

Sexual Orientation and Parenting Strategies

Start of Block: Consent

Q1 Thank you for your interest in my survey. I'm a graduate student in Sociology at the University of California, Davis. This survey is for my PhD research. Your participation helps advance research on the relationship between sexual orientation and the family.

The survey is divided into seven main sections: (1) Demographics, (2) Sexual Attraction and Sexual History, (3) Sexual Orientation, (4) Family History, (5) Relationships, (6) Parenting, and (7) Additional Demographics. The survey will take 10-15 minutes to complete. At the end of the survey, I ask for volunteers to be interviewed. If you would prefer to be interviewed without completing the survey, please skip to the end of the survey where you may leave your contact information.

You must be 18 years or older to participate. You do not need to be a parent in order to take the survey.

All comments and questions may be addressed to the researcher:

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PhD Student

Department of Sociology

University of California, Davis

Please look over the attached terms of consent before proceeding.

[Terms of Consent](#)



Q2

Please indicate if you agree to the terms of consent in the attached PDF.

Yes (1)

No (2)

End of Block: Consent

Start of Block: Demographics

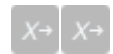
Q3 Demographics



Q4 Is the United States your primary residence?

Yes (If yes, how long have you lived in the US?) (0)

No (If no, where is your primary residence?) (1)



Q5 If a US resident, in which state or territory do you live?

- Alabama (1)
- Alaska (2)
- American Samoa (3)
- Arizona (4)
- Arkansas (5)
- California (6)
- Colorado (7)
- Connecticut (8)
- District of Columbia (9)
- Delaware (10)
- Florida (11)
- Georgia (12)
- Guam (13)
- Hawaii (14)
- Idaho (15)
- Illinois (16)
- Indiana (17)
- Iowa (18)
- Kansas (19)
- Kentucky (20)
- Louisiana (21)

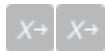
- Maine (22)
- Maryland (23)
- Massachusetts (24)
- Michigan (25)
- Minnesota (26)
- Mississippi (27)
- Missouri (28)
- Montana (29)
- Nebraska (30)
- Nevada (31)
- New Hampshire (32)
- New Jersey (33)
- New Mexico (34)
- New York (35)
- North Carolina (36)
- North Marianas Islands (37)
- North Dakota (38)
- Ohio (39)
- Oklahoma (40)
- Oregon (41)
- Pennsylvania (42)

- Puerto Rico (43)
- Rhode Island (44)
- South Carolina (45)
- South Dakota (46)
- Tennessee (47)
- Texas (48)
- Utah (49)
- Vermont (50)
- Virginia (51)
- Virgin Islands (52)
- Washington (53)
- West Virginia (54)
- Wisconsin (55)
- Wyoming (56)



Q6 How old are you?

- 18-23 (1)
- 24-29 (2)
- 30-34 (3)
- 35-39 (4)
- 40-44 (5)
- 45-49 (6)
- 50-54 (7)
- 55-59 (8)
- 60-64 (9)
- 65-69 (10)
- 70 or older (11)



Q7 What is your sex or current gender? (Select all that apply)

*Note: This question was designed based on the guidelines established by The Center of Excellence for Transgender Health at the University of California, San Francisco. Using these categories allows me to make comparisons across data sets. However, I recognize this is a flawed categorization, and I strongly encourage individuals to write their own gender if not listed below.

- Male/Cis Man (1)
 - Female/Cis Woman (0)
 - Trans Male/Trans Man (3)
 - Trans Female/Trans Woman (2)
 - Genderqueer (4)
 - Additional Category, please specify (5)
-

Q8 How did you learn about this survey? (e.g Facebook group, listserv, friend)

End of Block: Demographics

Start of Block: Sexuality

Q9 **Sexual Attraction and Sexual History**



Q10 Do you believe it is possible to be sexually attracted to more than one gender?

- Yes (0)
- No (1)
- Uncertain (2)



Q11 What percentage of the US population is attracted to more than one gender, do you think?



Q12 At this point in your life, to which of the following genders are you generally attracted?
(Select all that apply)

- Cis Men (1)
 - Cis Women (0)
 - Trans Men (3)
 - Trans Women (2)
 - Genderqueer (4)
 - Additional Category, please specify (5)
-
- None of the above (6)



Q13 Which of the following genders have you engaged with in consensual sexual activity?
(Select all that apply)

- Cis Men (1)
 - Cis Women (0)
 - Trans Men (3)
 - Trans Women (2)
 - Genderqueer (4)
 - Additional Category, please specify (5)
-
- None of the above (6)



Q14 Which of the following genders have you dated romantically? (Select all that apply)

- Cis Men (1)
 - Cis Women (0)
 - Trans Men (3)
 - Trans Women (2)
 - Genderqueer (4)
 - Additional Category, please specify (5)
-
- None of the above (6)



Q15 Have you ever engaged in consensual sexual activity with a person whose gender identity does not align with your typical preference?

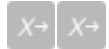
- Yes (0)
- No (1)
- Unknown (2)

Q16 **Sexual Orientation**



Q17 Do you consider yourself to be a member of the LGBTQ+ community?

- Yes (0)
- No (1)
- Sometimes (2)



Q18 How do you label your sexual orientation? (Select all that apply)

- Straight (0)
 - Gay (1)
 - Lesbian (2)
 - Bisexual (3)
 - Pansexual (4)
 - Asexual (5)
 - Queer (6)
 - Questioning (7)
 - Other, please specify (8)
-

Q19 In your own words, please define or explain the sexual orientation(s) you listed in the previous question.



Q20 With which of the following people do you feel comfortable discussing your sexual orientation? (Select all that apply)

- Parent/Guardian(s) (0)
 - Spouse/Partner (1)
 - Sibling(s) (2)
 - Children (3)
 - Friends (4)
 - Coworkers (5)
 - Boss/Employer (6)
 - Acquaintances (7)
 - Strangers (8)
 - Other, please specify (9)
-
- None of the above (10)



Q21 For each of the following people, is it important to you that they know your sexual orientation?

	Yes (0)	No (1)	N/A (2)
Parent/Guardian(s) (Q21_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse/Partner (Q21_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling(s) (Q21_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children (Q21_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends (Q21_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers (Q21_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boss/Employer (Q21_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acquaintances (Q21_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strangers (Q21_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Sexuality

Start of Block: Family History

Q22 Family History



Q23 Which of the following best describes your parent(s) or primary caretaker(s) when you were growing up?

- Single mother (0)
 - Single father (1)
 - Mother and father, together (2)
 - Mother and father, separated or divorced (3)
 - Mother and mother, together (4)
 - Mother and mother, separated or divorced (5)
 - Father and father, together (6)
 - Father and father, separated or divorced (7)
 - Other, please specify (8)
-



Q24 Please select one of the following to represent "Parent/Guardian One"

- Father (0)
 - Mother (1)
 - Other Guardian or Caretaker, please specify (2)
-



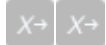
Q25 To the best of your knowledge, what is Parent/Guardian One's sex or current gender identity? (Select all that apply)

- Male/Cis Man (1)
 - Female/Cis Woman (0)
 - Trans Male/Trans Man (3)
 - Trans Female/Trans Woman (2)
 - Genderqueer (4)
 - Additional Category, please specify (5)
-



Q26 To the best of your knowledge, what is Parent/Guardian One's sexual orientation? (Select all that apply)

- Straight (0)
 - Gay (1)
 - Lesbian (2)
 - Bisexual (3)
 - Pansexual (4)
 - Asexual (5)
 - Queer (6)
 - Questioning (7)
 - Other, please specify (8)
-



Q27 Growing up, if you were to come out to Parent/Guardian One as any of the following, how would they have likely responded?

	Strongly approve (0)	Somewhat approve (1)	Somewhat disapprove (2)	Strongly disapprove (3)
Straight (Q27_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay/Lesbian (Q27_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisexual/Pansexual (Q27_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asexual (Q27_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q28 If applicable, please select one of the following to represent "Parent/Guardian Two"

- Father (0)
- Mother (1)
- Other Guardian or Caretaker, please specify (2)

- N/A (3)

Skip To: Q32 If applicable, please select one of the following to represent "Parent/Guardian Two" = N/A



Q29 To the best of your knowledge, what is Parent/Guardian Two's sex or current gender identity? (Select all that apply)

- Male/Cis Man (1)
 - Female/Cis Woman (0)
 - Trans Male/Trans Man (3)
 - Trans Female/Trans Woman (2)
 - Genderqueer (4)
 - Additional Category, Please specify (5)
-



Q30 To the best of your knowledge, what is Parent/Guardian Two's sexual orientation? (Select all that apply)

- Straight (0)
 - Gay (1)
 - Lesbian (2)
 - Bisexual (3)
 - Pansexual (4)
 - Asexual (5)
 - Queer (6)
 - Questioning (7)
 - Other, please specify (8)
-



Q31 Growing up, if you were to come out to Parent/Guardian Two as any of the following, how would they likely have responded?

	Strongly Approve (1)	Somewhat Approve (2)	Somewhat Disapprove (3)	Strongly Disapprove (4)
Straight (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay/Lesbian (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisexual/Pansexual (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asexual (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q32 Before the age of 18, which of the following topics did you talk about with at least one of your parent/guardian(s)? (Select all that apply)

- Dating (0)
- Birth control (e.g. condoms, the pill) (1)
- Abstinence (2)
- Sexual Consent (3)
- Masturbation (4)
- LGBTQ+ topics, in general (5)
- Your sexual orientation (6)
- Their sexual orientation (7)
- None of the above (8)



Q33 Before the age of 18, which of the following sexual identities were you aware of? (Select all that apply)

- Straight (0)
 - Gay (1)
 - Lesbian (2)
 - Bisexual (3)
 - Asexual (4)
 - Other, please specify (5)
-
- None of the above (6)



Q34 Before the age of 18, which of the following sexual identities were considered acceptable in your household? (Select all that apply)

- Straight (0)
 - Gay (1)
 - Lesbian (2)
 - Bisexual (3)
 - Asexual (4)
 - Other, please specify (5)
-
- Uncertain (6)

End of Block: Family History

Start of Block: Relationship Status

Q35 Relationship



Q36 What is your current relationship status? (Select all that apply)

- Single (0)
 - Dating Casually (1)
 - Dating Seriously (2)
 - Long-Term or Domestic Partnership (3)
 - Married (4)
 - Divorced (5)
 - Separated (6)
 - Widowed (7)
 - Polyamorous Relationship (8)
 - Other, please specify (9)
-



Q37 (If applicable) How long have you been with your current/primary partner?

- Less than 1 year (0)
- 1-2 years (1)
- 3-5 years (2)
- 6-10 years (3)
- 11-15 years (4)
- 16-20 years (5)
- 21-25 years (6)
- 26 years or more (7)
- N/A (8)

Skip To: End of Block If (If applicable) How long have you been with your current/primary partner? = N/A



Q38 What is your partner's sex or current gender identity? (Select all that apply)

- Male/Cis Man (1)
 - Female/Cis Woman (0)
 - Trans Male/Trans Man (3)
 - Trans Female/Trans Woman (2)
 - Genderqueer (4)
 - Additional Category, please specify (5)
-



Q39 To the best of your knowledge, what is your partner's sexual orientation? (Select all that apply)

- Straight (0)
 - Gay (1)
 - Lesbian (2)
 - Bisexual (3)
 - Pansexual (4)
 - Asexual (5)
 - Queer (6)
 - Questioning (7)
 - Other, please specify (8)
-



Q40 Is your partner aware of your own sexual orientation?

- Yes (0)
 - No (1)
 - Uncertain (2)
-



Q41 Do you feel your partner is supportive of your sexual orientation?

- Strongly supportive (0)
- Somewhat supportive (1)
- Somewhat unsupportive (2)
- Strongly unsupportive (3)
- Uncertain (4)



Q42 As best you can, predict your partner's level of support for each of the following:

	Strongly supportive (1)	Somewhat supportive (2)	Somewhat unsupportive (3)	Strongly unsupportive (4)	N/A (5)
You attending a pride festival (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You wearing paraphernalia which allude to your sexual orientation (e.g. t-shirts or buttons) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You joining a local LGBTQ+ community group (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You disclosing your sexual orientation to their friends (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You disclosing your sexual orientation to their family (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Relationship Status

Start of Block: Family Planning

Q43 Parenting

X→ X→

Q44 Do you currently have children?

Yes (If yes, how many?) (0)

No (1)

Skip To: Q46 If Do you currently have children? = Yes (If yes, how many?)



Q45 Do you think you would like to have children in the future?

Yes (0)

Maybe (2)

No (1)

Skip To: Q50 If Do you think you would like to have children in the future? = Yes

Skip To: End of Block If Do you think you would like to have children in the future? = No

Skip To: Q50 If Do you think you would like to have children in the future? = Maybe



Q46 In what age range do your child(ren) currently fall? (Select all that apply)

- 0-1 years old (0)
- 2-4 years old (1)
- 5-7 years old (2)
- 8-11 years old (3)
- 12-14 years old (4)
- 15-17 years old (5)
- 18 years or older (6)

Skip To: Q50 If In what age range do your child(ren) currently fall? (Select all that apply) =



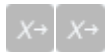
Q47 From oldest to youngest, select the gender identity for your current child(ren)

	Cis Boy/Man (1)	Cis Girl/Woman (2)	Transgender Boy/Man (3)	Transgender Girl/Woman (4)	Genderqueer (5)	Another Category (7)
<input checked="" type="checkbox"/> Child 1 (Q47_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 2 (Q47_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 3 (Q47_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 4 (Q47_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 5 (Q47_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 6 (Q47_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 7 (Q47_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q48 Of the following **topics**, which have you already spoken about to your child(ren)? (Select all that apply)

- Dating (0)
- Birth Control (e.g. the pill, condoms) (1)
- Abstinence (2)
- Sexual Consent (3)
- Masturbation (4)
- LGBTQ+ topics, in general (5)
- Their sexual orientation (6)
- Your own sexual orientation (7)
- None of the above (8)



Q49 Of the following **identities**, which have you already spoken about to your child(ren)?
(Select all that apply)

- Straight (0)
 - Gay (1)
 - Lesbian (2)
 - Bisexual (3)
 - Pansexual (4)
 - Asexual (5)
 - Queer (6)
 - Transgender (7)
 - Genderqueer (8)
 - Other, please specify (9)
-
- None of the above (10)



Q50 What do you feel is the ideal age for children to begin learning about gender and sexual diversity?

- 0-1 years old (0)
 - 2-4 years old (1)
 - 5-7 years old (2)
 - 8-11 years old (3)
 - 12-14 years old (4)
 - 15-17 years old (5)
 - 18 years or older (6)
-



Q51 Do you plan to tell your current or future children about your sexual orientation? Please indicate your main reason(s) for disclosing or not disclosing your sexual orientation.

- Yes (0) _____
 - No (1) _____
-

Q52 How might you feel if your current or future child(ren) identified as any of the following?

	Very Happy (1)	Somewhat Happy (2)	Somewhat Sad (3)	Very Sad (4)
Straight (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay/Lesbian (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bisexual/Pansexual (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asexual (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q53 Of the following **topics**, which do you plan to speak to your current or future child(ren) about prior to their turning 18? (Select all that apply)

- Dating (0)
 - Birth Control (e.g. the pill, condoms) (1)
 - Abstinence (2)
 - Sexual Consent (3)
 - Masturbation (4)
 - LGBTQ+ topics, in general (5)
 - Their sexual orientation (6)
 - None of the above (7)
-



Q54 Of the following **identities**, which do you plan to speak to your current or future child(ren) about prior to their turning 18? (Select all that apply)

- Straight (0)
 - Gay (1)
 - Lesbian (2)
 - Bisexual (3)
 - Pansexual (4)
 - Asexual (5)
 - Queer (6)
 - Transgender (7)
 - Genderqueer (8)
 - Other, please specify (9)
-
- None of the above (10)



Q55 Which of the following strategies would you use to educate your current or future child(ren) about the identities you selected in the previous question? (Check all that apply)

- Storybooks featuring LGBTQ+ characters (0)
- TV shows featuring LGBTQ+ characters (1)
- LGBTQ+ pride festivals and parades (2)
- Events targeted specifically towards LGBTQ+ families (3)
- Introducing them to LGBTQ+ identifying friends (4)
- Other, please specify (5)

- N/A (6)

Q56 If applicable, what are some challenges you face as a queer parent?

End of Block: Family Planning

Start of Block: Additional Demographics

Q57 Additional Demographics



Q58 What is your racial or ethnic identification? (Select all that apply)

- American Indian or Alaskan Native (4)
 - Asian (3)
 - Black or African American (1)
 - Hispanic, Latina/o/x, Chicana/o/x, or Spanish (2)
 - Middle Eastern or North African (5)
 - Native Hawaiian or Other Pacific Islander (6)
 - White (0)
 - Other, please specify (7)
-



Q59 What is your religious identity?

- Agnostic (0)
 - Atheist (1)
 - Buddhist (2)
 - Christian (3)
 - Hindu (4)
 - Jewish (5)
 - Muslim (6)
 - None (7)
 - Other, please specify (8) _____
-



Q60 How would you describe your political views?

- Very Conservative (0)
- Conservative (1)
- Moderate (2)
- Liberal (3)
- Very Liberal (4)
- Other, please specify (5) _____



Q61 What is the highest level of education you have completed?

- Some high school, no diploma (0)
- High school graduate, diploma or equivalent (1)
- Some college credit, no degree (2)
- Trade/technical/vocational training (3)
- Associate degree (4)
- Bachelor's degree (5)
- Some graduate school, no degree (6)
- Professional degree (7)
- Master's degree (8)
- Doctorate degree (9)



Q62 What is the highest level of education for each of your parent(s) or guardian(s)?

	Some high school, no diploma (0)	High school graduate, diploma or equivalent (1)	Some college credit, no degree (2)	Trade/technical/vocational training (3)	Associate degree (4)	Bachelor's degree (5)	Some graduate school, no degree (6)
Parent/Guardian One (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/Guardian Two (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q63 What is your occupation?

Q64 What main occupation did your parent/guardian(s) have when you were a child?

	Occupation (1)
Parent/Guardian One (1)	
Parent/Guardian Two (2)	



Q65 What was your annual household income, before taxes, in the most recent calendar year?

- \$0 - \$24,999 (0)
- \$25,000 - \$49,999 (1)
- \$50,000 - \$74,999 (2)
- \$75,000 - \$99,999 (3)
- \$100,000 - \$124,999 (4)
- \$125,000 - \$149,999 (5)
- \$150,000 - \$174,999 (6)
- \$175,000 - \$199,999 (7)
- \$200,000 and up (8)

End of Block: Additional Demographics

Start of Block: Interviews

Q66 Thank you so much for completing this survey! I am also conducting interviews about these topics. Interviews will last approximately one hour and will be conducted via phone call or Skype. If you are interested in participating, please leave a phone number or email address so I can contact you to schedule an interview.

- Name/Pseudonym (1) _____
- Phone Number (2) _____
- Email Address (3) _____
- Other (4) _____

Q67 Comments

End of Block: Interviews
