taken	Have never taken
1. Truvada			
2. DESCovy			

Discrimination

Bierasure

1. QBI_ERASURE
2. Citation:
 - Dyar C, Feinstein BA, Davila J. Development and Validation of a Brief Version of the Anti-Bisexual Experiences Scale. Archives of sexual behavior. 2019;48(1):175-89. doi: 10.1007/s10508-018-1157-z. <https://doi.org/10.1007/s10508-018-1157-z>

QBI_ERASURE Have the following things happened to you?

- A People have not taken my sexual identity seriously because I am **[INSERT SELECTIONS/SELECTION FROM IDENTITY]**
- B People have assumed that I will cheat in a relationship because I am **[INSERT SELECTIONS/SELECTION FROM IDENTITY]**
- C People have treated me negatively because I am **[INSERT SELECTIONS/SELECTION FROM IDENTITY]**

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

3. Only asked if IDENTITY = 3 through 11
4. N/A

Healthcare Discrimination

1. Q53
2. Modified and expanded from:
 - Meyer IH, Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. . Generations Study Baseline Questionnaire and Measure Sources 2016. Available from: <http://www.generations-study.com/methods>
 - Abdou, C. M. & Fingerhut, A. W. Stereotype threat among Black and White women in health care settings. *Cultural diversity & ethnic minority psychology* 20, 316-323, doi:10.1037/a0036946 (2014).

Q53 Please indicate how much you agree or disagree with each of the following. When seeking healthcare...

- A I worry about being negatively judged
- B I worry that diagnoses of me/my health may be negatively affected because of who I am
- C I worry that I might confirm negative stereotypes about people like me
- D I can trust healthcare providers to give me high quality care
- E Healthcare providers don't take my concerns seriously

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

- 3. All respondents
- 4. N/A

Microaggressions

- 1. MICRO
- 2. Citations:

- Williams DR, Yu, Y., Jackson, J.S. & Anderson, N.B. Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. *Journal of Health Psychology*. 1997;2(3). <https://doi.org/10.1177/135910539700200305>
- Essed, P. (1991). *Understanding everyday racism*. Newbury Park, CA: Sage.
- Meyer IH, Frost DM, Hammack PL, Lightfoot M, Russell ST, Wilson BDM. *Generations Study Baseline Questionnaire and Measure Sources*. 2016. Available from: <http://www.generations-study.com/methods>

MICRO In your day-to-day life over the past month, how often did any of the following things happen to you?

- A You were treated with less respect than other people
- B You received poorer service than other people at restaurants or stores
- C People acted as if they were afraid of you
- D People acted as if they thought you were dishonest
- E People acted as if they were better than you
- F You were called names or insulted
- G You were threatened or harassed
- H You were hit, beaten, physically attacked, or assaulted
- I You were robbed, or your property was stolen, vandalized, or purposely damaged

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

- 3. All respondents
- 4. N/A

LGBTPOC Microaggressions

- 1. Q113
 - 2. LGBTPOC Microaggressions Scale
- Citation:

- a. Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: the LGBT People of Color Microaggressions Scale. *Cultural diversity & ethnic minority psychology*, 17(2), 163–174. <https://doi.org/10.1037/a0023244>

Q113 Please indicate how often each of the following have happened to you in the past 12 months?

- A Not being accepted by other people of your race/ethnicity because you are LGBTQ+
- B Feeling misunderstood by White LGBTQ+ people
- C Being rejected by other LGBTQ+ people of your same race/ethnicity
- D Being seen as a sex object by other LGBTQ+ people because of your race/ethnicity
- E Difficulty finding friends who are LGBTQ+ and from your racial/ethnic background

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

3. Only asked if (IDENTITY = 2 – 11) AND (ANY RACE 2- 15 IS SELECTED OR HISP = 2, 3, 4 OR 5 or SWANA = 1 OR 2]

4. N/A

Family of Origin

Content Warning: The upcoming questions are meant to evaluate your past traumatic history, when applicable. These types of questions may make you feel uncomfortable and think about traumatic events that may cause an emotional response. Remember, as a participant with rights, you do not need to answer any questions that you do not want to. To help protect your privacy, you may also want to clear your browser after completing the survey.

Adverse Childhood Experiences

1. Q131 through Q142
2. Adverse Childhood Experiences Questionnaire
 - Citations:
 - Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
 - Sacks V, Murphey D, Moore K. Adverse childhood experiences: National and state-level prevalence. *Child Trends Research Brief*; 2014. p. 1-11. <https://www.childtrends.org/publications/adverse-childhood-experiences-national-and-state-level-prevalence>
 - CDC-Kaiser ACE Study. <https://www.cdc.gov/violenceprevention/aces/about.html>

Q131 Have you ever lived with anyone who was/is mentally ill or suicidal, or severely depressed? (**select all** that apply)

- 1 Yes, before the age of 18
- 2 Yes, after the age of 18 but not currently
- 3 Yes, currently
- 4 No, never

Q132 Have you ever lived with anyone who was/is a problem drinker or alcoholic? (**select all that apply**)

- 1 Yes, before the age of 18

- 2 Yes, after the age of 18 but not currently
- 3 Yes, currently
- 4 No, never

Q133 Have you ever lived with anyone who used/uses illegal street drugs or who abused prescription medications? (***select all that apply***)

- 1 Yes, before the age of 18
- 2 Yes, after the age of 18 but not currently
- 3 Yes, currently
- 4 No, never

Q134 Have you ever lived with anyone who served/is serving time or was sentenced to serve time in prison, jail, or other correctional facility? (***select all that apply***)

- 1 Yes, before the age of 18
- 2 Yes, after the age of 18 but not currently
- 3 Yes, currently
- 4 No, never

Q136 Before you turned the age of 18, did your parents or guardians get divorced or separate?

- 1 Yes, my parents/guardians got divorced or separated
- 2 No, my parents/guardians were not married to one another
- 3 No, my parents/guardians did not divorce or separate

Q137 Before the age of 18, did you ever live with a parent or guardian who died?

- 1 Yes
- 2 No

Q139 Before the age of 18, were you ever the victim of violence or witness any violence in your neighborhood?

- 1 Yes
- 2 No

Q140 Before the age of 18, did you often or very often feel that you didn't have enough to eat?

- 1 Yes
- 2 No

Q141 How often did you ever see or hear any parents, guardians, or any other adults in your home ever slap, hit, kick, punch, or beat each other up?

- 1 Never
- 2 Once
- 3 More than once
- 99 Don't know

Q142 How often did a parent, guardian, or other adult in your home ever hit, beat, kick, or physically hurt you in any way? (Do not include spanking)

- 1 Never
- 2 Once
- 3 More than once
- 99 Don't know

- 3. All respondents
- 4. N/A

Living with Parents

- 1. PAREL1 and PAREL2
- 2. N/A

PAREL1 Between your birth and the time that you left home (or the age of 18), did you always live with both of your parents?

- 1 Yes
- 2 No

PAREL2 Were your parents married or living together at the time you were born?

- 1 Yes
- 2 No
- 99 Don't know

- 3. All respondents
- 4. N/A

-----PAGE BREAK-----

Financial Support

- 1. Q200 through Q202
- 2. N/A

Q200 How much financial/housing assistance/support are you currently receiving from the family that you grew up in?

- 1 None
- 2
- 3
- 4
- 5 A great deal

Q201 How much financial/housing assistance/support are you currently providing to the family that you grew up in?

- 1 None
- 2
- 3
- 4
- 5 A great deal

Q202 How much emotional support are you currently providing to the family that you grew up in?

- 1 None
- 2
- 3
- 4
- 5 A great deal

- 3. All respondents
- 4. N/A

-----PAGE BREAK-----

Living with Parents

- 1. PARENT through PARENT6
- 2. N/A

We would like to know about the individual(s) you lived with who you feel raised you. This may be one or both of your biological parents, a step-parent, adoptive parent(s), grandparent(s), etc. If more than one

person comes to mind, choose the two that are most important to you to answer the following questions. We'll ask you about the first parental figure to begin and then you'll have a chance to answer about a second parental figure.

PARENT What is/was this person's relationship to you? (*think about one parent. We'll ask you about another parental figure (maximum of 2) next.*)

- 1 Biological Parent
- 2 Adoptive Parent
- 3 Foster Parent
- 4 Step-parent
- 5 Grandparent
- 6 Sibling
- 7 Other relative. (**specify**)
- 8 Other non-relative. (**specify**)
- 9 Was not raised by anyone

[IF PARENT = 1-8, ASK]

PARENT1 What is/was their gender? (**select one**)

- 1 Man
- 2 Woman
- 3 Trans man
- 4 Trans woman
- 5 Do not identify as any of the above (there is an option to specify at next question)

[IF PARENT1 = 5 OR IS BLANK]

PARENT7 Do any of the following terms describe their gender? (**select all that apply**)

- 1 Nonbinary
- 2 Two-spirit
- 3 Agender
- 4 Gender fluid
- 5 Gender neutral
- 6 Genderqueer
- 7 Other (**Please specify**)
- 99 Don't know

[IF PARENT = 1-8, ASK]

PARENT2 Is this person still alive?

- 1 Yes
- 2 No
- 99 Don't know

[PARENT2= 2]

PARENT3 When did they die?

[DROP DOWN MONTH/YEAR]

[IF PARENT2 = 1]

PARENT4 How close do you feel to this parental figure?

- 1 Not at all close
- 2 Not very close
- 3 Somewhat close
- 4 Quite close
- 5 Very close

[IF PARENT2 = 1]

PARENT4_B How stressful is your relationship with this parental figure?

- 1 Not stressful at all
- 2
- 3
- 4
- 5 Very stressful

[IF PARENT = 1-8, ASK]

PARENT5 What is/was this parental figure's highest level of completed education?

- 1 Less than high school
- 2 High school degree or GED
- 3 Vocational or Technical Program or Training
- 4 Some college
- 5 Associate's degree
- 6 Bachelor's degree
- 7 Master's degree
- 8 Doctorate or Professional degree (e.g., Ph.D., M.D., J.D., etc.)

[IF PARENT = 1-8, ASK]

PARENT6 Is there another person, who you lived with, that you feel raised you?

- 1 Yes **[IF YES, ASK PARENT1-6, REPEAT UP TO 1 ADDITIONAL TIME]**
- 2 No

3. All respondents; specific skip logic through the series is in bold above

4. N/A

[Note about HHR16](#)

Appended Survey Material: After a preliminary review of the NCHAT data we noticed a high rate of missingness on reporting ages in HHR16. A supplemental survey was sent to respondents who reported a child type relationship (1-6) and were missing a reported age. These supplemental data have been appended to the end of the data set. The survey was modified to show an error message if child age was left blank to confirm that future refusals were intentional.

NCHAT_CHILD_RESEND SURVEY

RESEND1 How many children live in your household most of the time? Please include biological children, non-biological children, your spouse/partner's children, grandchildren, foster children, and adopted children.
[Numeric Drop Down 0 – 10 or more]

[ASK IF RESEND1 = 1]

RESEND2 How old is this child?

[Drop down - Less than 1, 1-17, 18 or older]

[IF ANY LEFT BLANK PLEASE DISPLAY PROMPT: We noticed you left an item blank, if you did not intend to leave the item blank please answer now, otherwise continue.]

[ASK FOR EACH IDENTIFIED IF RESEND1 = 2, 3, 4, 5, 6, 7, 8, 9, 10 or more]

RESEND3 What are their ages?

CHILD1: [Drop down - Less than 1, 1-17, 18 or older]

CHILD2: [Drop down - Less than 1, 1-17, 18 or older]

[DISPLAY UP TO 10]

[IF ANY LEFT BLANK PLEASE DISPLAY PROMPT: We noticed you left an item blank, if you did not intend to leave the item blank please answer now, otherwise continue.]