

Ace Community Census

This is the 2018 Ace Community Census, a community research project by the Ace Community Survey Team. The purpose of this study is to understand more about the diversity of the ace community, including asexual, demisexual, gray-asexual, and related identities.

This survey is open to anyone over the age of 13, including both aces and non-aces. It will require approximately 30 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 reviewed 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. We will also warn you about potentially sensitive sections and allow you the option to skip the entire section.

If you have any questions or concerns about the survey, you can contact the Ace Community Survey Team at asexualcensus@gmail.com.

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

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

By clicking the "next" 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 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 secondary education (e.g. has not graduated high school)
- Upper secondary education (e.g. high school graduate, A-levels, etc.)
- Some college / university / higher education (no degree yet)
- Associate's Degree (including occupational or academic degrees)
- Bachelor's Degree (BA, BS, BSc, 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
- Yes, in high school or secondary school
- Yes, in an undergraduate program
- Yes, in a graduate program
- Other: _____

5. Which of the following best describes your employment status?

Mark only one oval.

- Employed, working 40 or more hours per week
- Employed, working less than 40 hours per week
- Self-employed
- Student
- Retired
- Not employed and looking for work
- Not employed and not looking for work
- Not employed due to disability
- Homemaker or full-time parent
- Other: _____

6. What are your current living arrangements?

Mark only one oval.

- Living in campus/university housing
- Living in a house/apartment/condo I OWN alone or with others
- Living in a house/apartment/condo I RENT alone or with others
- Living with a partner, spouse, or other person who pays for the housing
- Living with parents, family, or legal guardians I grew up with because I have not left home
- Living temporarily with friends or family because I can't afford my own housing
- Other: _____

7. Do you currently live with anyone?

Check all that apply.

Check all that apply.

- I live alone
- I live with children who are under the age of 18
- I live with adult family members or legal guardians
- I live with a significant other
- I live with friends
- I live with acquaintances/strangers
- Other: _____

8. What is your present religion, if any?

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

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

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

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

Check all that apply.

Check all that apply.

- Aboriginal Australian
- Asian: Eastern (Chinese, Japanese, Korean, Taiwanese, Mongolian, etc.)
- Asian: Southern (Indian, Pakistani, Sri Lankan, etc.)
- Asian: Southeast (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- Asian: Western (Arab, Azerbaijani, Kurdish, Persian, Turk, etc.)
- Black and/or of the African Diaspora
- Black: African
- Black: Caribbean
- Brown
- Hispanic
- Jewish (Ashkenazi, Sephardic, etc.)
- Latinx
- Middle Eastern
- Mixed Race / Multi-Racial
- North African: (Berber, Egyptian, Libyan, Nilo-Saharan, etc.)
- North American Native (North American Indian, Inuit, Metis, First Nations, 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
- Other: _____

12. Are you a racial/ethnic minority in your local community?

Mark only one oval.

- Yes
- No
- Unsure

13. Are you a racial/ethnic minority in your country of residence?

If you spend time in more than one country, consider the country in which you spend the most time.

Mark only one oval.

Yes

No

Unsure

14. 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 30.*
- Australia *Skip to question 30.*
- Austria *Skip to question 30.*
- Bahamas *Skip to question 30.*
- Bangladesh *Skip to question 30.*
- Belarus *Skip to question 30.*
- Belgium *Skip to question 30.*
- Bolivia *Skip to question 30.*
- Bosnia and Herzegovina *Skip to question 30.*
- Brazil *Skip to question 30.*
- Bulgaria *Skip to question 30.*
- Canada *Skip to question 25.*
- Cayman Islands *Skip to question 30.*
- Chile *Skip to question 30.*
- China *Skip to question 30.*
- Colombia *Skip to question 30.*
- Costa Rica *Skip to question 30.*
- Croatia *Skip to question 30.*
- Czech Republic *Skip to question 30.*
- Denmark *Skip to question 30.*
- East Timor *Skip to question 30.*
- Ecuador *Skip to question 30.*
- Egypt *Skip to question 30.*
- Eritrea *Skip to question 30.*
- Ethiopia *Skip to question 30.*
- Finland *Skip to question 30.*
- France *Skip to question 30.*

- Georgia *Skip to question 30.*
- Germany *Skip to question 30.*
- Greece *Skip to question 30.*
- Guatemala *Skip to question 30.*
- Honduras *Skip to question 30.*
- Hong Kong *Skip to question 30.*
- Hungary *Skip to question 30.*
- Iceland *Skip to question 30.*
- Ireland *Skip to question 30.*
- India *Skip to question 30.*
- Indonesia *Skip to question 30.*
- Israel *Skip to question 30.*
- Italy *Skip to question 30.*
- Jamaica *Skip to question 30.*
- Japan *Skip to question 30.*
- Jersey *Skip to question 30.*
- Kazakhstan *Skip to question 30.*
- Kenya *Skip to question 30.*
- Latvia *Skip to question 30.*
- Lithuania *Skip to question 30.*
- Macedonia *Skip to question 30.*
- Malaysia *Skip to question 30.*
- Malta *Skip to question 30.*
- Mexico *Skip to question 30.*
- Morocco *Skip to question 30.*
- Mozambique *Skip to question 30.*
- Nicaragua *Skip to question 30.*
- Netherlands *Skip to question 30.*
- New Zealand *Skip to question 30.*
- Norway *Skip to question 30.*

- Papua New Guinea *Skip to question 30.*
- Paraguay *Skip to question 30.*
- Peru *Skip to question 30.*
- Philippines *Skip to question 30.*
- Poland *Skip to question 30.*
- Portugal *Skip to question 30.*
- Puerto Rico *Skip to question 15.*
- Qatar *Skip to question 30.*
- Romania *Skip to question 30.*
- Russia *Skip to question 30.*
- Saudi Arabia *Skip to question 30.*
- Singapore *Skip to question 30.*
- Slovakia *Skip to question 30.*
- Slovenia *Skip to question 30.*
- South Africa *Skip to question 30.*
- South Korea *Skip to question 30.*
- South Sudan *Skip to question 30.*
- Spain *Skip to question 30.*
- Sri Lanka *Skip to question 30.*
- Sweden *Skip to question 30.*
- Switzerland *Skip to question 30.*
- Turkey *Skip to question 30.*
- Taiwan *Skip to question 30.*
- Thailand *Skip to question 30.*
- Tanzania *Skip to question 30.*
- Tunisia *Skip to question 30.*
- Uganda *Skip to question 30.*
- Ukraine *Skip to question 30.*
- United Kingdom *Skip to question 18.*
- United States of America *Skip to question 15.*

- United Arab Emirates *Skip to question 30.*
- Uruguay *Skip to question 30.*
- Venezuela *Skip to question 30.*
- Vietnam *Skip to question 30.*
- Zimbabwe *Skip to question 30.*
- Other *Skip to question 29.*

Skip to question 30.

US Residents

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

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

If you spend time in more than one state, select the state in which you spend the most time.

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

16. 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

17. What is your race?

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

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 30.

UK Residents

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

18. In which region do you currently reside?

Mark only one oval.

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

19. 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.

20. A. White

Mark only one oval.

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

21. 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: _____

22. C. Asian/Asian British

Mark only one oval.

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

23. D. Black/African/Carribbean/Black British

Mark only one oval.

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

24. E. Other ethnic group

Mark only one oval.

- Arab
- N/A
- Other: _____

Skip to question 30.

Canada Residents

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

25. 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

The following questions on Race and Ethnicity are from the Canadian long form Census of 2016

26. Are you an Aboriginal person, that is First Nations (North American Indian), Métis, or Inuk (Inuit)?

Check all that apply.

Check all that apply.

- No, not an Aboriginal Person
- Yes, First Nations (North American Indian)
- Yes, Metis
- Yes, Inuk (Inuit)

27. Are you:

This question collects information in accordance with the Employment Equity Act and its Regulations and Guidelines to support programs that promote equal opportunity for everyone to share in the social, cultural, and economic life of Canada. Check all that apply.

Check all that apply.

- White
- South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.)
- Chinese
- Black
- Filipino
- Latin American
- Arab
- Southwest Asian (e.g. Vietnamese, Cambodian, Laotian, Thai, etc.)
- West Asian (e.g., Iranian, Afgan, etc.)
- Korean
- Japanese
- Other: _____

28. Are you a Status Indian (Registered or Treaty Indian as defined by the Indian Act of Canada)?

Mark only one oval.

- No
- Yes, Status Indian (Registered or Treaty)

Skip to question 30.

Other Country

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

29. What country do you currently live in?

Skip to question 30.

Gender

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

30. Which of the following ***BEST*** describes your gender identity?

Mark only one oval.

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

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

Check all that apply.

Check all that apply.

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

32. **Have you ever been diagnosed by a medical doctor with an intersex condition or a ‘difference of sex development’, or were you born with (or developed naturally in puberty) genitals, reproductive organs, and/or chromosomal patterns that do not fit standard definitions of male or female?**

Mark only one oval.

- Yes
- No
- Unsure
- Prefer not to answer

33. **Do you identify as transgender?**

Mark only one oval.

- Yes
- No
- Unsure
- Prefer not to answer

34. **Does the term cisgender apply to you?**

Mark only one oval.

- Yes
- No
- Unsure; I am not familiar with the term
- Unsure; but I am familiar with the term
- Prefer not to answer

Asexual Spectrum

In this survey, the “asexual spectrum” includes, asexuals, gray-asexuals, demisexuals, aces, etc.

35. **Do you consider yourself to be on the asexual spectrum? ***

Mark only one oval.

- Yes
- No *Skip to question 41.*
- Unsure

Asexual Identity

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

36. Which of the following sexual orientation labels do you most closely identify with?

Mark only one oval.

- Asexual
- Gray-asexual (or gray-A, graysexual, etc.)
- Demisexual
- Questioning if asexual/gray-asexual/demisexual
- Other: _____

37. How strongly do you identify with the label you selected above?

Mark only one oval.

| | | | | | | |
|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 0 | 1 | 2 | 3 | 4 | |
| Not strongly at all | <input type="radio"/> | Very strongly |

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

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

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

If you have never told an asexual, demisexual, or gray-asexual person, please answer 0 or leave blank.

40. **At what age did you first tell another *nonasexual* person about your asexuality, graysexuality, demisexuality, or some equivalent term?**

If you never told a non-asexual person, please answer 0 or leave blank.

Orientation

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

41. **Which of the following labels have you *ever* identified with at some point in time (even if you no longer do so currently)?**

Check all that apply.

Check all that apply.

- Asexual
- Gray-asexual (or gray-A, graysexual, etc.)
- Demisexual
- Straight
- Gay
- Lesbian
- Bisexual
- Pansexual
- Queer
- Questioning
- None of the above

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

Mark only one oval.

- Yes
- No
- Questioning or unsure

43. **Excluding asexual, gray-asexual, and demisexual, which of the following orientation labels do you most closely identify with (if any)?**

There is a later question for labels specific to romantic orientation.

Mark only one oval.

- Straight
- Gay
- Lesbian
- Bisexual
- Pansexual
- None of the above
- Questioning or unsure
- Other: _____

44. **Some people differentiate between different types of attraction, such as classifying some types of attraction as “romantic” and others as “sexual”, etc. This is sometimes referred to as the “split attraction model”. Do you, personally, find this way of talking about attraction useful for understanding and explaining your own personal experiences?**

Mark only one oval.

0 1 2 3 4

I don't find it useful at all I find it very useful

45. 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
- Polyromantic
- WTFromantic or quoiromantic
- Lithromantic
- Gray-romantic or gray-aromantic
- Demiromantic
- Queer
- I am unfamiliar with some or all of these
- I prefer not to use a/romantic orientation terminology
- Questioning or unsure
- Other: _____

46. 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
- I don't experience romantic attraction
- I prefer not to use a/romantic attraction terminology
- Questioning or unsure

47. 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 do not differentiate my attraction in these ways
- I am unfamiliar with some or all of these
- Other: _____

Being Out

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

48. Which of the following best describes how "out" you are to various groups, about your being asexual, demisexual, gray-asexual, or ace?

If any of the following categories do not apply to you (e.g. you have no coworkers) select "N/A". If you do not consider yourself asexual/demisexual/etc., leave this question blank, or check "N/A" for all.

Mark only one oval per row.

| | None | A few | Most | All | N/A |
|---------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Partners and ex-partners (e.g. romantic partners, queerplatonic partners, etc.) | <input type="radio"/> |
| Parents | <input type="radio"/> |
| Other family members | <input type="radio"/> |
| Heterosexual friends | <input type="radio"/> |
| Non-heterosexual friends | <input type="radio"/> |
| Classmates | <input type="radio"/> |
| Teachers and School Staff | <input type="radio"/> |
| Coworkers | <input type="radio"/> |
| Counselors | <input type="radio"/> |
| Medical Professionals | <input type="radio"/> |

49. Which of the following best describes how "out" you are to various groups, about your being lesbian, gay, bisexual, pansexual, questioning, or queer, in terms of your sexual orientation?

If any of the following categories do not apply to you (e.g. you have no coworkers) select "N/A". If you do not consider yourself lesbian/gay/bisexual/etc., leave this question blank or check "N/A" for all. Note that this is only asking about identities other than the asexual identities asked about above.

Mark only one oval per row.

| | None | A few | Most | All | N/A |
|---------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Partners and ex-partners (e.g. romantic partners, queerplatonic partners, etc.) | <input type="radio"/> |
| Parents | <input type="radio"/> |
| Other family members | <input type="radio"/> |
| Heterosexual friends | <input type="radio"/> |
| Non-heterosexual friends | <input type="radio"/> |
| Classmates | <input type="radio"/> |
| Teachers and School Staff | <input type="radio"/> |
| Coworkers | <input type="radio"/> |
| Counselors | <input type="radio"/> |
| Medical Professionals | <input type="radio"/> |

50. Which of the following best describes how "out" you are to various groups, about your being trans, non-binary, or gender non-conforming?

If any of the following categories do not apply to you (e.g. you have no coworkers) select "N/A". If you do not consider yourself trans/non-binary/gender non-conforming, leave this question blank or just check "N/A" for all.

Mark only one oval per row.

| | None | A few | Most | All | N/A |
|---------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Partners and ex-partners (e.g. romantic partners, queerplatonic partners, etc.) | <input type="radio"/> |
| Parents | <input type="radio"/> |
| Other family members | <input type="radio"/> |
| Heterosexual friends | <input type="radio"/> |
| Non-heterosexual friends | <input type="radio"/> |
| Classmates | <input type="radio"/> |
| Teachers and School Staff | <input type="radio"/> |
| Coworkers | <input type="radio"/> |
| Counselors | <input type="radio"/> |
| Medical Professionals | <input type="radio"/> |

Relationships

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 you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

51. What's your current relationship status?

Mark only one oval.

- Single
- Not engaged or married, but in at least one significant relationship (either romantic or not)
- In at least one (relationship where we are engaged or married)

52. Have you ever had a significant relationship?

Mark only one oval.

- Yes
- No
- Unsure

53. 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

54. 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

55. **Have you ever had a partner who was asexual, gray-asexual or demisexual, that you know of?**

Mark only one oval.

Yes

No

56. **Have you ever had a partner who was NOT asexual, gray-asexual or demisexual, that you know of?**

Mark only one oval.

Yes

No

57. **Do you consider yourself polyamorous?**

Mark only one oval.

Yes

No

Questioning or unsure

I am not familiar with this term

Sexual History

58. **The following section contains some questions of a sensitive nature regarding your sexual history. Are you willing to answer questions pertaining to these topics? ***

In this survey, examples of "sex" include intercourse, oral sex, anal sex, and manual stimulation by or of another person, etc.

Mark only one oval.

Yes

No, skip them *Skip to question 63.*

Sexual History

Here, sex refers only to partnered sex. In this survey, examples of "sex" include intercourse, oral sex, anal sex, and manual stimulation by or of another person, etc.

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

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

Mark only one oval.

- Yes
 No
 Unsure

60. **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.

61. **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.

62. **How often have you engaged in consensual sexual activity in the past year?**

Mark only one oval.

- Not at all
 1-2 times
 3-5 times
 6-10 times
 11-25 times
 26-50 times
 At least 50 times

Sexual Violence

63. The following section contains some questions of a sensitive nature regarding your experiences with sexual violence. The questions will include explicit references to sexual acts. Are you willing to answer these questions? *

Mark only one oval.

Yes

No, skip them

Skip to question 76.

Sexual Violence

In this survey, examples of "sex" include intercourse, oral sex, anal sex, and manual stimulation by or of another person, etc.

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

For these questions, your answer only needs to be a rough estimate.

64. How many people have ever exposed their sexual body parts, made you show your sexual body parts, or made you look at sexual photos or movies when you did not want it to happen?

65. How many people have verbally harassed you while you were in a public place in a way that made you feel unsafe?

66. How many people have ever kissed you in a sexual way, fondled, groped, grabbed or touched you when you did not want it to happen or in a way that made you feel unsafe?

67. When you were drunk, high, or unable to consent, how many people have ever had vaginal, anal, or oral sex with you, or put fingers or an object into your vagina or anus?

68. How many people have ever used force or threats to physically harm you to make you have vaginal, anal, or oral sex, or put fingers or an object into your vagina or anus?

69. How many people have ever TRIED to use force or threats to physically harm you to make you have vaginal, anal, or oral sex, or put fingers or an object into your vagina or anus, but it did not happen?

70. How many people have you ever had vaginal, oral, or anal sex with, after they pressured you by telling you lies, making promises about the future that they knew were untrue, threatening to end your relationship, threatening to spread rumors about you, wearing you down by repeatedly asking for sex or showing they were unhappy?

71. How many people have you ever had vaginal, oral, or anal sex with, after they pressured you by threatening to end your relationship or threatening to spread rumors about you?

72. How many people have you ever had vaginal, oral, or anal sex with, after they pressured you by wearing you down by repeatedly asking for sex or showing they were unhappy?

73. **How many people have you ever had vaginal, oral, or anal sex with after they pressured you by using their influence or authority over you, for example a boss or a teacher?**

For the following questions, "sex" includes intercourse, oral sex, anal sex, and manual stimulation by or of another person, etc.

74. **Have you ever engaged in sex that you felt was consensual, but which was a negative experience for you?**

Mark only one oval.

- Yes
- No
- Unsure if it was consensual
- Unsure if it was a negative experience

75. If you answered Yes or Unsure to the previous question, please list your motivations for engaging in sex at those times.

Check all that apply

Check all that apply.

- N/A - I answered "no" for the previous question
 - I was sexually attracted to the person.
 - 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.
 - I felt like my partner or my relationship needed it.
 - I wanted to try to like sex.
 - It was a form of self harm.
 - I wanted to fit in with other people.
 - Other: _____
-

If you are experiencing any difficult emotions after answering these questions and would like to talk to someone, please contact one of the anonymous resources below:

National Sexual Assault Hotline

800-656-HOPE (4673)

<https://ohl.rainn.org/online/>

FORGE Transgender Sexual Violence Project

414-559-2123

<http://forge-forward.org/anti-violence/for-survivors/> to list of resources

Veterans Crisis Line

(for veterans, military personnel, and their families)

1-800-273-8255 and Press 1

<http://veteranscrisisline.net/>

Other resources (including some available outside the US):

<http://www.pandys.org/lgbtsurvivors.html>

<https://www.betterhelp.com/>

Sex Drive/Libido

76. The following section contains questions about sex drive, masturbation, porn, and sexual fantasies. Are you willing to answer these questions? *

Mark only one oval.

- Yes
- No, skip them *Skip to question 80.*

Sex Drive/Libido

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

77. How strong is your sex drive/libido, typically?

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"/> | Very Strong |

78. How frequently do you masturbate, typically?

Mark only one oval.

- I have never masturbated
- I have masturbated before but do not do so currently
- A few times a year or less
- At least once a month
- At least once a week
- At least once per day

79. How interested are you in any kink, BDSM, or fetish activities (including non-sexual ones)?

If you are interested in some such activities but not others, answer only for the ones you are interested in.

Mark only one oval.

0 1 2 3 4

Not at all interested Very interested

Sexual Attitudes

In this survey, examples of "sex" include intercourse, oral sex, anal sex, and manual stimulation by or of another person, etc.

While it's best to answer as many questions 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?

Select the option that best reflects your attitudes overall.

Mark only one oval.

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

81. Some people differentiate between types of feelings towards the idea of personally engaging in sex using terms like "repulsed", "indifferent" and "favorable". Do you find this a useful way of describing your own personal experiences?

Mark only one oval.

0 1 2 3 4

I don't find it useful at all I find it very useful

82. **If you were planning to engage in sex, under circumstances of your choosing, how would you feel about the prospect?**

Mark only one oval.

- Very positive
- Somewhat positive
- Neither positive nor negative
- Somewhat negative
- Very negative / So negative I can't imagine planning this
- Uncertain

83. **How comfortable are you with seeing sex scenes (where sex may be shown or implied) in TV or movies?**

Mark only one oval.

- Very comfortable
- Somewhat comfortable
- Neutral
- Somewhat uncomfortable
- Very uncomfortable
- Uncertain

Health and Ability

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

Behaviors

84. **On an average week day, how many hours do you watch TV?**

Mark only one oval.

- I do not watch TV
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

85. **On an average week day, how many hours do you play video or computer games or use a computer for something that is not related to school or work?**

Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook, or other social networking tools, and the Internet.

Mark only one oval.

- I do not play video or computer games or use a computer for something that is not school or work related
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

86. **During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?**

Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.

Mark only one oval.

0 days

1 day

2 days

3 days

4 days

5 days

6 days

7 days

87. **On average, how many hours of sleep do you get in a 24-hour period?**

If you prefer not to answer, leave this question blank.

Substance Use

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

Exclude use as part of religious practices or as prescribed by a medical professional. *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"/> |

Health Conditions

89. Has a doctor, nurse, or other health professional ever told you that you had diabetes?

Mark only one oval.

- Yes
- No
- Not sure

90. If you answered Yes to the previous question, how old were you when you were told that you had diabetes?

91. **Has a doctor, nurse, or other health professional ever told you that you have hypertension or high blood pressure?**

Mark only one oval.

- Yes
- No
- Not sure

92. **Has a doctor, nurse, or other health professional ever told you that you have high cholesterol?**

Mark only one oval.

- Yes
- No
- Not sure

93. **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"/> |
| Physically disabled | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cognitively disabled | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chronically Ill | <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"/> |

94. **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"/> |
| Personality Disorder | <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"/> |

Height and weight

If you don't know, or prefer not to answer, you may skip these questions.

95. How tall are you without shoes?

Enter your numerical response here, in inches or centimeters.

96. Select the units that you used.

Mark only one oval.

Inches

Centimeters

97. About how much do you weigh without shoes?

Enter your numerical response here, in pounds, kilograms, or stones.

98. Select the units that you used.

Mark only one oval.

Pounds

Kilograms

Stones

Food Security

99. Which of these statements best describes the food eaten in your household in the last 12 months?

Mark only one oval.

- There was enough of the kinds of food I want to eat
- There was enough but not always the kinds of food I want
- There was sometimes not enough to eat
- There was often not enough to eat
- Don't know
- Prefer not to answer

100. In the last 12 months, I worried whether my food would run out before I got money to buy more.

Mark only one oval.

- Often true
- Sometimes true
- Never true
- Don't know
- Prefer not to answer

101. In the last 12 months, I couldn't afford to eat balanced meals.

Mark only one oval.

- Often true
- Sometimes true
- Never true
- Don't know
- Prefer not to answer

Pap Smears / Gynecological Care

106. **Have you been told by a medical professional that you *DO NOT* currently need a pap smear/pap test/cervical screening?**

Check all that apply.

Check all that apply.

- Yes, because of my age
- Yes, because I have never been sexually active
- Yes, because I no longer have a cervix
- Yes, because of another reason.
- I have only been told that I DO currently need one.
- I have never discussed this with a medical professional

107. **Have you been told by a medical professional that you *DO* currently need a pap smear/pap test/cervical screening?**

Check all that apply.

Check all that apply.

- Yes, because of my age
- Yes, because I have been sexually active in the past
- Yes, because I have a cervix
- Yes, because of another reason.
- I have only been told that I DO NOT currently need one.
- I have never discussed this with a medical professional

108. **Has a medical professional ever withheld (or threatened to withhold) medical care until you agreed to a smear/pap test/cervical screening or pelvic exam?**

(ex: refusing to prescribe birth control or contraceptives until you undergo a pap smear or pelvic exam; refusing to schedule new appointments until you agree to a pap smear or pelvic exam, etc.)

Mark only one oval.

- Yes
- No

109. **Have you ever avoided or delayed getting healthcare because of concerns over being pressured into a pap smear or pelvic exam?**

Mark only one oval.

Yes

No

Suicide

110. **The following section contains questions about suicide. Are you willing to answer these questions? ***

Mark only one oval.

Yes

No, skip them *Skip to question 113.*

Suicide

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

111. **At any time in your life, have you ever**

Check all that apply.

Check all that apply.

Seriously thought about trying to kill yourself

Made any plans to kill yourself

Tried to kill yourself

None of the above

112. **In the last 12 months have you**

Check all that apply.

Check all that apply.

Seriously thought about trying to kill yourself

Made any plans to kill yourself

Tried to kill yourself

None of the above

If you are experiencing any difficult emotions after answering these questions and would like to talk to someone, please contact one of the anonymous resources below:

In the US:

National Suicide Prevention Lifeline

1-800-273-8255

<http://www.suicidepreventionlifeline.org/>

The Trevor Project

The Trevor Project is a phone and internet chat hotline for LGBTQ people, whose volunteers receive training on asexuality.

1-866-488-7386

<http://www.thetrevorproject.org/section/get-help>

Veterans Crisis Line

(for veterans, military personnel, and their families)

1-800-273-8255 and Press 1

<http://veteranscrisisline.net/>

International Support: <https://www.thetrevorproject.org/pages/international-support>

Negative Experiences

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

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

If you are unable to determine a clear cause for any incidents, feel free to count them if you feel your sexual/romantic orientation was a significant factor.

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"/> |
| Sexual 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"/> |
| Excessive or inappropriate personal questions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Familial rejection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

114. Because you are transgender/gender nonconforming have you experienced any of the following?

If you are not transgender or gender non-conforming, you may skip this question. If you are unable to determine a clear cause for any incidents, feel free to count them if you feel being transgender/gender non-conforming was a significant factor.

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"/> |
| Sexual 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"/> |
| Excessive or inappropriate personal questions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Familial rejection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

115. Would you like to briefly elaborate on the sources of any of these experiences? (optional)

116. 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 you can, most questions may be skipped. There will be additional space for feedback and clarification at the end of the survey.

117. 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
- Twitter
- Reddit
- FetLife
- Instagram
- Chat rooms (including Discord, IRC, etc.)
- Offline asexual groups
- Other: _____

118. 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.

119. 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"/> |
| Blogs (excluding 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"/> |
| FetLife | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instagram | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chat rooms (e.g. Discord, IRC, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

120. 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"/> |
| Blogs (excluding 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"/> |
| FetLife | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instagram | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chat rooms (e.g. Discord, IRC, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

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

Mark only one oval.

No

Other: _____

122. 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

123. **Have you ever met someone *OFFLINE* who identified as asexual, gray-asexual or demisexual, that you know of?**

Mark only one oval.

- Yes
- No
- Unsure

124. **Do you have any current friends who identify as asexual, gray-asexual or demisexual, that you know of?**

Mark only one oval.

- Yes
- No
- Unsure

LGBTQ Spaces

In these questions, “LGBTQ communities” refers to spaces dedicated primarily to people under the LGBTQ umbrella (e.g. discussion groups, forums, social events, parades, bars, etc.), *NOT* including asexual-specific spaces such as asexual meetup groups.

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

125. **How would you characterize your experience in LGBTQ communities?**

Mark only one oval.

- Positive.
- Mostly positive with some negative experiences.
- Neutral.
- Mostly negative with some positive experiences.
- Negative.

126. **If you have ever decided NOT to participate in an LGBTQ community, what factors played a role?**

Check all that apply.

Check all that apply.

- No local offline community in my area
- Inconvenient location and/or schedule
- Nervous or afraid
- Not fitting in
- General lack of information
- Not interested
- I felt unwelcomed due to my race and/or ethnicity
- I felt unwelcomed due to my religious affiliation and/or beliefs
- Age differences
- The community was not accessible to people with disabilities
- It was not financially feasible
- The group was not welcoming to those who identify as asexual, demisexual, or gray-asexual
- Do not identify with the LGBTQ community

Survey Meta Questions

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.

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

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

Mark only one oval.

- AVEN
- Tumblr
- Blogs (excluding Tumblr)
- Fandom community (excluding Tumblr)
- LGBTQ community (excluding Tumblr)
- Facebook
- Twitter
- Reddit
- FetLife
- Instagram
- Pintrest
- YouTube
- Wikipedia
- News media
- Offline asexual groups
- Word of mouth
- School
- I don't remember
- Other: _____

128. Where did you first become aware of this year's survey?

Mark only one oval.

- AVEN (English)
- Non-English asexual forum
- Tumblr
- Blogs (excluding Tumblr)
- Facebook
- Twitter
- Reddit
- FetLife
- Instagram
- Chat rooms (including Discord, IRC, etc.)
- Word of mouth
- Offline asexual groups
- Other: _____

129. Feedback (optional)

Do you have any comments about this survey?
