



Survey Questions*

LaVEX 2023

Conducted by: NORC at the University of Chicago
Sample Source: AmeriSpeak Probability-Based Panel and non-probability panel respondents, calibrated using TrueNorth
Sampled Population: General population 18+
Date Fielded: May 22 – June 5, 2023

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

[WINTRO_1]

Thank you for agreeing to participate in our new AmeriSpeak survey!

UCSD_INTRO.

This survey is being conducted on behalf of Tulane University's Newcomb Institute and University of California San Diego's Center on Gender Equity and Health (GEH). The goal of the survey is to understand and address health, economic security, and violence among Louisiana residents.

Difficulties in life, including violence, can happen to anyone. We want to understand better the different ways violent experiences and other difficult experiences, such as discrimination or economic insecurity, occur and what we can do to help with prevention and support. While taking this survey, please think about all the experiences you have dealt with in your life regarding these specific situations. Your answers to the questions will be strictly confidential.

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

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

If you have any questions or concerns about this study, you can contact AmeriSpeak support at support@AmeriSpeak.org or call (888) 326-9424.

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

There are minimal benefits or risks to being in this voluntary study. In order to keep your information private, the answers you give us will be combined with the answers from other people who are in the survey. No information that could personally identify you will be given to our organization or anyone else. You can skip any question or stop the survey at any time.

Do you agree to participate in this survey?

RESPONSE OPTIONS:

1. Yes
2. No

IF UCSD_INTRO=2,98, TERMINATE

EMPLOY1.

Which statement best describes your current employment status?

RESPONSE OPTIONS:

1. Working remotely – as a paid employee
 2. Working in-person – as a paid employee
 3. Working – self-employed
 4. Not working – temporarily laid off or furloughed since the beginning of the COVID-19 pandemic
 5. Not working – permanently laid off at any time since the beginning of the COVID-19 pandemic
 6. Not working – unemployed looking for work since before the COVID-19 pandemic
 7. Not working – retired
 8. Not working – disabled
 9. Not working – other
-

INDUSTRY20.

Now we want to ask you about the type of industry you worked in most recently.

[What kind of business or industry best describes your current employer or business? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction) Please enter 'Never Worked' if you have never worked.]

[What kind of business or industry best describes your last employer or business? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction) Please enter 'Never Worked' if you have never worked.]

[MEDIUM TEXTBOX]

OCCUPY_NEW.

What kind of work do you do for your current main job?/ What kind of work did you do for your last main job?

By main job we mean the job at which you usually work the most hours. Please enter 'Never Worked' if you have never worked.

[MEDIUM TEXTBOX]

Physical Abuse and Violence

DISPLAY_Q1.

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

Q1.

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

Select all that apply.

RESPONSE OPTIONS:

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

#[SHOW IF Q1=1,2,3]

Q1_AT4.

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

Select all that apply.

GRID ITEMS:

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

RESPONSE OPTIONS:

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

#[SHOW IF Q1=1,2,3]

Q2.

When did the below experience(s) occur?

Select all that apply.

GRID ITEMS:

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

RESPONSE OPTIONS:

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

COMPUTE DOV_Q2

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

[SHOW IF DOV_Q2=1]

For each type of experience you have reported, we will ask about some details.

PROGRAMMING NOTE: BEGIN LOOP

COMPUTE DOV_Q2FILL:

IF Q2A=1	DOV_Q2FILL=physically hurt you
IF Q2B=1	DOV_Q2FILL=threatened or hurt you with a knife
IF Q2C=1	DOV_Q2FILL=threatened or hurt you with a gun
IF Q2A=1	DOV_Q2FILL1= being physically hurt
IF Q2B=1	DOV_Q2FILL1= being threatened or hurt with a knife
IF Q2C=1	DOV_Q2FILL1= being threatened or hurt with a gun

IF DOV_Q2=1 LOOP Q2_A THROUGH Q2_B 1,2, OR 3 TIMES DEPENDING ON DOV_Q2cnt

#[SHOW IF DOV_Q2cnt>1]

DISPLAY_Q2A.

IF 2ND INTERATION OF LOOP INSERT: Now we’d like to focus on your experience(s) when someone threatened or hurt you with a knife.

IF 3rd INTERATION OF LOOP INSERT: Now we’d like to focus on your experience(s) when someone threatened or hurt you with a gun.

#[SHOW IF DOV_Q2=1]

Q2_A.

Who [DOV_Q2FILL] in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

1. An adult family member, relative, or in-law

2. A family member or relative under the age of 18
3. Spouse or romantic partner
4. Unrelated person you know well (friend, classmate, co-worker)
5. Unrelated person you don't know as well (acquaintance, neighbor or community member)
6. Stranger
7. A teacher, coach or other adult authority figure
8. Police
9. A boss or employer
10. Other [TEXTBOX]

#[SHOW IF DOV_Q2=1]

Q2_BT4.

Where did you experience [DOV_Q2FILL1] in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

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

PROGRAMMING NOTE: END LOOP

#[SHOW IF DOV_Q2=1]

Q3_A.

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

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

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

Select all that apply.

RESPONSE OPTIONS:

1. Missed work or school
2. Changed your route or regular routine

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

#[SHOW IF DOV_Q2=1]
Q3_BT4.

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

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

Select all that apply.

RESPONSE OPTIONS:

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

#[SHOW IF DOV_Q2=1]
Q3_CT4.

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

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

Select all that apply.

RESPONSE OPTIONS:

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

Q2_OE.

Could you describe an incident of physical violence that you've experienced in the past year? We want to know who did this and in what circumstance. If you have not had an experience of physical violence in the past year, can you describe a past year incident of physical violence you know of from your community?

[LARGE TEXTBOX]

RESPONSE OPTIONS:

1. I do not know anyone who had such an experience
 2. Decline to answer
-

Q4.

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

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

Select all that apply.

RESPONSE OPTIONS:

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

#[SHOW IF Q4=1,2,3]

Q5.

When did the below experience(s) occur?

Select all that apply.

GRID ITEMS:

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

RESPONSE OPTIONS:

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

COMPUTE DOV_Q5

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

[SHOW IF DOV_Q5=1]

For each type of experience you have reported, we will ask about some details.

PROGRAMMING NOTE: BEGIN LOOP

COMPUTE DOV_Q5FILL1:

IF Q5A=1 DOV_Q5FILL1= physically hurt
 IF Q5B=1 DOV_Q5FILL1= threaten or hurt with a knife
 IF Q5C=1 DOV_Q5FILL1= threaten or hurt with a gun

COMPUTE DOV_Q5FILL2:

IF Q5A=1 DOV_Q5FILL2=physically hurt someone
 IF Q5B=1 DOV_Q5FILL2= threatened or hurt someone with a knife
 IF Q5C=1 DOV_Q5FILL2= threatened or hurt someone with a gun

IF DOV_Q5=1 LOOP Q5_A THROUGH Q5_B 1,2, OR 3 TIMES DEPENDING ON DOV_Q5cnt

#[SHOW IF DOV_Q5cnt>1]

DISPLAY_Q5A.

IF 2ND INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) when you threatened or hurt someone with a knife.

IF 3rd INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) when you threatened or hurt someone with a gun.

#[SHOW IF DOV_Q5=1]

Q5_A.

Who did you [DOV_Q5FILL] in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

1. An adult family member, relative, or in-law
 2. A family member or relative who was under the age of 18 at the time of the incident(s)
 3. Spouse or romantic partner
 4. Unrelated person you knew well (friend, classmate, co-worker)
 5. Unrelated person you did not know as well (acquaintance, neighbor or community member)
 6. Other
-

#[SHOW IF DOV_Q5=1]

Q5_B.

What happened when you [DOV_Q5FILL2] in the past 12 months?

If you've [DOV_Q5FILL2] more than once and had nothing happen from one incident but had consequences from others please select "nothing happened" in addition to the specific consequences that occurred at other times.

Select all that apply.

RESPONSE OPTIONS:

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

SEXUALLY HARASSING OR ABUSIVE EXPERIENCES

Q6.

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

RESPONSE OPTIONS:

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

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

#[SHOW IF Q6=1,2,3,4,5,6]
Q6_AT4.

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

Select all that apply.

GRID ITEMS:

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

RESPONSE OPTIONS:

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

#[SHOW IF Q6=1,2,3,4,5,6]
Q7.

When did the below experience(s) occur?

Select all that apply.

GRID ITEMS:

- A. [SHOW IF Q6=1] Verbal sexual harassment
- B. [SHOW IF Q6=2] Homophobic or transphobic comments
- C. [SHOW IF Q6=3] Cyber sexual harassment

- D. [SHOW IF Q6=4] Physically aggressive sexual harassment
- E. [SHOW IF Q6=5] Quid pro quo sexual harassment or coercion
- F. [SHOW IF Q6=6] Forced sex

RESPONSE OPTIONS:

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

COMPUTE DOV_Q7

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

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[SHOW IF DOV_Q7=1]

For each type of experience you have reported, we will ask about some details.

PROGRAMMING NOTE: BEGIN LOOP

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COMPUTE      DOV_Q7FILL:
  IF Q7A=1   DOV_Q7FILL=verbally sexually harassed you
  IF Q7B=1   DOV_Q7FILL=made homophobic or transphobic comments to you
  IF Q7C=1   DOV_Q7FILL=cyber sexually harassed you
  IF Q7D=1   DOV_Q7FILL=physically sexually harassed you
  IF Q7E=1   DOV_Q7FILL=sexually coerced you
  IF Q7F=1   DOV_Q7FILL=forced sex on you

```

IF DOV_Q7=1 LOOP Q7_A THROUGH Q7_B 1,2,3,4,5, OR 6 TIMES DEPENDING ON DOV_Q7cnt

#[SHOW IF DOV_Q7=1]

DISPLAY_Q7A.

IF 1ST INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with verbal sexual harassment.

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

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

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

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

This can include someone electronically sending you or showing you sexual content without your permission, such as over e-mail, Snapchat or Facebook or on their phone or computer. This can also include someone taking and/or sharing sexual pictures or videos of you without your permission.

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

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

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

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

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

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

#[SHOW IF DOV_Q7=1]
Q7_A.

Who **[DOV_Q7FILL]** in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

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

#[SHOW IF DOV_Q7=1]

Q7_BT4.

Where were you when someone [DOV_Q7FILL1] in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

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

PROGRAMMING NOTE: END LOOP

#[SHOW IF DOV_Q7=1]

Q8_A.

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

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

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

Select all that apply.

RESPONSE OPTIONS:

1. Missed work or school
2. Changed your route or regular routine
3. Stopped a hobby or activity or stopped participating in a community or religious group
4. Ended a relationship (such as a friendship or romantic relationship)
5. Changed schools and/or universities or dropped out of school or university, or dropped a course
6. Sought a new job assignment, changed jobs or quit a job
7. Moved from a dorm, apartment, house or other form of residence
8. Sought medical help, including mental health counselling
9. Filed an official complaint or report to an authority figure, including filing a police report

10. Felt anxiety or depression
 11. Seriously thought about killing yourself
 12. Other – please specify: [TEXTBOX]
 13. Did nothing/nothing happened
-

#[SHOW IF DOV_Q7=1]
Q8_BT4.

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

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

Select all that apply.

RESPONSE OPTIONS:

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

#[SHOW IF DOV_Q7=1]
Q8_CT4.

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

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

Select all that apply.

RESPONSE OPTIONS:

1. Your ethnicity or race
2. Your immigration situation or assumptions about it
3. Your gender
4. Your age
5. Your religion
6. Your physical appearance
7. Your sexual orientation or gender identity

8. Your income level/social class
 9. Other – please specify: [TEXTBOX]
-

Q7_OE.

Could you describe an incident of sexual harassment or abuse that you've experienced in the past year? We want to know who did this and in what circumstance. If you have not had an experience of sexual harassment or abuse in the past year, can you describe a past year incident of sexual harassment or abuse you know of from your community?

[LARGE TEXTBOX]

RESPONSE OPTIONS:

1. I do not know anyone who had such an experience
 2. Decline to answer
-

Q9.

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

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

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

Select all that apply.

RESPONSE OPTIONS:

1. Verbal sexual harassment – This can include you whistling, leering or staring at someone, or calling out to someone in ways that make them feel disrespected or unsafe. It can include you talking about their body parts (such as butt or breasts) inappropriately or offensively, or saying sexually explicit comments or questions (“I want to do BLANK to you”). It can also include you repeatedly asking someone for a date or your phone number when they've said no. In some cultures, this is also known as ‘eve teasing’.
2. Homophobic or transphobic comments – This can include you misgendering someone or calling someone a homophobic or transphobic slur, like “Fag,” “Dyke,” or “Tranny.”
3. Cyber sexual harassment – This can include you electronically sending or showing someone sexual content without their permission, such as over e-mail, Snapchat or Facebook or on their phone or computer. This can also include you taking and/or sharing sexual pictures or videos of someone without their permission.
4. Physically aggressive sexual harassment – This can include you flashing or exposing your genitals to someone without their permission. This can also include purposely touching someone or brushing up against someone in an unwelcome, sexual way.
5. Quid pro quo sexual harassment or coercion – This can include you forcing or pressuring someone to do a sexual act in exchange for something (such as a good grade, a promotion, a job, drugs, food, money, or something similar) or instead of something (like paying rent or a citation, etc.)

6. Forced sex - This can include you forcing someone to do a sexual act without their permission or one that they don't want to do (including while they were under the influence of alcohol or drugs).
 7. None of the above. [SP]
-

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

Q10.

When did the below experience(s) occur?

Select all that apply.

GRID ITEMS:

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

RESPONSE OPTIONS:

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

COMPUTE DOV_Q10

**IF Q10A, Q10B, Q10C, Q10D,
Q10E, OR Q10F = 1
ELSE**

DOV_Q10=1 "Sexual harassed or abused in past 12 months"

DOV_Q10=2 "Did not sexually harass or abuse in past 12 months"

[SHOW IF DOV_Q10=1]

For each type of experience you have reported, we will ask about some details.

PROGRAMMING NOTE: BEGIN LOOP

COMPUTE DOV_Q10FILL:

IF Q10A=1	DOV_Q10FILL1= you verbally sexually harass
IF Q10B=1	DOV_Q10FILL1= you make homophobic or transphobic comments to
IF Q10C=1	DOV_Q10FILL1= you cyber sexually harass
IF Q10D=1	DOV_Q10FILL1= you physically sexually harass
IF Q10E=1	DOV_Q10FILL1= you sexually coerce
IF Q10F=1	DOV_Q10FILL1= you force to have sex

COMPUTE DOV_Q10FILL:

IF Q10A=1	DOV_Q10FILL2= verbally sexually harassed someone
IF Q10B=1	DOV_Q10FILL2= made homophobic or transphobic comments
IF Q10C=1	DOV_Q10FILL2= cyber sexually harassed someone
IF Q10D=1	DOV_Q10FILL2= physically sexually harassed someone
IF Q10E=1	DOV_Q10FILL2= sexually coerced someone
IF Q10F=1	DOV_Q10FILL2= forced someone to have sex

IF DOV_Q10=1 LOOP Q10_A THROUGH Q10_B 1,2,3,4,5, OR 6 TIMES DEPENDING ON DOV_Q10cnt

#[SHOW IF DOV_Q10=1]

DISPLAY_Q10A.

IF 1ST INTERATION OF LOOP INSERT: Now we'd like to focus on your experience(s) with committing verbal sexual harassment.

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

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

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

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

This can include electronically sending someone or showing someone sexual content without their permission, such as over e-mail, Snapchat or Facebook or on their phone or computer. This can also include taking and/or sharing sexual pictures or videos of someone else without their permission.

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

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

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

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

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

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

#[SHOW IF DOV_Q10=1]

Q10_A.

Who did **[DOV_Q10FILL]** in the past 12 months?

Select all that apply.

RESPONSE OPTIONS:

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

#[SHOW IF DOV_Q10=1]

Q10_B.

What happened when you **[DOV_Q10FILL]** in the past 12 months?

If you've **[DOV_Q10FILL]** more than once and had nothing happen from one incident but had consequences from others please select "nothing happened" in addition to the specific consequences that occurred at other times.

Select all that apply.

RESPONSE OPTIONS:

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

PROGRAMMING NOTE: END LOOP

EXPERIENCES OF IPV

#[DISPLAY]
DISPLAY_IPV.

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

IPV1.

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

Select all that apply.

RESPONSE OPTIONS:

1. Insulted, humiliated, or made fun of you in front of others
 2. Kept you from having your own money
 3. Tried to keep you from seeing or talking to your family or friends
 4. Kept track of you by demanding to know where you were and what you were doing
 5. Made threats to physically harm you
 6. Made threats to harm someone close to you
 7. Threatened to hurt themselves or commit suicide because they were upset with you
 8. Made decisions for you that should have been yours to make
 9. Destroyed something that was important to you
 10. Intentionally hurt or threatened to use violence against your pet(s)
 11. Harassed you by phone, text, email or using social media
 12. Slapped you
 13. Pushed or shoved you
 14. Hit you with a fist or something hard
 15. Hurt you by pulling your hair
 16. Slammed you against something
 17. Tried to hurt you by choking or suffocating you
 18. Beaten you
 19. Burned you on purpose
 20. Used a knife on you
 21. Used a gun on you
 22. Forced or tried to force you to have sex, or made you perform sexual acts that you did not want to perform
 23. None of the above [SP]
-

COMPUTE DOV_IPV

IF ANY IPV1_1 THRU IPV1_22=1
ELSE

DOV_Q2=1 "Experienced intimate partner violence"
DOV_Q2=2 "Did not experience intimate partner violence"

#[SHOW IF DOV_IPV=1]

IPV2.

The next questions are about all instances of abuse or mistreatment from a current or former romantic or sexual partner that you have told us about.

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

Select all that apply.

RESPONSE OPTIONS:

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

#[SHOW IF DOV_IPV=1]

IPV3.

When did a partner do this to you?

Select all that apply.

RESPONSE OPTIONS:

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

#[SHOW IF DOV_IPV=1]

IPV4.

Are you still in a relationship with any partner who did this to you?

RESPONSE OPTIONS:

1. Yes
 2. No
-

IPV5.

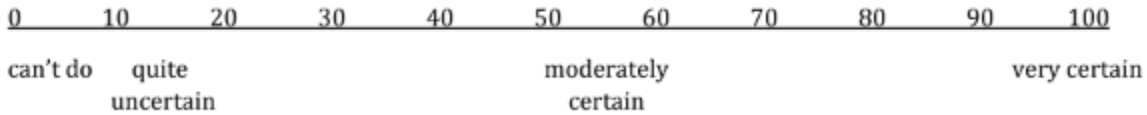
When you were a child (under the age of 18), did you ever see or hear your mother or primary caregiver being pushed, slapped, hit, punched, or beat up by their romantic or sexual partner?

RESPONSE OPTIONS:

1. Yes
 2. No
-

IPV6.

Please read each of the following behaviors. Indicate for each behavior how confident you are that you could do each of them. Rate your degree of confidence by recording a whole number from 0 to 100 using the scale given below: (Click on the image to make it larger if needed).



ITEMS:

1. Talk to a friend who I suspect is in an abusive relationship [NUMBOX]
 2. Speak up to someone who is making excuses for using physical force in a relationship [NUMBOX]
 3. Speak up to someone who is calling their partner names or swearing at them [NUMBOX]
-

NEIGHBORHOOD VIOLENCE AND POLICING

DISPLAY.

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

Q11.

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

RESPONSE OPTIONS:

1. Extremely safe
 2. Quite safe
 3. Slightly safe
 4. Not at all safe
-

Q12.

How has your neighborhood changed or not from last year?

RESPONSE OPTIONS:

1. More safe
 2. Less safe
 3. About the same
-

Q13.

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

GRID ITEMS, RANDOMIZE:

- A. The police department is responsive to community concerns
- B. You trust the police
- C. You feel safe around the police
- D. The police would suspect you of being a criminal because of your race/ethnicity
- E. Something you do might be misinterpreted as criminal by the police due to your race/ethnicity
- F. You would feel comfortable going to the police for help in most situations

RESPONSE OPTIONS:

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

Q14.

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

RESPONSE OPTIONS:

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

#[SHOW IF Q14=1,2,3]

Q15.

On the last occasion you were approached by the police, how do you think you were treated?

RESPONSE OPTIONS:

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

SOCIOECONOMIC CIRCUMSTANCES

Q16.

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

RESPONSE OPTIONS:

1. Yes
 2. No
-

Q17.

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

Select all that apply.

RESPONSE OPTIONS:

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

Q18.

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

RESPONSE OPTIONS:

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

Q19.

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

RESPONSE OPTIONS:

1. Yes, in the past year
 2. Yes, but not in the past year
 3. Never
-

Q20.

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

RESPONSE OPTIONS:

1. Yes, in the past year
 2. Yes, but not in the past year
 3. Never
-

FIREARMS

Q21.

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

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

Select all that apply.

RESPONSE OPTIONS, KEEP OPTIONS 1 AND 7 EXCLUSIVE OF EACH OTHER:

1. There are currently firearms in or around my home.
 2. I am a registered owner of a firearm.
 3. I grew up with firearms in or around my home
 4. I have been trained to use firearms
 5. Most people in my neighborhood have firearms in or around their home.
 6. Having a firearm in or around your home can help keep your home and family safe
 7. I would not want to have a firearm in or around my home.
-

Q22.

Have you obtained a firearm in the past 12 months?

RESPONSE OPTIONS:

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

DISCRIMINATION

Q28.

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

Select all that apply.

RESPONSE OPTIONS:

1. I was unfairly fired or denied a promotion
2. I was unfairly not hired for a job

3. I was unfairly stopped, searched, questioned, physically threatened or abused by the police
 4. I was unfairly discouraged by a teacher or advisor from continuing my education
 5. I was unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to rent or sell me a house or apartment
 6. I moved into a neighborhood where neighbors made life difficult for me and my family
 7. I have had difficulty getting a mortgage or a loan from a bank
 8. None of these issues has ever happened to me [SP]
-

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

Q29.

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

RESPONSE OPTIONS:

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

Q30.

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

Select all that apply.

RESPONSE OPTIONS:

1. I receive poorer service in restaurants or stores compared to the service other people receive.
 2. People treat me as if I am not intelligent
 3. People act afraid of me
 4. People treat me like I am dishonest
 5. People treat me like they are better than me
 6. None of the above [SP]
-

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

Q30T3.

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

RESPONSE OPTIONS:

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

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

Q30_OE.

Could you describe an incident of unfair treatment that you've experienced in the past year? We want to better understand the circumstances where these incidents occur, including who is involved and where it happened.

[LARGE TEXTBOX]

99. Decline to answer [SP]

ATTITUDES TOWARD WOMEN'S ADVANCEMENT & GENDER ROLES

Q31.

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

GRID ITEMS:

- A. On the whole, men make better political leaders than women
- B. A university education is more important for men than for women
- C. On the whole, men make better business executives than women do

RESPONSE OPTIONS:

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

GR1.

Below is a description of Sam. Using the scale below, please indicate the extent to which you agree that men ought to be like Sam.

Sam is tough, loyal, brave, self-reliant, and willing to do whatever it takes to defend his reputation and his family, even to the point of being violent. Sam believes that having others respect him as a man is among the most important things he can achieve in life.

RESPONSE OPTIONS:

1. Strongly Disagree
 2. Somewhat Disagree
 3. Disagree
 4. Neither Disagree nor Agree
 5. Agree
 6. Somewhat Agree
 7. Strongly Agree
-

GR2.

Below is a description of Maya. Using the scale below, please indicate the extent to which you agree that women ought to be like Maya.

Maya is pure, honest, sexually virtuous, and has an unwavering loyalty to her family and husband. Maya believes that avoiding anything that would damage the reputation of herself, her family, or her husband is among the most important things she can do in life.

RESPONSE OPTIONS:

1. Strongly Disagree
 2. Somewhat Disagree
 3. Disagree
 4. Neither Disagree nor Agree
 5. Agree
 6. Somewhat Agree
 7. Strongly Agree
-

PHYSICAL & MENTAL HEALTH

DISPLAY1.

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

Q32.

Would you say that in general your physical health is:

RESPONSE OPTIONS:

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

Q33.

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

RESPONSE OPTIONS:

1. Better
 2. Worse
 3. Same
-

Q34.

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

GRID ITEMS, RANDOMIZE:

- A. Feeling nervous, anxious or on edge
- B. Not being able to stop or control worrying
- C. Little interest or pleasure in doing things
- D. Feeling down, depressed, or hopeless

RESPONSE OPTIONS:

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

Q35.

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

RESPONSE OPTIONS:

1. Yes
 2. No
-

Q36.

During the past 30 days, on how many days did you have [5/4] or more drinks of alcohol in a row, that is, within a couple of hours?

RESPONSE OPTIONS:

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

Q37.

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

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

RESPONSE OPTIONS:

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

Q38.

Overall, would you say your mental health in general is now better, worse, or about the same as it was a year ago?

RESPONSE OPTIONS:

1. Better
 2. Worse
 3. Same
-

SOCIAL SUPPORT

DISPLAY3.

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

Q43.

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

RESPONSE OPTIONS:

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

Q44.

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

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

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

RESPONSE OPTIONS:

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

Q45_T4.

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

Select all that apply.

RESPONSE OPTIONS:

1. Yes, children age 0-5
 2. Yes, children age 6-18
 3. No, no children [SP]
-

#[SHOW IF Q45_T4_1=1]

Q46_T4.

Which of the following forms of childcare have you used for these children in the past 6 months?

Select all that apply.

RESPONSE OPTIONS:

1. Care by a grandparent or other relative
2. Care in a public preschool/school, such as LA4, NSECD, Head Start, or Transitional Kindergarten
3. Care by someone you pay to watch them in your home (e.g. a babysitter, nanny, or nanny share)
4. Care by someone you pay to watch them in their own home
5. Care by someone you pay to watch them in a group of children at a private daycare or preschool
6. No one else watches them outside of you and your partner or spouse [SP]

#[SHOW IF Q45_T4_1 OR Q45_T4_2=1]

Q46A_T4.

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

RESPONSE OPTIONS:

1. Yes
 2. No
-

GENDER

Q47_T4.

What is your gender identity?

RESPONSE OPTIONS:

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

Q48_T4.

Do you have any lived experience as a trans person?

RESPONSE OPTIONS:

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

DISPLAY5.

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

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

If you or someone you know needs resources for domestic violence in Louisiana, see <https://lcadv.org/programs-resources/>, or you can call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or TTY 1-800-787-3224.

If you or someone you know needs resources for mental health support in Louisiana, see <https://ldh.la.gov/page/98> or <https://namilouisiana.org/resources/statewide-mental-health-resources/> if you have an immediate need, we recommend you call the 988 Mental Health Crisis Hotline, call 911 or go to your nearest hospital.
<https://www.mentalhealthca.org/resources;>

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

#[SHOW IF PANEL_TYPE<>20]
CNS1.

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

RESPONSE OPTIONS:

1. Yes
2. No

#[SHOW IF CNS1=1]
CNS2.

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

RESPONSE OPTIONS:

Name: [TEXTBOX]

Phone number (10 digits): [xxxxxxxxxx]

Best time to reach you:

1. Morning
2. Afternoon
3. Evening

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

Variable	Values
Gender	1 = Male 2 = Female
Age	Age in years
Age (7 categories)	1 = 18-24; 2 = 25-34; 3 = 35-44; 4 = 45-54; 5 = 55-64; 6 = 65-74; 7 = 75+
Age (4 categories)	1 = 18-29; 2 = 30-44; 3 = 45-59; 4 = 60+
	1 = Less than HS

Variable	Values
Education (5 categories)	2 = HS graduate
	3 = Vocational/tech school/some college/associates
	4 = Bachelor's degree
	5 = Post grad study/professional degree
Race/Ethnicity	1 = White, Non-Hispanic
	2 = Black, Non-Hispanic
	3 = Other, Non-Hispanic
	4 = Hispanic
	5 = 2+ races, Non-Hispanic
	6 = Asian/Pacific Islander, Non-Hispanic
Housing Type	1 = A one-family house detached from any other house
	2 = A one-family house attached to one or more houses
	3 = A building with 2 or more apartments
	4 = A mobile home or trailer
	5 = Boat, RV, van, etc.
Household Income (18 categories)	1 = Less than \$5,000 2 = \$5,000 to \$9,999
	3 = \$10,000 to \$14,999 4 = \$15,000 to \$19,999
	5 = \$20,000 to \$24,999 6 = \$25,000 to \$29,999
	7 = \$30,000 to \$34,999 8 = \$35,000 to \$39,999
	9 = \$40,000 to \$49,999 10 = \$50,000 to \$59,999
	11 = \$60,000 to \$74,999 12 = \$75,000 to \$84,999
	13 = \$85,000 to \$99,999 14 = \$100,000 to \$124,999
	15 = \$125,000 to \$149,999 16 = \$150,000 to \$174,999
	17 = \$175,000 to \$199,999 18 = \$200,000 or more
Household Income (9 categories)	1 = Less than \$10,000
	2 = \$10,000 to \$19,999
	3 = \$20,000 to \$29,999
	4 = \$30,000 to \$39,999
	5 = \$40,000 to \$49,999
	6 = \$50,000 to \$74,999
	7 = \$75,000 to \$99,999
	8 = \$100,000 to \$149,999
	9 = \$150,000 or more
Household Income (4 categories)	1 = Less than \$30,000
	2 = \$30,000 to \$59,999
	3 = \$60,000 to \$99,999
	4 = \$100,000 or more
Marital Status	1 = Married
	2 = Widowed
	3 = Divorced
	4 = Separated
	5 = Never married
	6 = Living with partner
Metropolitan Statistical Area Status	0 = Non-Metro
	1 = Metro (as defined US OMB Core-Based Statistical Area)
	0 = No

Variable	Values
Home Internet Access	1 = Yes
Telephone Service	1 = Landline telephone only
	2 = Have a landline, but mostly use cellphone
	3 = Have cellphone, but mostly use landline
	4 = Cellphone only
	5 = No telephone service
Ownership of Living Quarters	1 = Owned or being bought by you or someone in your household
	2 = Rented for cash
	3 = Occupied without payment of cash rent
Region 4 (US Census)	1 = Northeast
	2 = Midwest
	3 = South
	4 = West
Region 9 (US Census)	1 = New England
	2 = Mid-Atlantic
	3 = East-North Central
	4 = West-North Central
	5 = South Atlantic
	6 = East-South Central
	7 = West-South Central
	8 = Mountain
9 = Pacific	
State	State of residence
Household Size	Total number of members in household
HH members, age 0-1	Number of household members in age group
HH members, age 2-5	Number of household members in age group
HH members, age 6-12	Number of household members in age group
HH members, age 13-17	Number of household members in age group
HH members, age 18+	Number of household members in age group
Current Employment Status	1 = Working - as a paid employee
	2 = Working - self-employed
	3 = Not working - on temporary layoff from a job
	4 = Not working - looking for work
	5 = Not working – retired
	6 = Not working – disabled
	7 = Not working – other
P_Gender1	1 = Male
	2 = Female
P_Gender2	1 = Male
	2 = Female
	3 = Transgender
	4 = Do not identify as male, female, or transgender
P_LGBT	1 = Lesbian or gay
	2 = Straight, that is, not lesbian or gay
	3 = Bisexual
	4 = Something else

Variable	Values
	5 = I don't know the answer
P_C1	1 = In the United States 2 = Outside the United States – Please specify country where you were born
P_C2	1 = Yes 2 = No, not a citizen
P_ATTEND	1= Never 2 = Less than once per year 3= About once or twice a year 4 = Several times a year 5 = About once a month 6 = 2-3 times a month 7 = Nearly every week 8 = Every week 9 =Several times a week
S_IDEO	1 = Very Liberal 2 = Somewhat Liberal 3 = Moderate 4 = Somewhat Conservative 5 = Very Conservative
P_HL032	1 = Yes 2 = No
P_HL033	1 = A plan through your employer 2 = A plan through your spouse's employer 3 = A plan you purchased yourself directly from an insurance company 4 = [State-based Healthcare Exchange Fill] 5 = Medicare 6 = [State-based Medicaid Fill] 7 =Some other source
P_HL006	1 = Yes 2 = No
P_HL007	1 = Yes 2 = No
P_HL008	1 = Yes 2 = No
P_HL009	1 = Yes 2 = No
P_HL010	1 = Yes 2 = No
P_HL011	1 = Yes 2 = No
P_HL014	1 = Yes 2 = No

Variable	Values
P_RELIG	1 = Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, Jehovah's Witness, etc.)
	2 = Roman Catholic (Catholic)
	3 = Mormon (Church of Jesus Christ of Latter-day Saints/LDS)
	4 = Orthodox (Greek, Russian, or some other orthodox church)
	5 = Jewish (Judaism)
	6 = Muslim (Islam)
	7 = Buddhist
	8 = Hindu
	9 = Atheist (do not believe in God)
	10 = Agnostic (not sure if there is a God)
	11 = Nothing in particular
	12 = Just Christian
	13 = Unitarian (Universalist)
	14 = Something else