

Ace Community Census

This is the 2016 Ace Community Census, a community research project by the AVEN Survey Team. The purpose of this study is to measure various demographics of the asexual community. The AVEN Survey Team is run by the Asexual Visibility and Education Network (AVEN, www.asexuality.org).

This survey is open to anyone over the age of 13, including both aces and non-aces. It will require approximately 15-20 minutes of your time to complete.

All data collected will be kept confidential, and no identifying information will be collected. Please note that some data may be shared with other researchers at qualifying research institutions who request information from the survey team for academic purposes. All research requests will be vetted by the survey team.

Taking part in this survey is completely voluntary and you can stop the survey at any time. Most questions in the survey are completely optional, and can be left blank if you are uncomfortable or do not know how to answer.

This survey will ask about sensitive topics, including questions about sexual activity, sexual violence, suicide, mental health, and other topics which some people may find triggering. If you find any of these questions uncomfortable, you do not need to answer them.

If you have any questions or concerns about the survey, you can contact the AVEN survey team at asexualcensus@gmail.com.

You can also view a list of frequently asked questions here: <https://asexualcensus.wordpress.com/2016-ace-community-census-faq/>

You will be able to view any published results from the survey at <http://asexualcensus.wordpress.com>.

By clicking the "continue" button below, you are indicating that you are over the age of 13, and that you consent to participate in this survey. If you are below the age of 13, or do not wish to participate in the survey, please use the back button in your browser to exit this page.

* Required

Demographics

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

1. In which year were you born?

2. In which month were you born?

Mark only one oval.

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

3. What is your highest completed level of education?

Mark only one oval.

- Less than high school
- High school graduate (or equivalent)
- Some college (no degree yet)
- Associate's Degree (including occupational or academic degrees)
- Bachelor's Degree (BA, BS, AB, etc.)
- Master's degree (MA, MS, MENG, MSW, etc)
- Professional school degree (MD, DDC, JD, etc)
- Doctorate degree (PhD, EdD, etc)

4. Are you currently a student?

Mark only one oval.

- No, I am not currently in school
- Yes, in high school
- Yes, in an undergraduate program
- Yes, in a graduate program
- Other: _____

5. What is your religious preference?

Mark only one oval.

- Protestant
- Roman Catholic
- Mormon
- Orthodox (such as Greek or Russian Orthodox)
- Other Christian denomination
- Jewish
- Muslim
- Buddhist
- Hindu
- Atheist
- Agnostic
- Nothing in particular
- Pantheist or Panentheist
- Unitarian Universalist
- Wiccan
- Unsure
- Other Pagan
- Other non-religious
- Other religious

6. If you would like to be more specific about your religious preference, please specify below.

7. In your own words, how would you describe your race and or ethnicity?

8. Do you identify with any of the following racial/ethnic categories?

Mark all that apply.

Check all that apply.

- Aboriginal Australian
- North African: (Berber, Egyptian, Libyan, Nilo-Saharan, etc.)
- Asian: Eastern (Chinese, Japanese, Korean, Taiwanese, Mongolian, etc.)
- Asian: Southern (Indian, Pakistani, Sri Lankan, etc.)
- Asian: Southeast (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- Asian: Western (Arabs, Azerbaijanis, Kurds, Persians, Turks, etc.)
- Black and/or of the African Diaspora
- Black: African
- Black: Caribbean
- Latinx
- Middle Eastern
- North American Native (North American Indian, Inuit, etc.)
- Pacific Islander and/or Polynesian (Kanaka Maoli, Filipino, Māori, Samoan, etc.)
- South or Central American Native (Quechua, Aymara, Chiquitano, etc.)
- White or of European Descent
- Brown
- Hispanic
- Jewish (Ashkenazi, Sephardic, etc.)
- Mixed Race / Multi-Racial
- Other: _____

9. Please select the country in which you live. *

If you spend time in more than one country, select the country in which you spend the most time. If your country is absent from the list, choose "other".

Mark only one oval.

- Argentina *Skip to question 23.*
- Australia *Skip to question 23.*
- Austria *Skip to question 23.*
- Bahamas *Skip to question 23.*
- Bangladesh *Skip to question 23.*
- Belarus *Skip to question 23.*
- Belgium *Skip to question 23.*
- Bolivia *Skip to question 23.*
- Bosnia and Herzegovina *Skip to question 23.*
- Brazil *Skip to question 23.*
- Bulgaria *Skip to question 23.*
- Canada *Skip to question 20.*
- Cayman Islands *Skip to question 23.*
- Chile *Skip to question 23.*
- China *Skip to question 23.*
- Colombia *Skip to question 23.*
- Costa Rica *Skip to question 23.*
- Croatia *Skip to question 23.*
- Czech Republic *Skip to question 23.*
- Denmark *Skip to question 23.*
- East Timor
- Ecuador *Skip to question 23.*
- Egypt *Skip to question 23.*
- Eritrea
- Ethiopia *Skip to question 23.*
- Finland *Skip to question 23.*
- France *Skip to question 23.*
- Georgia *Skip to question 23.*
- Germany *Skip to question 23.*
- Greece *Skip to question 23.*
- Guatemala *Skip to question 23.*
- Honduras *Skip to question 23.*
- Hong Kong *Skip to question 23.*
- Hungary *Skip to question 23.*
- Iceland *Skip to question 23.*
- Ireland *Skip to question 23.*
- India *Skip to question 23.*

- Indonesia *Skip to question 23.*
- Israel *Skip to question 23.*
- Italy *Skip to question 23.*
- Jamaica *Skip to question 23.*
- Japan *Skip to question 23.*
- Jersey *Skip to question 23.*
- Kazakhstan *Skip to question 23.*
- Kenya *Skip to question 23.*
- Latvia *Skip to question 23.*
- Lithuania *Skip to question 23.*
- Macedonia *Skip to question 23.*
- Malaysia *Skip to question 23.*
- Malta *Skip to question 23.*
- Mexico *Skip to question 23.*
- Morocco *Skip to question 23.*
- Mozambique *Skip to question 23.*
- Nicaragua *Skip to question 23.*
- Netherlands *Skip to question 23.*
- New Zealand *Skip to question 23.*
- Norway *Skip to question 23.*
- Papua New Guinea *Skip to question 23.*
- Paraguay *Skip to question 23.*
- Peru *Skip to question 23.*
- Philippines *Skip to question 23.*
- Poland *Skip to question 23.*
- Portugal *Skip to question 23.*
- Puerto Rico *Skip to question 10.*
- Qatar *Skip to question 23.*
- Romania *Skip to question 23.*
- Russia *Skip to question 23.*
- Saudi Arabia *Skip to question 23.*
- Singapore *Skip to question 23.*
- Slovakia *Skip to question 23.*
- Slovenia *Skip to question 23.*
- South Africa *Skip to question 23.*
- South Korea *Skip to question 23.*
- South Sudan
- Spain *Skip to question 23.*
- Sri Lanka *Skip to question 23.*
- Sweden *Skip to question 23.*

- Switzerland *Skip to question 23.*
- Turkey *Skip to question 23.*
- Taiwan *Skip to question 23.*
- Thailand *Skip to question 23.*
- Tanzania *Skip to question 23.*
- Tunisia *Skip to question 23.*
- Uganda *Skip to question 23.*
- Ukraine *Skip to question 23.*
- United Kingdom *Skip to question 13.*
- United States of America *Skip to question 10.*
- Uruguay *Skip to question 23.*
- Venezuela *Skip to question 23.*
- Vietnam *Skip to question 23.*
- Zimbabwe
- Other *Skip to question 22.*

Skip to question 23.

US Residents

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

10. Which State or US territory do you live in?

Mark only one oval.

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Marianas Islands

- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Virgin Islands
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other

11. Are you of Hispanic, Latino, or Spanish origin?

These questions are drawn from the US Census, and we are using them to compare to the previous questions.

Mark only one oval.

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

12. What is your race? Check all that apply.

These questions are drawn from the US Census, and we are using them to compare to the previous questions.

Check all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other: _____

Skip to question 23.

UK Residents

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

13. In which region do you currently reside?

Mark only one oval.

- England
- Wales
- Scotland
- Northern Ireland
- Other: _____

14. How would you describe your national identity?

Mark only one oval.

- English
- Welsh
- Scottish
- Northern Irish
- British
- Other: _____

What is your ethnic group?

These questions are drawn from the UK Census, and we are using them to compare to earlier questions.

Choose one section from A-E, then tick one box to best describe your ethnic group or background.

15. A. White

Mark only one oval.

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Irish Traveller
- I am not white
- Other: _____

16. B. Mixed/Multiple Ethnic Groups

Mark only one oval.

- White and Black Caribbean
- White and Black African
- White and Asian
- I am not mixed
- Other: _____

17. C. Asian/Asian British

Mark only one oval.

- Indian
- Pakistani
- Bangladeshi
- Chinese
- I am not Asian
- Other: _____

18. D. Black/African/Caribbean/Black British

Mark only one oval.

- African
- Caribbean
- I am not black
- Other: _____

19. E. Other ethnic group

Mark only one oval.

- Arab
- N/A
- Other: _____

Skip to question 23.

Canada Residents

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

20. What is your race/ethnicity? Check all that apply.

These questions are drawn from the Canada Census, and we are using them to compare to the previous questions. Mark as many as apply.

Check all that apply.

- White
- Black
- Latin American
- Chinese
- Filipino
- Korean
- Japanese
- Arab
- South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- West Asian (e.g., Iranian, Afghan, etc.)
- Aboriginal (North American Indian, Metis, or Inuit (Eskimo), etc.)
- Other: _____

21. What province do you currently reside in?

Mark only one oval.

- Ontario
- Quebec
- British Columbia
- Alberta
- Manitoba
- Saskatchewan
- Nova Scotia
- New Brunswick
- Newfoundland and Labrador
- Prince Edward Island
- Northwest Territories
- Yukon
- Nunavut
- Other/NA

Skip to question 23.

Other Country

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

22. What country do you currently live in?

Skip to question 23.

Sex/gender

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

23. Which of the following best describes your current gender identity?

Mark only one oval.

- Man/male
- Woman/female
- None of the above

24. Which (if any) of the following words would you use to describe your current gender identity?

Mark all that apply.

Check all that apply.

- Man/Male
- Woman/Female
- Genderqueer
- Neutrois
- Agender
- Non-binary
- Genderfluid
- Androgynous
- Demigirl
- Demiguy
- No Gender
- Questioning or unsure
- Other: _____

25. Do you consider yourself trans?

Mark only one oval.

- Yes
- No
- Unsure

26. What sex were you assigned at birth?

e.g. What was written on your birth certificate

Mark only one oval.

- Male
- Female
- Other: _____

Sexual Orientation

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

27. Which of the following labels do you most closely identify with? *

Mark only one oval.

- Asexual
- Gray-A
- Demisexual
- Questioning if asexual/gray-A/demisexual
- None of the above *After the last question in this section, skip to question 38.*

28. **Did you at any previous time identify as something other than what you answered above?**

Check all that apply.

- Asexual
- Gray-A
- Demisexual
- Questioning if asexual/demisexual/grey-asexual
- No

29. **Do you consider yourself queer?**

Mark only one oval.

- Yes
- No
- Unsure

30. **Which of the following other sexual orientation labels do you most closely identify with?**

Mark only one oval.

- Straight
- Gay
- Lesbian
- Bisexual
- Pansexual
- None of the above (I only identify as asexual/gray-A/demisexual and not any other orientation)
- Questioning or unsure
- Other: _____

The following questions ask not about how you personally identify, but about how you typically respond on other surveys.

31. **Suppose a survey asked you for your sexual orientation, and provided only the options below. Which would you typically choose?**

Mark only one oval.

- Straight
- Gay
- Bisexual

32. **Suppose a survey asked you for your sexual orientation, and provided only the options below. Which would you typically choose?**

Mark only one oval.

- Straight
- Gay
- Lesbian
- Bisexual
- Pansexual
- Queer
- Asexual

Asexual Identity

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

33. **Where did you first hear of asexuality?**

Mark only one oval.

- AVEN
- Tumblr
- Blogs (outside Tumblr)
- Fandom community (outside Tumblr)
- LGBTQ community (outside Tumblr)
- Facebook
- Wikipedia
- News media
- Word of mouth
- Reddit
- YouTube
- School
- I don't remember
- Other: _____

34. **At what age did you first *privately identify* as asexual, gray-A, demisexual, or some equivalent term?**

It counts even if you did not take the term seriously. If you are questioning your ace identity, please answer 0 or leave blank.

35. **At what age did you first tell another **asexual** person about your asexuality, gray-asexuality, demisexuality, or some equivalent term?**

If you never identified as such to others, please answer 0 or leave blank.

36. **At what age did you first tell another **non-asexual** person about your asexuality, gray-asexuality, demisexuality, or some equivalent term?**

If you never identified as such to others, please answer 0 or leave blank.

37. **How many people in the following groups have you told about your asexuality / demisexuality / grey-asexuality?**

If any of the following categories do not apply to you (e.g. an only child with no siblings) select "N/A". Mark only one oval per row.

	None	A few	About half	Most	All	N/A
Partner(s) - (ex. romantic partner, queerplatonic partner, spouse, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heterosexual friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-heterosexual friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acquaintances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classmates	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
Counselors/Community leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attraction

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

38. Which (if any) of the following romantic orientation labels do you identify with?

Please consider the whole list carefully and check all that apply.

Check all that apply.

- Aromantic
- Heteroromantic
- Homoromantic
- Biromantic
- Panromantic or Polyromantic
- WTFromantic or quoiromantic
- Lithromantic
- Gray-romantic or gray-aromantic
- Demiromantic
- I am unfamiliar with some or all of these
- I prefer not to identify with these
- Questioning or unsure
- Other: _____

39. Which of the following groups are you romantically attracted to?

Check all that apply

Check all that apply.

- Men
- Women
- People with non-binary genders
- None of the above
- Unsure

40. Some people experience types of attraction other than romantic or sexual attraction. If you are familiar with any of the following terms, which of them describe something you experience?

Check all that apply.

Check all that apply.

- Aesthetic attraction
- Platonic attraction
- Sensual attraction
- I do not experience any of these
- I am unfamiliar with some or all of these
- Other: _____

Relationships

Please Note: For the following questions, "significant relationships" refers to close relationships other than family or close friends - typical examples could include marriage, domestic partnerships, queerplatonic relationships, partner, boyfriend, girlfriend, etc. Significant relationships need not necessarily be sexual or even romantic.

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

41. What's your current relationship status?

Mark only one oval.

- Single
- In at least one significant relationship (either romantic or not)
- Engaged/married

42. Have you ever had a significant relationship?

Mark only one oval.

- Yes
- No
- Unsure

43. Have you ever had a significant relationship that was romantic?

Mark only one oval.

- Yes
- No
- I don't differentiate between romantic and nonromantic relationships
- Unsure

44. Have you ever had a significant relationship that was non-romantic?

Mark only one oval.

- Yes
- No
- I don't differentiate between romantic and nonromantic relationships
- Unsure

45. Have you ever had a partner who was asexual, grey-A or demisexual, that you know of?

Mark only one oval.

- Yes
- No

46. Have you ever had a partner who was NOT asexual, grey-A or demisexual, that you know of?

Mark only one oval.

- Yes
- No

47. Do you consider yourself polyamorous?

Mark only one oval.

- Yes
- No
- Unsure

Sexual History and Sexual Violence

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

48. **The following section contains some questions of a sensitive nature regarding past sexual behavior and sexual violence. You will be asked about your history with sexual activity and sexual violence. Are you willing to answer questions pertaining to either topic? ***

Mark only one oval.

- Yes.
- No, skip them. *Skip to question 60.*

Sexual Violence

Remember that questions which you find uncomfortable to answer can be left blank. In this survey, examples of "sex" include intercourse, oral sex, anal sex, and manual stimulation by another person.

There will be additional space for feedback and clarification at the end of the survey.

49. **Have you ever experienced sex that you did not consent to or were incapable of giving consent to?**

For example, incapable would be if you were too intoxicated to give consent, or too young to give informed consent.

Mark only one oval.

- Yes
- No
- Unsure

50. **Have you ever had sex because of social pressure from a partner, peers, or anyone else, when you might not have wanted to have sex otherwise?**

Mark only one oval.

- Yes
- No
- Unsure

51. **Have you ever experienced sexual contact that you did not consent to, or were incapable of giving consent to?**

"Sexual contact" is a broader category than "sex", and includes things such as groping and kissing.

Mark only one oval.

- Yes
- No
- Unsure

If you did not answer yes to any of the previous questions, you may skip to the next section

52. **By your best estimate, how old were you when the EARLIEST of these experiences occurred?**

If there were no experiences, or you don't know when, leave this blank.

53. **By your best estimate, how old were you when the MOST RECENT of these experiences occurred?**

If there were no experiences, or you don't know when, leave this blank.

54. **Were any of these experiences with:**

Check all that apply.

Check all that apply.

- An intimate partner
- Someone who was not an intimate partner
- A man
- A woman
- A nonbinary person

Sexual history

Here, sex refers only to partnered sex.

55. **Have you ever had consensual sex?**

Mark only one oval.

- Yes
- No
- Unsure

56. **By your best estimate, how old were you at the EARLIEST time you had consensual sex?**

If this has never happened, or you don't know when, leave this blank.

57. **By your best estimate, how old were you at the MOST RECENT time you had consensual sex?**

If this has never happened, or you don't know when, leave this blank.

58. If you have engaged in consensual sex in the past please list reasons why you did.

Check all that apply. Leave this blank if you have not had consensual sex.

Check all that apply.

- I was sexually attracted to the person.
- I was romantically attracted to the person.
- I was sensually attracted to the person.
- I was aesthetically attracted to the person.
- I wanted to experience the physical pleasure.
- I wanted to show my affection to the person.
- I wanted to please my partner.
- I desired emotional closeness (i.e., intimacy).
- It seemed like the natural next step in my relationship.
- I was curious about sex.
- Other: _____

Sex Drive/Libido

59. How strong is your sex drive/libido?

Sex drive, or libido, refers to the drive to engage in some kind of sexual stimulation, whether through partnered sex or solo stimulation (e.g. masturbation).

Mark only one oval.

	0	1	2	3	4	
Nonexistent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Strong

Health and Ability

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

60. Do you consider yourself any of the following?

Mark only one oval per row.

	Yes	Unsure	No
Disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronically Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitively disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentally Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurodivergent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. Have any of the following ever applied to you?

Mark only one oval per row.

	Yes - Professionally Diagnosed	Yes - Self-Diagnosed	Unsure	No
ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressive Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erectile dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypoactive Sexual Desire Disorder or Sexual Interest/Arousal Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personality Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizoid Personality Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginismus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. Suicide

Mark only one oval per row.

	Yes	Unsure	No
Have you ever seriously considered suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever attempted suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Substances

63. How often have you used the following in the past 12 months?

This survey is anonymous

Mark only one oval per row.

	Not at all in the last 12 months	Once/twice in the last 12 months	Once/twice a month	Once/twice a week	3/4 days a week	5+ days a week
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational use of prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Recreational drugs (non-injection)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Recreational drugs (injectable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Negative Experiences

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

64. Because of your sexual and/or romantic orientation, have you experienced any of the following?

Mark only one oval per row.

	Yes	Unsure	No
Verbal harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical harassment/violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty finding housing or dealing with landlords or roommates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty finding a job or fitting in at a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty accessing mental healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty accessing other healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being excluded from social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of material/financial support from family or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attempts or suggestions for how to "fix" or "cure" you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familial rejection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. Because you are transgender/gender non-conforming have you experienced any of the following?

Mark only one oval per row.

	Yes	Unsure	No
Verbal harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical harassment/violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty finding housing or dealing with landlords or roommates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty finding a job or fitting in at a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty accessing mental healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty accessing other healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being excluded from social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of material/financial support from family or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attempts or suggestions for how to "fix" or "cure" you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familial rejection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. Would you like to briefly elaborate on the sources of any of these experiences?

67. On a scale of 0 (little to no impact) to 4 (major impact), how much of an impact has discrimination, prejudice, or other negative experiences due to your sexual or romantic orientation had on the following aspects of your life?

Mark only one oval per row.

	0 (little to no impact)	1	2	3	4 (major impact)
Professional/Academic career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social life	<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"/>
Relationships with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental/Emotional health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health/wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Asexual communities

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

68. Where did you first participate in an asexual community?

Mark only one oval.

- I have never participated in an asexual community
- AVEN (English)
- Non-English asexual forum
- Tumblr
- Livejournal
- Blogs (Besides LiveJournal and Tumblr)
- Facebook
- Reddit
- Offline group
- Other: _____

69. How old were you when you first participated in an asexual community?

If you have never participated in an asexual community, you can leave this blank.

70. How much do you currently READ or WATCH content from the following online asexual communities?

Mark only one oval per row.

	Never	A few times a year or less	A few times a month	A few times a week	At least once per day
AVEN (English)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-English asexual forum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tumblr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LiveJournal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blogs (Besides LiveJournal and Tumblr)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reddit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YouTube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meetup.com	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chat room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. How much do you currently POST or COMMENT in the following online asexual communities?

Mark only one oval per row.

	Never	A few times a year or less	A few times a month	A few times a week	At least once per day
AVEN (English)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-English asexual forum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tumblr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LiveJournal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blogs (Besides LiveJournal and Tumblr)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reddit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YouTube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meetup.com	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chat room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. Have you ever met someone offline who identified as asexual, grey-A or demisexual, that you know of?

Mark only one oval.

- Yes
- No
- Unsure

73. How often do you currently participate in OFFLINE asexual groups?

Mark only one oval.

- Never
- A few times a year or less
- Once a month
- A few times a month
- A few times a week
- At least once per day

74. Do you currently read/watch/participate in any asexual community not listed above?

If yes, please choose "other" and name the community

Mark only one oval.

- No
- Other: _____

75. What are the reasons that you currently participate in asexual communities (both online and offline, where applicable)?

Check all that apply.

Check all that apply.

- To find people like myself
- To learn more about myself or asexuality
- To be an advocate
- To talk about asexuality
- To have general discussions
- To find friends or partners
- N/A - I do not participate in asexual communities
- Other: _____

79. To what degree did you feel that the most recent offline LGBTQ space you participated in was intended for you?

Mark only one oval per row.

0 Not at all	1	2	3	4 Mostly	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes about sex

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

80. How do you feel about the idea of you (personally) engaging in sex?

Please select the option that best reflects your attitudes overall.

Mark only one oval.

- Repulsed
- Indifferent
- Favorable
- Uncertain
- Other: _____

81. "Our society has too much sex in it, and it would be better if it were diminished."

How strongly do you agree or disagree with this statement?

Mark only one oval.

	0	1	2	3	4	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

82. Do you consider yourself sex-positive, sex-neutral or sex-negative, when it comes to sex in general (i.e. other people having sex)?

Use your preferred definition of these terms.

Mark only one oval.

- Sex-positive
- Sex-neutral
- Sex-negative
- None of the above, or unsure

83. Which of the following statements do you MOST agree with?

Mark only one oval.

- I believe that sex is more positive than negative overall.
- I believe that sex is neither negative nor positive overall.
- I believe that sex is more negative than positive overall.
- Unsure

Survey

While it's best to answer as many questions as best as you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

84. Where did you find this survey?

Mark only one oval.

- AVEN (English)
- Non-English asexual forum
- Tumblr
- LiveJournal
- Blogs (Besides LiveJournal and Tumblr)
- Facebook
- Twitter
- Reddit
- FetLife
- Word of mouth
- Offline asexual groups
- Other: _____

85. Feedback (optional)

Do you have any comments about this survey?

Open Ended Questions

These following questions and are designed to gather more detailed personal anecdotes that can be used to contextualize and personalize the raw numbers collected by this census. Quotes from your responses to the questions below may be included in reports or press releases from the AVEN Survey Team. In addition, quotes from this section may also be shared with other ace organizers to use in visibility and education materials.

All the below questions are fully optional, and you can write as much or as little as you would like. By answering these questions, you give us permission to quote you anonymously in future publications (please do not include any identifying information). If you would prefer not to answer these questions, you can hit "Next" below now.

This is the final section of the survey. When you hit "Next" below, all answers will be submitted and you will no longer be able to change your responses. Thank you for taking the survey!

86. Do you tell other people about your asexuality? How have they responded, and how did you feel about those responses?

87. Have you ever experienced prejudice or discrimination as a result of your a/sexuality? What happened?

88. What kind of support or services do you most need from ace communities?

89. What kind of support or services do you most need from non-ace allies?

90. What unanswered questions do you have about the demographics, behaviors, or attitudes of aces and ace communities?

91. Are there any other stories or statements you would like to share?
