

Introduction

Q1.1.

To be eligible to complete this survey, you must be an **ADULT (18 years of age or older)** member of the gay, lesbian, bisexual, transgender, queer or questioning (LGBTQ) community **AND** either a resident of San Mateo County or employed anywhere in San Mateo County.

YOU (THE RESPONDENT OF THIS SURVEY) ARE AN ADULT (18 years of age or older) MEMBER OF THE LGBTQ COMMUNITY AND:

- A resident of San Mateo County
- Employed in San Mateo County
- None of the above

Q1.2. Are you filling out this survey for yourself?

- yes
- no, I am filling it out for another person

Q1.3. If you are filling this survey out for another person, what is your relationship with that person?

- spouse or partner
- parent
- child
- friend

- sibling
- caregiver
- other, please explain:

General Information

Q2.1. What is your year of birth? (for example, 1967)

Q2.2. Please select the state and county in which you currently reside.

State:

County:

Q2.3.

If you reside in San Mateo County, what city or unincorporated area do you live in?

- Atherton
- Belmont
- Brisbane
- Burlingame
- Colma
- Daly City
- East Palo Alto
- El Granada
- Fair Oaks
- Foster City

- Half Moon Bay
- Hillsborough
- La Honda
- Loma Mar
- Menlo Park
- Millbrae
- Montara
- Moss Beach
- Pacifica
- Pescadero
- Portola Valley
- Redwood City
- San Bruno
- San Carlos
- San Gregorio
- San Mateo
- South San Francisco
- Woodside
- Another unincorporated area of San Mateo County

Q2.4. What is the zip code at your home?

Q2.5. Do you work in San Mateo County?

- Yes
- No

Q2.6. What is the zip code at your place of work?

Q2.7. Where were you born?

- San Mateo County
- Somewhere else in California
- Another place in the United States
- Outside the United States
- Do not know or not sure
- Prefer not to answer

Q2.8. What is your legal status in the United States?

- Citizen
- Deferred Action for Childhood Arrival (DACA)
- Individual without lawful immigration status
- Permanent resident - green card
- Refugee
- Temporary Visa
- Other legal status, please specify
- Prefer not to answer

Q2.9. Are you of Hispanic, Latino or Spanish origin? Check all that apply.

- No, not of Hispanic, Latino or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino or Spanish origin. Identify your origin, for example Colombian, Argentinian, Dominican, etc.

Prefer not to answer

Q2.10. What is your race? Check all that apply

White

Black or African American

American Indian or Alaska Native. Identify your tribe or tribal affiliation:

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian: Identify race, for example Hmong, Laotian, Thai. Print race

Middle Eastern or Arab American, any race

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander: Identify race, for example Fijian, Tongan, etc.

Other race

Prefer not to answer

Q2.11. What is your primary language?

- Cantonese
- English
- Mandarin
- Spanish
- Tagalog
- Vietnamese
- Other language
- Prefer not to answer

Q2.12.

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

- Baha'i
- Buddhist
- Christian If yes, what denomination
- Hindu
- Jewish
- Muslim / Islam
- Sikh
- Atheist
- Agnostic
- Nothing in particular
- Other, please describe
- Do not know or not sure
- Prefer not to answer

Q2.13. How often do you attend services at your place of worship?

- Never
- 1-3 times a year
- 4-6 times a year
- 7-9 times a year
- 10-12 times a year
- 13-15 times a year
- 16 or more times a year
- I do not know
- I do not wish to answer
- Other: please specify

Q2.14.

If your experience with your spiritual community association was affirming and/or welcoming, would you be willing to share its name?

Q2.15. How often do you attend meetings of the clubs or organizations you belong to?

- Never
- 1-3 times a year
- 4-6 times a year
- 7-9 times a year
- 10-12 times a year
- 13-15 times a year
- 16 or more times a year
- I do not know

I do not wish to answer

Other: please specify

Q2.16. Are you currently in school?

Yes

No

Q2.17. What is the highest level of education you have completed?

Less than elementary school

Elementary School

Middle School

GED

High School

Some College

2-year College Degree

4-year College Degree

Masters Degree

Doctoral Degree

Professional Degree (JD, MD)

Prefer not to answer

Q2.18. If you have children, grandchildren or other dependents living with you that are still in school, please select all that apply.

Nursery school or preschool

Kindergarten

Elementary: grades 1-4

Middle: grades 5-8

- High school: grades 9-12
- College, undergraduate
- Graduate or professional school

Q2.19. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is

- Not hard at all
- Sometimes hard
- Very Hard
- I do not know
- I do not wish to answer
- I do not understand the question
- Other: please specify

Q2.20. Which of the following best describes your sexual orientation? Mark all that apply.

- Heterosexual / straight
- Gay
- Lesbian
- Bisexual
- Queer
- Pansexual
- Asexual
- Another sexual orientation, please specify
- Prefer not to answer

Q2.21.

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

- Male
- Female
- Transmale / transman
- Transfemale / transwoman
- Gender fluid / Gender queer / gender not conforming
- Other gender, please specify
- Prefer not to answer

Q2.22. What sex were you assigned at birth, meaning on your original birth certificate?

- Male
- Female
- I do not know
- Prefer not to answer
- other

Q2.23. People are different in their sexual attraction to other people. Which best describes you?

- Only attracted to females
- Mostly attracted to females
- Equally attracted to males and females
- Mostly attracted to males
- Only attracted to males
- Not sure

Prefer not to answer

Q2.24. With whom have you ever had sex?

Men only

Women only

Both men and women

I have not had sex

Other, please specify

Prefer not to answer

Q2.25.

What is your current relationship status? Mark all that apply.

Legally married to same-sex or same gender partner

Legally married to opposite sex or opposite gender partner

In Registered Domestic Partnership with same sex or same gender partner

In Civil Union with same sex or same gender partner

Single, dating exclusively someone of the same sex or gender

Single, dating exclusively someone of the opposite sex or gender

Single, dating more than one same sex or same gender person

Single, dating more than one opposite sex or opposite gender person

Single, not dating

In open relationship with same-sex or same gender partner

In open relationship with same opposite sex or opposite gender partner

In committed relationship with same-sex or same gender partner

In committed relationship with opposite sex or opposite gender partner

Polyamorous

Discreet sexual activity/on the down-low

- Divorced from same sex or same gender partner, not partnered
- Divorced from opposite sex or opposite gender partner
- Widow or widower from same sex or same gender partner
- Widowed from opposite sex or opposite gender partner
- Other
- Prefer not to answer

Q2.26.

Many useful services are offered by government agencies and non-governmental organizations in our community. Please let us know how important are any of the following items or services to you, either because you will use them yourself, or they are important for you and/or your family's wellness, or imagine I may need it in the future. ANSWER ONLY THOSE ITEMS THAT APPLY DIRECTLY TO YOU AND/OR YOUR FAMILY, AND SKIP TO THE NEXT QUESTION IF NONE APPLY.

| | Extremely unimportant | Not very important | Important | Very important | Extremely important |
|---|--------------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Adult education/literacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adoption services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child welfare/child protective services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clothing or other household items | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family planning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Food and nutrition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Disability/special access needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Domestic violence services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Drug and alcohol services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HIV care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Homeless shelters | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Housing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immigration services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Job training/job placement/employment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q2.27.

Many useful services are offered by government agencies and non-governmental organizations in our community. Please let us know how important are any of the following items or services to you, either because you will use them yourself, or they are important for you and/or your family's wellness, or imagine I may need it in the future. ANSWER ONLY THOSE ITEMS THAT APPLY DIRECTLY TO YOU AND/OR YOUR FAMILY, AND SKIP TO THE NEXT QUESTION IF NONE APPLY.

| | Extremely unimportant | Not very important | Important | Very important | Extremely important |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| LGBTQ groups/resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LGBTQ parents groups/resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Military | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parenting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public bathrooms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public parks or recreational areas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Primary health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Schools | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Senior services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sexually transmitted diseases screening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specialty health services, for example dermatology, optometry, orthopedics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trans specific medical services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Welfare, food stamps, WIC, TANF or other public benefits | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other: <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q2.28.

Which of the following services do you and/or your family have a hard time accessing? ANSWER ONLY THOSE ITEMS THAT APPLY DIRECTLY TO YOU AND/OR YOUR FAMILY, AND SKIP TO THE NEXT QUESTION IF NONE APPLY.

| | Extremely hard to access | Hard to access | Average access | Easy to access | Extremely easy to access |
|--------------------------|--------------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Adult education/literacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Adoption services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Behavioral health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child welfare/child protective services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clothing or other household items | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family planning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Food and nutrition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disability/special access needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Domestic violence services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Drug and alcohol services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HIV care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Homeless shelters | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Housing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immigration services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Job training/job placement/ employment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | | | | | |

Q2.29.

Which of the following services do you and/or your family have a hard time

accessing? ANSWER ONLY THOSE ITEMS THAT APPLY DIRECTLY TO YOU AND/OR YOUR FAMILY, AND SKIP TO THE NEXT QUESTION IF NONE APPLY.

| | Extremely hard to access | Hard to access | Average access | Easy to access | Extremely easy to access |
|--|--------------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| LGBTQ groups/resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LGBTQ parents groups/resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Military | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parenting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public bathrooms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public parks or recreational areas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Primary health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Schools | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Senior services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance abuse services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sexually transmitted diseases screening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specialty health services, for example dermatology, optometry, orthopedics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Trans specific medical services

Welfare, food stamps, WIC, TANF or other public benefits

Q2.30. Please rate the extent to which you agree with each of the following statements. Please provide additional information if you wish.

| | definitely yes | Probably yes | Might or might not | Probably not | Definitely not |
|---|-----------------------|-----------------------|-----------------------------|-----------------------|-----------------------|
| Within the last 12 months, I (and my family if relevant) worried whether our food would run out before we got money to buy more | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | | | | | |

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Within the last 12 months, the food I (and my family if relevant) bought did not last and we did not have money to buy more | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | | | | | |

| | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I (and my family if relevant) have a reliable and stable place to live | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | | | | | |

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I (and my family if relevant) are concerned about eviction from our house or foreclosure of our house | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | | | | | |

I (and my family if relevant) have concerns about our

housing, such as safety, mold, bugs, mice or structural instability

I (and my family if relevant) have concerns about safety at home related to our sexual orientation or gender identity

Q2.31.

To what degree do you feel safe (protected and free from danger) in the following settings?

| | Extremely unsafe | Unsafe | Neutral | Safe | Extremely safe |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Alcohol or substance abuse services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Behavioral health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Care options for a dependent adult relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | | | | | |
| Long term care or convalescent care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Court | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elder care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gym or social club | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Immigration services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Jail | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q2.32.

To what degree do you feel safe (protected and free from danger) in the following settings?

| | Extremely unsafe | Unsafe | Neutral | Safe | Extremely safe |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Legal services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Military | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Police or law enforcement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public bathrooms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public parks or recreational areas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Seeking employment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Senior housing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Senior services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sobriety services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transitioning medical care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other, please provide details | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q2.33.

To what degree do you feel welcome (accepted and appreciated) in the following settings?

| | Extremely unsafe | Unsafe | Neutral | Safe | Extremely safe |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Alcohol or substance abuse services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Behavioral health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Care options for a dependent adult relative <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Long term care or convalescent care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Court | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elder care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gym or social club | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immigration services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Jail | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q2.34.

To what degree do you feel welcome (accepted and appreciated) in the following settings?

Extremely unwelcome Unwelcome Neutral Welcome Extrer welcc

| | | | | | |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Legal services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Military | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Police or law enforcement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public bathrooms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public parks or recreational areas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Seeking employment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Senior housing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Senior services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sobriety services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transitioning medical care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other, please provide details | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | | | | | |

Health

Q3.1.

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

- I don't have health insurance
- I don't know what type of health insurance I have
- ACE program - San Mateo County Access to Care for Everyone
- Private health insurance through my own employer (including HMO such as

KAISER, PPO such BLUE CROSS or BLUE SHIELD)

- Private health insurance through my spouse/domestic partner's employer (including HMO, PPO,)
- Private Health insurance through an individual policy (including HMO such as KAISER, or PPO such as BLUE CROSS or BLUE SHIELD)
- MediCal
- Medicare
- Military or Veteran's health care
- Indian Health Service
- Retiree benefits from my former employer
- Retiree benefits from my spouse/domestic partner's employer
- Single service plans (e.g., dental, vision, prescriptions)
- Other government health care program coverage
- Other, please specify

Q3.2.

Was there a time in the past 12 months when you needed medical care but could not get it?

- Yes
- No

Q3.3. What were the main reasons you did not get medical care? Mark all that apply.

- Cost too much
- No insurance
- Insurance was not accepted
- Too long a wait for an appointment
- Office hours inconvenient

- No transportation
- Provider did not speak my language
- I didn't like my provider
- I didn't feel comfortable with my provider
- I didn't feel understood by my provider
- Other, please specify

Q3.4. Where do you receive most of your medical care? Mark all that apply

- Private doctor's office
- Community health center clinic
- School or student health services
- Hospital
- Emergency room
- Home
- Mobile clinic / van
- Does not apply; I have not needed medical care
- Other, please specify

Q3.5. Stress means a situation in which a person feels stressed, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time. Do you feel this kind of stress these days?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- I do not know

people who are LGBT.

My health care provider has the expertise to care for my health care needs.

My chronic or convalescent care provider has the expertise to care for my health needs.

My mental health care provider has the expertise to care for my health needs.

Q3.7. In the question above, if you feel that your health care provider does not have the expertise to care for your health needs, please tell us what you feel is lacking:

Q3.8. In the question above, if you feel that your chronic or convalescent care provider does not have the expertise to care for your health needs, please tell us what you feel is lacking:

Q3.9. Was there ever a time during the past 12 months when you felt that you

might need to see a professional because of concerns with your mental health, emotions, nerves, or your use of alcohol or drugs?

- Yes
- No
- Prefer not to answer

Q3.10.

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

| | No | Yes | I do not know or not sure | Prefer not to answer |
|---|-----------------------|-----------------------|---------------------------|-----------------------|
| You were concerned about the cost of treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You did not feel comfortable talking with a professional about your personal problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You were concerned about what would happen if someone found out you had a problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You had a hard time getting an appointment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your insurance does not cover treatment for mental health, | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

such as visits to a
psychologist or
psychiatrist

You did not know
where to get
services

You could not find
an LGBT-friendly
provider

Q3.11.

Have you ever been hit, slapped, pushed, kicked, or physically hurt in any way by an intimate partner?

- Yes
- No
- Prefer not to answer

Social Acceptance

Q4.1. Have you ever told anyone that you are lesbian, gay, bisexual, pansexual, queer, intersex, or transgender?

- Yes
- No
- Does not apply
- Prefer not to answer

Q4.2. Here is a list of categories of people you may have told. Please indicate which ones apply in your case.

I do not

| | Yes | No | Does not apply | know or not sure |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Gay, lesbian, bisexual, pansexual, queer, intersex, or transgender friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Friends who are not gay, lesbian, bisexual, pansexual, queer, intersex, or transgender | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immediate family members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Extended family members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spouse or partner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health or behavioral health care provider | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Coworkers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Religious or spiritual leader | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q4.3. If you have not come out to a health or behavioral health care provider, please check your reason(s) why. Mark all that apply.

- My sexual orientation/gender identity is none of their business
- My sexual orientation /gender identity has no bearing on my health
- My health care provider might be uncomfortable with my sexual orientation/gender identity
- My health care provider might tell other people of my sexual orientation/gender identity
- I'm afraid that my health care provider might treat me differently if he/she knew

my sexual orientation/gender identity

None of the above. I am out to all of my health care providers.

Other, please specify

Q4.4.

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

My sexual orientation /gender identity has no bearing on my relationships with my non-LGBT family members or friends.

My non-LGBT family members or friends might be uncomfortable with my sexual orientation/gender identity

My non-LGBT family members or friends might tell other people of my sexual orientation/gender identity.

I am afraid that my relationship with my non-LGBT family members or friends will be damaged if they knew my sexual orientation/gender identity

I am afraid that my non-LGBT family members or friends might treat me differently if he/she knew my sexual orientation/gender identity.

None of the above. I am out to all of my family members and friends.

Other, please specify

Q4.5.

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

My sexual orientation /gender identity has no bearing on my job or my relationships with my coworkers.

My coworkers might be uncomfortable with my sexual orientation/gender identity.

My coworkers might tell other people of my sexual orientation/gender identity.

I am afraid that my relationship with my coworkers will be damaged if they knew my sexual orientation/gender identity

I am afraid that my coworkers might treat me differently if he/she knew my sexual orientation/gender identity.

None of the above. I am out to all of my coworkers.

Other, please specify

Q4.6.

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

My sexual orientation /gender identity has no bearing on my job or my relationships with my employer.

My employer might be uncomfortable with my sexual orientation/gender identity.

My employer might tell other people of my sexual orientation/gender identity.

I am afraid that my relationship with my employer will be damaged if they knew my sexual orientation/gender identity

I am afraid that my employer might treat me differently if he/she knew my sexual orientation/gender identity.

None of the above. I am out to my employer.

Other, please specify

Q4.7.

During the past 12 months, have any of the following things happened to you because someone knew or assumed you are attracted to people of the same sex and/or are intersex or transgender?

| | Yes | No | Does not apply | I do not know, not sure | Prefer not to answer |
|--|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|
| You were called names or insulted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You received poorer services than other people in restaurants, stores, other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

businesses or agencies

You were treated unfairly at work or school

You were denied or given lower quality health care

You were physically attacked or injured

You were turned down for a job or promotion

Q4.8. Please indicate how strongly you agree or disagree with the following statement:

Strongly disagree Disagree Neither agree or disagree Agree Strongly agree Prefer not to answer

Most people in San Mateo County are accepting of LGBT people

Most people in my neighborhood are accepting of LGBT people

Most people in my family are accepting of LGBT people

Most people in my place of

employment are accepting of LGBT people

My employer is accepting of LGBT people

Q4.9.

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

- LGBTQI nonprofit or community organization
- LGBTQI fundraising
- LGBTQI advocacy group
- LGBTQI political group
- LGBTQI social group
- Attended an LGBTQI pride event
- Bought a product or service because of support for LGBTQI rights
- Did not buy a product or service because of lack of support for LGBTQI rights
- Attended a rally or march in support of LGBTQI rights
- Member of any LGBTQI organization
- Donated to politicians or political organizations because of support for LGBTQI rights
- Other, please specify

Q4.10.

When you have needed help and support in your life, to whom have you reached out? (Mark all that apply)

- Family members
- Friends
- Members of my racial or ethnic community

- Work colleagues
- Teacher / other adult mentor
- School mates
- Members of my religious or spiritual community
- Counselors
- Members of an online community
- Other, please specify

Q4.11. In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?

- Never
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times
- I do not know
- No telephone
- I prefer to use email, text, video messaging, or other social media (e.g., Facebook, FaceTime)
- I do not wish to answer
- Other: please specify

Q4.12. In a typical week, how often do you get together with friends or relatives (for example, going out together or visiting in each other's homes)?

- Never
- 1 time

- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times
- I do not know
- I do not wish to answer
- Other: please specify

Self Acceptance

Q5.1. Please indicate how strongly you agree or disagree with the following statement:

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree | Prefer not to answer |
|---|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|-----------------------|
| I feel comfortable with my sexual orientation. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel comfortable with my gender identity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sometimes I dislike myself for being sexually attracted to people of the same sex | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sometimes I wish I was not | | | | | | |

sexually
attracted to
people of the
same sex

Sometimes I
feel guilty about
having sex with
people of the
same sex

Q5.2. If there is one thing that the San Mateo County Board of Supervisors could do to enhance your wellbeing, please tell us what this would be.

End

Q6.1. Thank you for your time and attention to this survey. If you feel there is something else that you would like to bring to the attention of the LGBT Commission, please let us know here

Some of the questions on this survey use explicit language, including anatomic names of body parts and behaviors to ask about sexual situations. This survey also asks about sexual assault and other forms of sexual violence. Here are the phone numbers of resources in San Mateo County that are available to you, should you feel you need them:

Rape Trauma Services - 650-692 - RAPE (7273)

StarVista Crisis Intervention and Suicide Prevention Center - 800-273- TALK (8255)

Community Overcoming Relationship Abuse (CORA) - 800-300-1080

Algunas de las preguntas de esta encuesta utilizan un lenguaje explícito, incluyendo los nombres anatómicos de las partes del cuerpo y comportamientos que preguntan sobre situaciones sexuales. En esta encuesta también se pregunta sobre agresión sexual y otras formas de violencia sexual. Aquí están los números de teléfono de recursos en el Condado de San Mateo que están disponibles para usted si usted siente que los necesite:

Servicios de trauma de violación: 650-692 - 7273

StarVista Centro de intervención en crisis y prevención del suicidio - 800-273- 8255

Comunidad Superando el Abuso de Relación (CORA) - 800-300-1080

