

LGBTQ+ Mental Health

Start of Block: Survey Intro

Survey Info INDIANA UNIVERSITY STUDY INFORMATION SHEET FOR RESEARCH Mental Health in LGBTQ+ People

You are being asked to participate in a research study. Scientists do research to answer important questions that might help change or improve the way we do things in the future. This document will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

All research is voluntary. You can choose not to take part in this study. If you decide to participate, you can change your mind later and leave the study at any time. You will not be penalized or lose any benefits if you decide not to participate or choose to leave the study later. This research is intended for individual 18 years of age or older. If you are under age 18, do not complete the survey.

The purpose of this study is to study an underrepresented population, including those of the LGBTQ+ community, regarding possible environmental hardships and its relationship with mental health issues. We are asking you if you want to be in this study because you are on social media.

The study is being conducted by Dr. Brittany A. Sizemore and Daniel Hall from the Psychology program at IU Southeast.

If you agree to be in the study, you will do the following things. You will complete a survey with demographic questions, and questions regarding mental health, access to health care, and environmental conditions. The survey will take approximately 10 minutes to complete.

Before agreeing to participate, please consider the risks and potential benefits of taking part in this study. You may be uncomfortable while answering the survey questions. While completing the survey, you can skip any questions that make you uncomfortable or that you do not want to answer. There is a risk someone outside the study team could get access to your research information from this study. More information about how we will protect your information to reduce this risk is below. We do not think you will have any personal benefits from taking part in this study, but we hope to learn things that will help researchers in the future. You will not be paid for participating in this study. There is no cost to participate in the study. We will protect your information and make every effort to keep your personal information confidential, but we cannot guarantee absolute confidentiality. No information which could identify you will be shared in publications about this study.

Your personal information may be shared outside the research study if required by law. We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

If you have questions about the study or encounter a problem with the research, contact the researcher, Dr. Brittany A. Sizemore at 812-941-2890 or by email at brsizemo@iu.edu.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Research Protection Program office at 800-696-2949 or at irb@iu.edu.

Do you wish to participate in this survey? Please select one of the options below.

Yes (1)

No (2)

Skip To: End of Survey If INDIANA UNIVERSITY STUDY INFORMATION SHEET FOR RESEARCH Mental Health in LGBTQ+ People You are be... = No

End of Block: Survey Intro

Start of Block: Verification

Captcha Please verify that you are human

End of Block: Verification

Start of Block: Demographic



Q1 What is your age in years? Please enter a number.

Skip To: End of Survey If Condition: What is your age in years? Is Less Than 18. Skip To: End of Survey.

Q2 What is your race? Select all that apply.

- White (1)
 - Black (2)
 - Native American or Inuit (3)
 - Asian (4)
 - Native Hawaiian or Pacific Islander (5)
 - Other (6) _____
-

Q3 Are you Hispanic, Latine, or of Spanish origin? Select what best applies.

- Yes (1)
 - No (2)
-

Q4 Which state in the United States do you live in? Please type your response.

Q5 What is your yearly income? Select what best applies.

- Less than \$20,000 (1)
 - \$20,000-\$34,999 (2)
 - \$35,000-49,999 (3)
 - \$50,000-74,999 (4)
 - \$75,000-99,999 (5)
 - \$100,000+ (6)
-

Q6 What is your employment status? Select all that apply.

- Unemployed (1)
 - Part-time job (4)
 - Full-time job (2)
 - Student (3)
 - Other (contract work, unconventional work, etc.) (5)
-

Q7 What is the highest level of education you have completed? Select what best applies.

Below high school (1)

High school graduate (2)

Associates degree (3)

Bachelors degree (4)

Masters degree (5)

Doctorates degree (6)

Other (7) _____

Q8 What is your gender identity? Select all that apply.

- Cisgender man (assigned male at birth, identifies as a man) (1)
 - Cisgender woman (assigned female at birth, identifies as a woman) (2)
 - Transgender man (assigned female at birth, identifies as a man) (3)
 - Transgender woman (assigned male at birth, identifies as a woman) (4)
 - Non-binary (identifies as a gender other than man or woman) (5)
 - Agender (does not identify as any gender) (6)
 - Genderfluid (gender identity fluctuates between labels) (7)
 - Gender queer (not cisgender, but gender does not conform to any specific label) (8)
 - Questioning (9)
 - Other: (10) _____
-

Q9 What is your sexual orientation? Select all that apply.

- Gay (1)
- Lesbian (2)
- Bisexual (3)
- Heterosexual/straight (4)
- Asexual (5)
- Queer (6)
- Questioning (7)
- Other: (8) _____

End of Block: Demographic

Start of Block: LGBTQ+ Questions

Q10 Do you identify as LGBTQ? Please choose one of the two options.

- Yes (1)
- No (2)

Q11 Do you have access to gender-affirming care? Select what best applies.

- Yes (1)
- Somewhat (2)
- No (3)
- N/A (4)

Q12 How supportive are the people in your environment of your gender identity?
 Drag the sliders to the answers that best fit, or select the box at the end of the scale if the options do not apply to you.

	Not at all supportive	Somewhat unsupportive	Neutral	Somewhat supportive	Very supportive	They do not know about my gender identity
	1	2	3	4	5	
Family ()						
Friends ()						
Work/School ()						
Local community ()						

Q13 How supportive are the people in your environment of your sexual orientation?
 Drag the sliders to the answers that best fit, or select the box at the end of the scale if the options do not apply to you.

Not at all supportive	Somewhat unsupportive	Neutral	Somewhat supportive	Very supportive	They do not know about my sexual orientation
1	2	3	3	4	5

Family ()	
Friends ()	
Work/school ()	
Local community ()	

NOS What percent of the people in this group do you think are aware of your sexual orientation? (meaning they are aware of whether you consider yourself straight, gay, etc.) Drag the sliders to the numbers that best represent what percentage of each group is aware of your sexual orientation.

0 10 20 30 40 50 60 70 80 90 100

Members of your immediate family (e.g., parents and siblings) ()	
Members of your extended family (e.g., aunts, uncles, grand- parents, cousins) ()	
People you socialize with (e.g., friends and acquaintances) ()	
People at your work/school (e.g., coworkers, supervisors, instructors, students) ()	
Strangers (e.g., someone you have a casual conversation with in line at the store) ()	

NOS How often do you avoid talking about topics related to or otherwise indicating your sexual orientation? (e.g., not talking about your significant other, changing your mannerisms, etc.)
 Select the answers that best fit for each option.

	Never (1)	(4)	(5)	(6)	(7)	Half the time (8)	(9)	(10)	(11)	(12)	Always (13)
Members of your immediate family (e.g., parents and siblings) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of your extended family (e.g., aunts, uncles, grand- parents, cousins) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People you socialize with (e.g., friends and acquaintances) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People at your work/school (e.g., coworkers, supervisors, instructors, students) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strangers (e.g., someone you have a casual conversation with in line at the store) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: LGBTQ+ Questions

Start of Block: Mental Health

Q16 Have you ever been diagnosed with any of the following mental health issues? Select all that apply.

- Depression (1)
- Anxiety (generalized anxiety, social anxiety, separation anxiety, etc.) (2)
- Bipolar disorder (3)
- ADHD (attention deficit / hyperactivity disorder) (4)
- Borderline personality disorder (5)
- OCD (obsessive-compulsive disorder) (6)
- Eating disorder(s) (anorexia, bullemlia, etc.) (7)
- PTSD or C-PTSD (post-traumatic stress disorde or complex-ptsd) (8)
- Addiction / substance abuse (9)
- ASD (autism spectrum disorder) (10)
- GDD / GID (gender dysphoria disorder / gender identity disorder) (11)
- Panic disorder (12)
- Phobia (13)
- Schizophrenia (14)
- Dissociative disorder (depersonalization, derealization, dissociative identity disorder, etc.) (15)
- Intellectual Disability (16)
- Narcissistic personality disorder (17)

- Antisocial personality disorder (18)
 - Histrionic personality disorder (19)
 - Premenstrual dysphoric disorder (20)
 - Tourettes (21)
 - Sexual Disorder (erectile disorder, female orgasmic disorder, fetishistic disorder, etc.) (22)
 - Other: (23) _____
 - N/A (24)
-

Q17 Do you believe that you have any of the following mental health issues, although you have not been diagnosed with them? Select all that apply.

- Depression (1)
- Anxiety (generalized anxiety, social anxiety, separation anxiety, etc.) (2)
- Bipolar disorder (3)
- ADHD (attention deficit / hyperactivity disorder) (4)
- Borderline personality disorder (5)
- OCD (obsessive-compulsive disorder) (6)
- Eating disorder(s) (anorexia, bulimia, etc.) (7)
- PTSD or C-PTSD (post-traumatic stress disorder or complex-ptsd) (8)
- Addiction / substance abuse (9)
- ASD (autism spectrum disorder) (10)
- GDD / GID (gender dysphoria disorder / gender identity disorder) (11)
- Panic disorder (12)
- Phobia (13)
- Schizophrenia (14)
- Dissociative disorder (depersonalization, derealization, dissociative identity disorder, etc.) (15)
- Intellectual Disability (16)
- Narcissistic personality disorder (17)

- Antisocial personality disorder (18)
 - Histrionic personality disorder (19)
 - Premenstrual dysphoric disorder (20)
 - Tourettes (21)
 - Sexual Disorder (erectile disorder, female orgasmic disorder, fetishistic disorder, etc.) (22)
 - Other: (23) _____
 - N/A (24)
-

Q18 Have you ever experienced any of the following environmental hardships? Select all that apply.







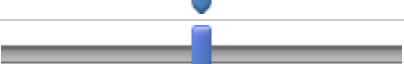








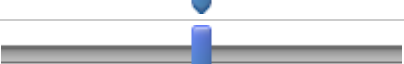


- Childhood trauma (1)
- Physical health issues (diseases, disorders, disabilities, etc.) (2)
- A medical provider refusing to service you (3)
- Trauma in your adulthood (4)
- Homophobia (including lesbophobia, biphobia, etc.) (5)
- Transphobia (6)
- Racism (7)
- Xenophobia (8)
- Inadequate healthcare / unmet healthcare needs (9)
- Sexism (11)
- Abuse (physical, emotional, sexual, financial, etc.) (12)
- Sexual harassment (13)
- Sexual assault (14)
- Physical assault (15)
- Poverty (16)
- Other: (17) _____
- N/A (18)

Start of Block: BSI-18

Q19 Below is a list of problems that people sometimes have. Read each one carefully and select the number that best describes how much that problem has distressed or bothered you during the past seven days, including today. 0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, 4 = Extremely.

How much were you distressed by:

Not at all	A little bit	Moderately	Quite a bit	Extremely
0	1	2	3	4

Faintness or Dizziness ()	
Feeling no interest in things ()	
Nervousness or shakiness inside ()	
Pains in heart or chest ()	
Feeling lonely ()	
Feeling tense or keyed up ()	
Nausea or upset stomach ()	
Feeling blue ()	
Suddenly scared for no reason ()	
Trouble getting your breath ()	
Feelings of worthlessness ()	
Spells of terror or panic ()	
Numbness or tingling in parts of your body ()	
Feeling hopeless about the future ()	
Feeling so restless you couldn't sit still ()	
Feeling weak in parts of your body ()	
Thoughts of ending your life ()	
Feeling fearful ()	

End of Block: BSI-18

Start of Block: Block 5

Resources If you or anyone you know is struggling, here are resources you can contact.
Trevor Project: 866-488-7386

Suicide and Crisis Lifeline: 988

The Gay, Lesbian, Bisexual, and Transgender National Hotline: 888-843-4564

Trans Lifeline: 877-565-8860

National Domestic Violence Hotline: 800-799-7233

Rape Abuse and Incest National Network (RAINN): 800-656-HOPE

End of Block: Block 5
