

I. Informed Consent / Assent to Participate in LGBT Youth Survey

Purpose of the survey: The survey is being conducted in partnership with Peoria City/County Health Department, CIADE, and other local groups to learn the characteristics, needs, and preferences of the LGBTQ youth ages 13-24 in Peoria and the surrounding area. LGBTQ youth ages 13-24 living in Peoria, Fulton, Knox, LaSalle, Marshall, Putnam, Stark, Tazewell, and Woodford counties are eligible to take the survey. The survey asks questions about you, your relationships, your social activities, your health behaviors, your perceptions and experiences as an LGBT person, your spiritual beliefs, and your feelings about the LGBT community.

What you will do in this survey: You will answer questions in an anonymous on-line or anonymous paper survey about the above topics. Please read the questions carefully, follow instructions and choose the best response. The link to the anonymous on-line LGBTQ Youth Survey can be found at: www.ciadeillinois.org.

Risks: There are no anticipated risks associated with taking this survey, beyond those encountered in daily life. If any survey questions distress you, you may choose to discuss any discomfort or concerns you have with staff at the agency or organization where you are received this survey, or you can call Larry Rogers at (217) 202-1149. You can also call the Center on Halsted LGBT Info Line for counseling or other services and help at (773) 929-4357 between 10:00 am and 10:00 pm, every day.

Benefits: You may benefit from personal insight about your own beliefs and behaviors. The general knowledge learned from the survey will help local community program planners develop activities, programs, and social services that reflect the needs, habits and preferences of LGBT youth, and will benefit youth like you, the larger LGBT community, and society as a whole.

Time needed & Compensation Option: The survey will take 10-15 minutes to complete. LGBTQ youth ages 13-24 living in Peoria, Fulton, Knox, LaSalle, Marshall, Putnam, Stark, Tazewell, and Woodford counties will have the option to receive a \$20 gift card after completing the survey. The person, agency or website where you accessed the survey has information on how you can receive the optional \$20 gift card for completing the survey. The number of gift cards is limited and will be distributed on a “first come, first served” basis.

Voluntary Withdrawal: Your participation in the survey is completely voluntary, and you may change your mind without penalty of any kind. Your decision to participate, decline, or withdraw will have no effect on your status at or relationship with the person, agency or organization where you received the survey.

Confidentiality: Your participation in this survey is confidential. No information personally identifying you is recorded or tracked by the survey, agency or the computer on which you may take the survey. All survey responses are completely anonymous. If you agree to take the survey, you will give verbal consent or assent only, and you are not required to sign your name to any forms. Survey data will be stored on secured computers, and all paper surveys are shredded after their data is entered into the computer. Results of the anonymous data from this study may be presented at conferences and/or published in books or journals.

Further information: If you have questions about the survey, please contact Larry Rogers, (217) 202-1149, Email: ymsm_il@yahoo.com.

Assent/Consent Agreement: The purpose and nature of this survey have been sufficiently explained. I understand that I am free to withdraw at any time without incurring any penalty. I understand that by completing the survey, I am giving my verbal assent or consent to participate in the survey.

Date: _____ Participant Initials (optional/voluntary): _____

II. Please tell us about yourself.

1. In what year were you born? _____
2. Zip code where you live is: _____
3. What is your race? (*choose one or more*)
 - a. White
 - b. Black
 - c. American Indian or Alaska Native
 - d. Asian or Pacific Islander
 - e. Other (please specify) _____
4. Are you of Hispanic, Latino, or Spanish origin? (*choose one*)
 - a. No, not of Hispanic, Latino/a or Spanish origin
 - b. Yes, Mexican, Mexican American, Chicano/a
 - c. Yes, Puerto Rican
 - d. Yes, Cuban
 - e. Yes, other Hispanic, Latino/a, or Spanish origin (specify) _____
5. Were you born in the U.S. (*choose one*)
 - a. Yes (If yes, mark question #6 as “a. Not applicable”).
 - b. No
6. If you were NOT born in the U.S., where were you born? (*choose one*)
 - a. Not applicable. I was born in the U.S.
 - b. I was born in _____
7. What is the highest level of education you have currently achieved? (*choose one*)
 - a. Some high school
 - b. High school diploma
 - c. Technical certificate/training
 - d. Some college/university
 - e. Associate’s degree
 - f. Bachelor’s degree
 - g. Graduate degree (master’s or higher)
8. Which category best describes your personal income last year? (*choose one*)
 - a. less than \$10,000
 - b. \$10,001-\$20,000
 - c. \$20,001-\$30,000
 - d. \$30,001-\$40,000
 - e. \$40,001-\$50,000
 - f. \$50,001 or more

9. Which best describes your primary employment status: *(choose one or two, as applies)*

- a. Employed full time for wages
- b. Employed part time for wages
- c. Self-employed
- d. Out of work for more than 1 year
- e. Out of work for less than 1 year
- f. A homemaker
- g. A student
- h. Other (Specify) _____

10. Which best describes your current housing arrangement *(choose one)*

- a. I live alone in my own place
- b. I live my parents
- c. I live with family members other than my parents
- d. I live in student housing
- e. I live with roommates in our own place
- f. I live with my primary partner in our own place
- g. I currently don't have a permanent place to live
- h. Other (please specify) _____

11. Please rate how easy it is for you to get transportation to and from the things you want or need to get to?
(choose one column for each row, a-e)

Getting to / from:	Transportation is always available-not a problem for me	Transportation is usually available-mostly not a problem	Sometimes transportation is available, sometimes it is a problem	Transportation is often not available – it is usually a problem	Transportation is rarely available – it's almost always a problem
a. School					
b. Work					
c. Errands					
d. Appointments / services I need					
e. Social activities					

12. Are you a parent to any children? *(choose one)*

- a. No _____ Yes _____

13. Are you the “primary caretaker” for any children? *(choose one)*

- a. No _____ Yes _____

14. What is your current **physical sex**? *(choose one)*

- a. Female
- b. Male
- c. Transsexual - male to female
- d. Transsexual - female to male
- e. Intersex (born with sexual organs of both male & female)

15. How do you identify yourself now with regard to **gender**: (*choose one*)

- a. Female
- b. Male
- c. Other (Specify) _____

16. I identify my **sexual orientation** as: (*choose one*)

- a. Gay
- b. Lesbian
- c. Bisexual
- d. Straight/heterosexual
- e. Other (Specify) _____

17. How important or central is your sexual orientation to you? (*choose one*)

- a. Not at all important
- b. Sort of important
- c. Important
- d. Very important
- e. Extremely important

III. Please tell us about your relationships

(Choose one column for each row below.) <u>In the last 12 months:</u>	Only women	Women more than men	Women & men equally	Men more than women	Only men	Doesn't apply for last 12 months.
1. I have engaged in sexual behavior with:						
2. I have been involved in on-going sexual relationships with:						
3. In general, I am usually attracted to:						

4. Which best describes your current relationship status: (*choose one*)

- a. Single
- b. Dating
- c. Committed same-sex relationship
- d. Committed different-sex relationship
- e. Other (please specify) _____

5. Use the rating scale below to indicate how “out” or open you are about your sexual orientation to each the different people/groups listed.

<i>(choose one column for each row below)</i>	Person definitely does NOT know about my sexual orientation	Might know or probably knows, but it is never talked about	Person knows but it is rarely talked about	Person knows and it is sometimes talked about	Person knows and it is openly talked about.	Does NOT apply to me. No such person(s) in my life
a. Mother or female guardian						
b. Father or male guardian						
c. Siblings						
d. Other relatives						
e. Straight friends I have						
f. School peers						
g. Work Peers						
h. School teachers						
i. Work supervisors						
j. Members of my religious community						

IV. Tell us about your social activities

1. How many times have you attended a LGBT prom or dance? _____
2. How many times have you attended a LGBT pride festival? _____
3. If there were an LGBT community center in Peoria where **social activities** were offered for LGBT youth, either on-site and/or coordinated from there, what ones would be of greatest interest to you and which would you be most likely to attend? *(You can write in other social activities you think of that would be important to you. "Programs and social services" are asked about in the next question)*

<i>(choose one column for each row below)</i>	No interest – I would never attend	A little interest- I would attend 1-2 a year	Some interest – I would attend 3-4 times a year	Pretty interested – I would attend 5-8 times a year	Very Interested – I would attend most every time it was offered.
a. Just hang out & chat with other LGBT folks					
b. Movie or TV nights					
c. Music or dances					
d. Dining together					
e. LGBT history talks/movies					
f. Reading / discussion group					
g. LGBT political / social issues activist groups					
h. LGBT community organizing & event planning meetings					
i. Exercise / fitness activities or group					
j. Activities for my children					
k.					
l.					
m.					
n.					

4. If there were an LGBT community center in Peoria where **programs or social services** were offered for LGBT youth, either on-site and/or coordinated from there, what ones would be of greatest interest to you and which would you be most likely to attend? (You can write in other programs or social services you think of that would be important to you.)

<i>(choose one column for each row below)</i>	No interest – I would never attend	A little interest- I would attend 1-2 times a year	Some interest – I would attend 2-4 times a year	Pretty interested – I would attend 5-8 times a year	Very Interested – I would attend most every time it was offered.
a. LGBT coming out or other LGBT youth support & discussion group					
b. Sexual health education					
c. STD testing					
d. Living Skills classes (parenting, cooking, budgeting, finding work, etc.)					
e. Tutoring to get help in school subjects or in job skills					
f. Relationship skills discussion or counseling					
g. “Recovery” support for substance use/abuse					
h. Computer access for games, school, work, internet, email					
i. Domestic violence help or help with other harassment or violence from whoever					
j. Hot meals, food pantry, clothing, other basic necessities					
k.					
l.					
m.					
n.					

V. Please tell us about your health behaviors

1. On average, **how many days each week** do you exercise for at least 30 total minutes (e.g., walking briskly, jogging, swimming, biking, dancing, etc.) _____
2. How often do you smoke cigarettes **each week**? (*choose one*)
 - a. Not at all
 - b. Not sure how often
 - c. Some days of week
 - d. Every day of week
3. During the **last 30 days**, how many times did you have 4 or more alcoholic beverages on an occasion or evening out? _____
4. During **the last 12 months**, how many times did you use any illegal or street drugs? (*choose one*)
 - a. Never have used them
 - b. 0 times in last 12 months
 - c. 1-2 times
 - d. 3-5 times
 - e. 6-9 times
 - f. 10 or more times
5. During **the last 12 months**, how many times did you use any prescription or “over the counter” medications for recreational purposes, e.g., to get high or just try them out? (*choose one*)
 - a. Never have used them to get high
 - b. 0 times in last 12 months
 - c. 1-2 times
 - d. 3-5 times
 - e. 6-9 times
 - f. 10 or more times
6. How often during the **last 12 months** did you cut the size of your meals or skip meals because there wasn't enough money for food? (*choose one*)
 - a. Does not apply
 - b. One or two months
 - c. Some months but not other months
 - d. Almost every month

7. Please rate how over often the **last 2 weeks** you have been bothered by any of the following problems

<i>(choose one column for each row below)</i>	Not at all	Several days in last 2 weeks	More than half the days in last 2 weeks	Nearly every day in last 2 weeks
a. Little interest or pleasure in doing things				
b. Feeling down, depressed or hopeless				
c. Trouble falling or staying asleep, or sleeping too much				
d. Feeling tired or having little energy				
e. Poor appetite or overeating				
f. Feeling bad about myself, or that I'm a failure or have let myself or my family down				
g. Trouble concentrating on things, like reading something or watching TV				
h. Moving or speaking so slowly that others could have noticed? Or was so fidgety or restless that I've moved around a lot more than usual				

8. Have you **ever injected** drugs or hormones? *(choose one)*

- a. No
- b. Yes

9. Please answer the following questions about your sexual behaviors over the last 6 months, based on what would be possible according to your physical sexual anatomy or "equipment", not your sexual orientation or gender identification. Please remember your answers are anonymous and completely confidential..

- If a behavior is physically possible for you according to your sexual anatomy, mark "yes" or "no", whichever applies to you for the last 6 months.
- If a behavior is not possible according to your sexual anatomy, mark "N/A – Not Applicable".

	YES	NO	N/A
a. Have you given oral sex WITHOUT a condom or other protective barrier in the last 6 months?			
b. Have you put your penis in a guy's rectum WITH a condom in the last 6 months?			
c. Have you put your penis in a guy's rectum WITHOUT a condom in the last 6 months?			
d. Has a guy put his penis in your rectum or vagina WITH a condom in the last 6 months?			
e. Has a guy put his penis in your rectum or vagina WITHOUT a condom in the last 6 months?			
f. In the last 6 months, have you used sex toys in your rectum or vagina that were not properly sanitized between uses or no condom was used?			

10. In the **last 12 months**, how often, if ever, have you exchanged sex for money, drugs, food or shelter from someone? *(choose one)*

- a. Never have done this ___
- b. Not in the last 12 months ___
- c. 1-3 times ___
- d. Monthly ___
- e. Weekly ___
- f. More often ___

VI. Tell us about your perceptions and experiences as an LGBT person.

1. Please tell us how often **over the past 12 months** any of the following happened to you:

<i>(Check one column for each row.)</i>	Never and I never feared it would happen	Never, but I DID fear it would happen	Once	A few times	Monthly	Weekly	Daily
a. Overheard people say anti-LGBT things							
b. Was shunned, avoided, ignored							
c. Teased, called names, had nasty things said about me							
d. Threatened with physical violence							
e. Pushed, slapped, or tripped							
f. Punched, kicked or beaten							
g. Asked to leave an event							
h. Driven out of my home							
i. Was refused services							
j. Had my property damaged							
k. Had people “out” me without my permission							
l. Been followed or chased by people							
m. People said or did racist things							

2. Who did each of these things to you **over the past 12 months?**

(Check all people that apply for each row)	Friend or acquaintance	At school	At work	Family	Partner	Neighbor	Service Provider	Stranger	Other (write In who)
a. Overheard people say anti-LGBT things									
b. Was shunned, avoided, ignored									
c. Teased, called names, had nasty things said about me									
d. Threatened with physical violence									
e. Pushed, slapped, tripped									
f. Punched, kicked or beaten									
g. Asked to leave an event									
h. Driven out of my home									
i. Refused services									
j. Had my property intentionally damaged									
k. Had people "out" me without my permission									
l. Been followed or chased by people									
m. People said or did racist things									

3. Please rate how satisfied you are with the emotional or psychological support you receive from other people in your life.

<i>(choose one column for each row)</i>	Almost always satisfied	Sometimes satisfied	Hardly ever satisfied	Does Not Apply to me
a. Parents/siblings				
b. Other family				
c. LGBT friends				
d. Other friends				
e. School peers				
f. Co-workers				
g. Church members				
h. Social Service Providers				

VII. Tell us about your spiritual beliefs

1. Do you believe in a supreme being, spirit, higher power, God, or whatever term you give to this belief? (*choose one*)
 - a. Yes___
 - b. No___
 - c. Not sure___

2. Which of the following best describes what you believe? (*choose one*)
 - a. The power I believe in thinks I am dirty, wrong or sinful because I am LGBT.
 - b. The power I believe in tolerates me as LGBT, but wishes I were not.
 - c. The power I believe in affirms me as an LGBT person.
 - d. The power I believe in doesn't care either way about my being LGBT.
 - e. I don't believe in a higher power so I don't think about this at all.

3. How important are your spiritual beliefs to your everyday life? (*choose one*)
 - a. Not at all important
 - b. Sort of important
 - c. Important
 - d. Very important
 - e. Extremely important

4. What tradition or denomination do you most identify with now? (*choose one*)
 - a. None at all
 - b. Christianity
 - c. Buddhism
 - d. Hinduism
 - e. Islam
 - f. Judaism
 - g. Native/tribal traditions
 - h. Paganism/Wiccanism
 - i. Other (specify) _____

VIII. Please tell us about your feelings regarding the LGBT community.

1. What is the climate toward LGBT people in the community where you live? (*choose one*)
 - a. Supportive
 - b. Tolerant
 - c. LGBT are treated as invisible
 - d. Hostile
 - e. Dangerous

2. How long have you lived in your current community? Months _____ Years _____

3. What is the best thing about your life as an LGBT person in your community or central Illinois in general?

4. What is the worst thing about your life as an LGBT person in your community or central Illinois in general?

5. What is one thing that would improve your life as an LGBT person living in your community or central Illinois?

Thank you for completing the “Peoria Area LGBT Youth Survey”.

Please return your completed survey to the person or agency who gave it to you. In all cases, the person you return the survey to will seal it in an envelope and ask you to write a date over the seal. The sealed anonymous surveys are returned to the Project Coordinator for data entry and analysis.

You can also drop off your completed survey and/or request the optional \$20 gift card at one of the following locations:

1. Brook Lampkin, STD Section, Peoria/City County Health Department, 2116 N. Sheridan Rd, Peoria IL
Direct phone: (309) 679-6009 blampkin@peoriacounty.org Monday – Friday, 8:30-4:00pm

2. Robert Rivoli, at Peoria LGBT Youth Program meetings: Mondays, 5:30pm – 7:30pm. Methodist Atrium, 900 Main St, Conference Room AB, Peoria, IL 61602. youth@ciadeillinois.org (NOTE: The Peoria LGBT Youth Program group will NOT meet there on 5/31/10.)

3. If you can't return your survey by any of these options, please contact Larry Rogers at (217) 202-1149 or email him at: ymsm_il@yahoo.com to work out another strategy.

Your participation in the survey will help local agencies and organizations develop activities, services and programs for youth like you in Peoria and the surrounding area.