

Ace Community Survey

This is the 2022 Ace Community Survey, a community project run by the Ace Community Survey Team. The purpose of this project is to learn about the

diversity of ace communities, including people who identify as asexual, demisexual, gray-asexual, or with related identities. The results will be published in a summary report, as well as in additional articles investigating specific topics and their intersections with ace communities.

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 individuals at academic or community non-profit institutions who request information from the survey team to publish information about the identities, health, and health needs of ace communities. All data 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. You may encounter terminology you are unfamiliar with; you may choose to look these up or answer to the best of your ability.

This survey will ask about sensitive topics, including questions about sexual activity, 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

acecommunitysurvey@gmail.com.

A list of frequently asked questions can be accessed here: <https://acecommunitysurvey.org/survey-faq/>

You will be able to view any published results from the survey at <https://acecommunitysurvey.org/>.

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.

Si vous parlez français et avez besoin d'aide pour remplir l'Enquête de la Communauté Ace de 2022, veuillez ouvrir le [guide français de l'enquête](#) dans une autre fenêtre.

Falls Sie Deutsch sprechen und beim Ausfüllen der Ace Community Umfrage 2022 Hilfe benötigen, öffnen Sie bitte die [deutsche Übersetzung der Umfrage](#) in einem separaten Fenster.

エース・コミュニティ調査2022に参加するのに日本語の補助が必要な方は[日本語訳ガイド](#)を別ウィンドウで開いてください。

Se parli italiano e hai bisogno di un aiuto per rispondere al Sondaggio della Comunità Ace del 2022, puoi aprire la [Guida al sondaggio in lingua italiana](#) in una finestra separata.

*** Required**

Skip to question 1 *Skip to question 1*

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. A1. In which year were you born? *

2. A2. What is your highest completed level of education?

Mark only one oval.

- Less than secondary education (e.g. has not graduated high school, only primary education)
- Completed secondary education (e.g. high school graduate, A-levels, etc.) or equivalent
- Some college / university / higher education (no degree at this time)
- Completed a vocational or trade program (technical/trade certification or apprenticeship)
- Completed an undergraduate degree (Associate's or Bachelor's degree, or equivalent)
- Completed a graduate degree (Master's degree, PhD, or equivalent)

3. A3. Are you currently a student?

Mark only one oval.

- No
- Yes, in high school or secondary school
- Yes, in a vocational or trade program (technical/trade certification or apprenticeship)
- Yes, in an undergraduate program (Associate's or Bachelor's degree, or equivalent)
- Yes, in a graduate program (Master's degree, PhD, or equivalent)
- Other: _____

4. A4. Which of the following best describes your employment status?

Check all that apply.

- Employed, working full time
- Employed, working part time
- Self-employed
- Retired
- Full time caregiver (e.g. parent)
- Full time student
- Part time student
- Not employed and looking for work
- Not employed and not looking for work
- Not employed due to disability or health condition
- Employed in unpaid work only (e.g. volunteering or internship)
- Employed in seasonal, contract, or itinerant work (including gig work)
- Other: _____

5. A5. How do you personally identify with your present religion, if any?

Check all that apply.

Check all that apply.

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Pagan
- Pantheist or Panentheist
- Sikh
- Unitarian Universalist
- Wiccan
- Non-religious
- Nothing in particular
- Unsure
- Other religious
- Other: _____

6. A6. If you would like to be more specific about your religious preference, please specify below.

7. A7. Which language(s) do you speak with your family/close friends/in your everyday life?

Check all that apply.

Check all that apply.

- English
- American Sign Language
- Bengali
- Cantonese
- Danish
- Dutch
- Finnish
- French
- German
- Hindi
- Italian
- Japanese
- Korean
- Mandarin Chinese
- Polish
- Portuguese
- Russian
- Spanish
- Swedish
- Turkish
- Other: _____

8. A8. Do you identify with any of the following racial/ethnic categories?

Check all that apply.

Check all that apply.

- Aboriginal or Torres Strait Islander (Australia)
- Pacific Islander and/or Polynesian (Kanaka Maoli, Māori, Samoan, etc.)
- Asian: East (Chinese, Japanese, Korean, Taiwanese, Mongolian, etc.)
- Asian: South (Indian, Pakistani, Sri Lankan, etc.)
- Asian: Southeast (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- Middle Eastern / West Asian (Arab, Armenian, Azerbaijani, Kurdish, Persian, Turk, etc.)
- North African (Berber, Egyptian, Libyan, Nilo-Saharan, etc.)
- Black and/or of the African Diaspora
- Black: African
- Black: Caribbean
- Hispanic / Latino/a/e/x / Chicano/a/e/x
- North American Native (North American Indian, Inuit, Métis, First Nations, etc.)
- South or Central American Native (Quechua, Aymara, Chiquitano, etc.)
- Jewish (Ashkenazi, Sephardic, etc.)
- White or of European Descent
- Mixed Race / Multi-Racial
- Other: _____

9. A9. If you would like to describe your race/ethnicity in your own words, please do so below

10. A10. 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.

- Afghanistan *Skip to question 12*
- Albania *Skip to question 12*
- Algeria *Skip to question 12*
- Andorra *Skip to question 12*
- Angola *Skip to question 12*
- Antigua and Barbuda *Skip to question 12*
- Argentina *Skip to question 12*
- Armenia *Skip to question 12*
- Aruba *Skip to question 12*
- Australia *Skip to question 12*
- Austria *Skip to question 12*
- Azerbaijan *Skip to question 12*
- Bahamas *Skip to question 12*
- Bahrain *Skip to question 12*
- Bangladesh *Skip to question 12*
- Barbados *Skip to question 12*
- Belarus *Skip to question 12*
- Belgium *Skip to question 12*
- Belize *Skip to question 12*
- Benin *Skip to question 12*
- Bhutan *Skip to question 12*
- Bolivia *Skip to question 12*
- Bosnia and Herzegovina *Skip to question 12*
- Botswana *Skip to question 12*
- Brazil *Skip to question 12*
- Brunei Darussalam *Skip to question 12*
- Bulgaria *Skip to question 12*

- Burkina Faso *Skip to question 12*
- Burundi *Skip to question 12*
- Cabo Verde *Skip to question 12*
- Cambodia *Skip to question 12*
- Cameroon *Skip to question 12*
- Canada *Skip to question 12*
- Cayman Islands *Skip to question 12*
- Central African Republic *Skip to question 12*
- Chad *Skip to question 12*
- Chile *Skip to question 12*
- China *Skip to question 12*
- Colombia *Skip to question 12*
- Comoros *Skip to question 12*
- Costa Rica *Skip to question 12*
- Côte D'Ivoire *Skip to question 12*
- Croatia *Skip to question 12*
- Cuba *Skip to question 12*
- Cyprus *Skip to question 12*
- Czech Republic *Skip to question 12*
- Democratic Republic of the Congo *Skip to question 12*
- Denmark *Skip to question 12*
- Djibouti *Skip to question 12*
- Dominica *Skip to question 12*
- Dominican Republic *Skip to question 12*
- East Timor *Skip to question 12*
- Ecuador *Skip to question 12*
- Egypt *Skip to question 12*
- El Salvador *Skip to question 12*
- Equatorial Guinea *Skip to question 12*
- Eritrea *Skip to question 12*
- Estonia *Skip to question 12*
- Eswatini *Skip to question 12*

- Ethiopia *Skip to question 12*
- Fiji *Skip to question 12*
- Finland *Skip to question 12*
- France *Skip to question 12*
- Gabon *Skip to question 12*
- Gambia *Skip to question 12*
- Georgia *Skip to question 12*
- Germany *Skip to question 12*
- Greece *Skip to question 12*
- Grenada *Skip to question 12*
- Guatemala *Skip to question 12*
- Guinea *Skip to question 12*
- Guinea Bissau *Skip to question 12*
- Guyana *Skip to question 12*
- Haiti *Skip to question 12*
- Honduras *Skip to question 12*
- Hong Kong *Skip to question 12*
- Hungary *Skip to question 12*
- Iceland *Skip to question 12*
- India *Skip to question 12*
- Indonesia *Skip to question 12*
- Iran *Skip to question 12*
- Iraq *Skip to question 12*
- Ireland *Skip to question 12*
- Israel *Skip to question 12*
- Italy *Skip to question 12*
- Jamaica *Skip to question 12*
- Japan *Skip to question 12*
- Jersey *Skip to question 12*
- Jordan *Skip to question 12*
- Kazakhstan *Skip to question 12*
- Kenya *Skip to question 12*

- Kiribati *Skip to question 12*
- Kuwait *Skip to question 12*
- Kyrgyzstan *Skip to question 12*
- Lao People's Democratic Republic *Skip to question 12*
- Latvia *Skip to question 12*
- Lebanon *Skip to question 12*
- Lesotho *Skip to question 12*
- Liberia *Skip to question 12*
- Libya *Skip to question 12*
- Liechtenstein *Skip to question 12*
- Lithuania *Skip to question 12*
- Luxembourg *Skip to question 12*
- Macedonia *Skip to question 12*
- Madagascar *Skip to question 12*
- Malawi *Skip to question 12*
- Malaysia *Skip to question 12*
- Maldives *Skip to question 12*
- Mali *Skip to question 12*
- Malta *Skip to question 12*
- Marshall Islands *Skip to question 12*
- Mauritania *Skip to question 12*
- Mauritius *Skip to question 12*
- Mexico *Skip to question 12*
- Micronesia *Skip to question 12*
- Moldova *Skip to question 12*
- Monaco *Skip to question 12*
- Mongolia *Skip to question 12*
- Montenegro *Skip to question 12*
- Morocco *Skip to question 12*
- Mozambique *Skip to question 12*
- Myanmar *Skip to question 12*
- Namibia *Skip to question 12*

- Nauru *Skip to question 12*
- Nepal *Skip to question 12*
- Netherlands *Skip to question 12*
- New Zealand *Skip to question 12*
- Nicaragua *Skip to question 12*
- Niger *Skip to question 12*
- Nigeria *Skip to question 12*
- North Korea *Skip to question 12*
- North Macedonia *Skip to question 12*
- Norway *Skip to question 12*
- Oman *Skip to question 12*
- Pakistan *Skip to question 12*
- Palau *Skip to question 12*
- Panama *Skip to question 12*
- Papua New Guinea *Skip to question 12*
- Paraguay *Skip to question 12*
- Peru *Skip to question 12*
- Philippines *Skip to question 12*
- Poland *Skip to question 12*
- Portugal *Skip to question 12*
- Puerto Rico *Skip to question 12*
- Qatar *Skip to question 12*
- Republic of the Congo *Skip to question 12*
- Romania *Skip to question 12*
- Russia *Skip to question 12*
- Rwanda *Skip to question 12*
- Saint Kitts and Nevis *Skip to question 12*
- Saint Lucia *Skip to question 12*
- Saint Vincent and the Grenadines *Skip to question 12*
- Samoa *Skip to question 12*
- San Marino *Skip to question 12*
- Sao Tome and Principe *Skip to question 12*

- Saudi Arabia *Skip to question 12*
- Senegal *Skip to question 12*
- Serbia *Skip to question 12*
- Seychelles *Skip to question 12*
- Sierra Leone *Skip to question 12*
- Singapore *Skip to question 12*
- Slovakia *Skip to question 12*
- Slovenia *Skip to question 12*
- Solomon Islands *Skip to question 12*
- Somalia *Skip to question 12*
- South Africa *Skip to question 12*
- South Korea *Skip to question 12*
- South Sudan *Skip to question 12*
- Spain *Skip to question 12*
- Sri Lanka *Skip to question 12*
- Sudan *Skip to question 12*
- Suriname *Skip to question 12*
- Sweden *Skip to question 12*
- Switzerland *Skip to question 12*
- Syria *Skip to question 12*
- Taiwan *Skip to question 12*
- Tajikistan *Skip to question 12*
- Tanzania *Skip to question 12*
- Thailand *Skip to question 12*
- Togo *Skip to question 12*
- Tonga *Skip to question 12*
- Trinidad and Tobago *Skip to question 12*
- Tunisia *Skip to question 12*
- Türkiye (Turkey) *Skip to question 12*
- Turkmenistan *Skip to question 12*
- Tuvalu *Skip to question 12*
- Uganda *Skip to question 12*

- Ukraine *Skip to question 12*
- United Arab Emirates *Skip to question 12*
- United Kingdom *Skip to question 12*
- United States of America *Skip to question 12*
- Uruguay *Skip to question 12*
- Uzbekistan *Skip to question 12*
- Vanuatu *Skip to question 12*
- Venezuela *Skip to question 12*
- Vietnam *Skip to question 12*
- Yemen *Skip to question 12*
- Zambia *Skip to question 12*
- Zimbabwe *Skip to question 12*
- Other *Skip to question 11*

Skip to question 12

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.

11. A11. What country do you currently live in?

Skip to question 12

Gender
and
Sex

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.

12. B1. Which (if any) of the following words would you use to describe your gender identity?

Check all that apply.

Check all that apply.

- Woman or female
- Man or male
- Non-binary
- Agender
- Androgynous
- Bigender
- Demigirl
- Demiboy
- Genderfluid
- Genderqueer
- Neutrois
- No gender
- Questioning or unsure
- None of the above
- Prefer not to answer
- Other: _____

13. B2. Do you identify as transgender or consider yourself to be part of the trans umbrella?

Mark only one oval.

- Yes
- No
- Unsure
- Prefer not to answer

14. B3. Do you identify as non-binary or consider yourself to be part of the non-binary umbrella?

Mark only one oval.

- Yes
- No
- Unsure
- Prefer not to answer

15. B4. Some people are born with physical differences in sex anatomy, reproductive organs, chromosomes, and/or hormone function that do not fit typical male-female expectations. These differences are known as variations in sex characteristics, differences in sex development, intersex traits, or sometimes by specific medical terms (like Congenital Adrenal Hyperplasia or Androgen Insensitivity Syndrome). Were you born with any of these physical differences?

Mark only one oval.

- Yes
- No
- Unsure
- Prefer not to answer

Asexual Spectrum

16. C1. Do you consider yourself to be on the asexual spectrum? *

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

Mark only one oval.

- Yes *Skip to question 17*
- No *Skip to question 21*
- Unsure *Skip to question 17*

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.

17. C2. 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: _____

18. C3. How strongly do you identify with the label you selected above?

Mark only one oval.

- 0 1 2 3 4
-
- Not strongly at all Very strongly
-

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.

19. D1. Which of the following best describes how "out" you are to various groups, about you being asexual or on the asexual spectrum?

If any of these questions do not apply to you, select "N/A" or leave blank. On a mobile device, you may need to scroll right to see all options.

Mark only one oval per row.

	None	A few	Most	All	N/A
Partners (e.g. romantic partners, queerplatonic partners, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ex-partners (e.g. romantic ex-partners, queerplatonic ex-partners, etc.)	<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"/>
Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in your household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQIA+ friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-LGBTQIA+ friends	<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"/>
Teachers and school staff	<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"/>

Counselors**Medical
professionals**

20. D2. At what age did you first identify *privately or otherwise* as asexual or on the asexual spectrum?

If you are questioning your identity, or do not have a specific memory of when you started to identify as asexual or on the asexual spectrum, 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.

21. E1. Which of the following sexual orientation labels do you currently identify with?

There is a later question for labels specific to romantic orientation. Check all that apply.

Check all that apply.

- Asexual
- Demisexual
- Gray-asexual (or gray-A, graysexual, etc.)
- Aceflux
- Aegosexual / Autochorissexual
- Bisexual
- Heterosexual / Straight
- Homosexual / Lesbian / Gay
- Pansexual
- Queer
- Sexually attracted to men
- Sexually attracted to women
- Sexually attracted to non-binary people
- Sexually attracted to masculinity
- Sexually attracted to femininity
- Sexually attracted to androgyny
- Questioning or unsure
- I prefer not to use sexual orientation terminology
- Other: _____

22. E2. Do you consider yourself to be on the aromantic spectrum?

In this survey, the "aromantic spectrum" includes aromantics, gray-romantics, demiromantics, aros, etc.

Mark only one oval.

- Yes
- No
- Questioning / Unsure

23. E3. Which (if any) of the following romantic orientation labels do you currently identify with?

Check all that apply.

Check all that apply.

- Aromantic
- Demiromantic
- Gray-romantic or gray-aromantic
- Aroflux
- Aegoromantic
- Biromantic
- Heteroromantic / Straight
- Homoromantic / Lesbian / Gay
- Panromantic
- Queer
- Romantically attracted to men
- Romantically attracted to women
- Romantically attracted to non-binary people
- Romantically attracted to masculinity
- Romantically attracted to femininity
- Romantically attracted to androgyny
- Questioning or unsure
- I prefer not to use romantic orientation terminology
- Other: _____

24. E4. If you have experienced sexual attraction/desire, how often have you wished to act on it (i.e., pursue a sexual relationship or experience)?

Mark only one oval.

- N/A
- Never
- Rarely
- Sometimes
- Often
- Unsure

25. E5. Are you familiar with any of these terms?

Check all that apply.

Check all that apply.

- Aesthetic attraction
- Alterous attraction
- Emotional attraction
- Intellectual attraction
- Platonic attraction
- Sensual attraction
- Queerplatonic attraction
- I am not familiar with these terms
- Other: _____

26. E6. Please specify which of the following type(s) of attraction you would use to describe your experience. Check all that apply.

Check all that apply.

Check all that apply.

- Aesthetic attraction
- Alterous attraction
- Emotional attraction
- Intellectual attraction
- Platonic attraction
- Sensual attraction
- Queerplatonic attraction
- Other: _____

Relationships

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.

Note on definitions:

For the following questions, "partnered or intimate relationships" refers to close relationships that are distinct from family relationships or close friendships - typical examples could include marriage, domestic partnerships, queerplatonic relationships, partners, boyfriends, girlfriends, etc. Partnered or intimate relationships need not be sexual or romantic.

27. F1. What is your current relationship status?

Check all that apply.

Check all that apply.

- Single
- In one partnered or intimate relationship
- In more than one partnered or intimate relationship
- Engaged
- Married
- In a civil union or domestic partnership
- Divorced
- Separated
- Widowed
- I don't differentiate between partnered/intimate relationships and other relationships
- Unsure
- Prefer not to answer
- None of the above
- Other: _____

28. F2. Are you currently actively looking for a partnered or intimate relationship (apart from those you already have)?

Mark only one oval.

- Yes
- No, but I would be open to one
- No, and I don't want one

29. F3. How would you describe your current or most recent partnered or intimate relationships?

Check all that apply.

- Monogamous
- Polyamory
- Polyaffection
- Hierarchical non-monogamy
- Non-hierarchical non-monogamy
- Open relationship
- Solo polyamory
- Relationship anarchy
- N/A
- Other: _____

Relationship
History

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. F4. Have you ever had a partnered or intimate relationship that was romantic?

Mark only one oval.

- Yes, I am in at least one currently
- Yes, in the past
- No
- I don't differentiate between romantic and non-romantic relationships
- Unsure

31. F5. Have you ever had a partnered or intimate relationship that was non-romantic?

Mark only one oval.

- Yes, I am in at least one currently
- Yes, in the past
- No
- I don't differentiate between romantic and non-romantic relationships
- Unsure

**Sexual
Attitudes
&
Behaviors**

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.

32. G1. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Strong

33. G2. How do you feel about the idea of you (personally) engaging in sex?

Examples of "sex" include intercourse, oral sex, anal sex, and manual stimulation by or of another person, etc. Check all that apply.

Check all that apply.

- Repulsed
- Averse
- Indifferent
- Favorable
- Uncertain
- It depends strongly on the person or circumstance
- It depends on the specific sexual act
- My feelings about this change over time

Sexual History

34. H1. 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 section, "sex" includes vaginal, oral, or anal sex, or manual stimulation by or of another person.

Mark only one oval.

- Yes
- No, skip them *Skip to question 38*

Sexual
History

In this section, "sex" includes vaginal, oral, or anal sex, or manual stimulation by or of another person.

35. H2. Have you ever had consensual sex?

Mark only one oval.

- Yes
- No *Skip to question 38*
- Unsure

**Sexual
History**

In this section, "sex" includes vaginal, oral, or anal sex, or manual stimulation by or of another person.

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. H3. 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

37. H4. Sometimes people learn behavioral expectations from the society around them, and do not know about additional options due to a lack of information. Have you engaged in sexual activity, consensually, that you would have declined had you known more information about options or identities available to you?

Mark only one oval.

- Yes
- No
- Unsure

**The Ace Community Survey will not ask about sexual violence this year, but may ask again in future surveys*

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.

38. I1. When was the last time you used the following recreational drugs?

Exclude use as part of religious practices or as prescribed by a medical professional. On a mobile device, you may need to scroll right to see all options. *This survey is anonymous.*

Mark only one oval per row.

	Last week	Last 4 weeks	Last 12 months	Never in the last 12 months
Alcohol	<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"/>
Nicotine vaping	<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"/>
Recreational use of prescription drugs	<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"/>
Other recreational drugs (injectable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. I2. Do you consider yourself any of the following?

On a mobile device, you may need to scroll right to see all options.

Mark only one oval per row.

	Yes	Unsure	No	I am unfamiliar with the term
Disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitively disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronically ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentally ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurodivergent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deaf or hard of hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blind or partially sighted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple/Plural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. I3. Do any of the following apply to you?

On a mobile device, you may need to scroll right to see all options.

Mark only one oval per row.

	Yes - Professionally Diagnosed	Yes - Self- Diagnosed	Unsure	No	I am unfamiliar with the term
ADHD or ADD	<input type="radio"/>	<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"/>	<input type="radio"/>
Autism Spectrum	<input type="radio"/>	<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"/>	<input type="radio"/>
Bipolar Disorder	<input type="radio"/>	<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"/>	<input type="radio"/>
Hypoactive Sexual Desire Disorder or Sexual Interest/Arousal Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance- related Addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Addiction (excluding eating disorders)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-Traumatic Stress Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(PTSD,
including
complex PTSD)**

**Psychotic
Disorder**

**Obsessive
Compulsive
Disorder (OCD)**

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.

Food Security

41. 14. 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

Suicide

42. J1. 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 46*

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.

43. J2. During the past 12 months, did you ever seriously consider attempting suicide?

Mark only one oval.

- Yes
- No
- Don't know/not sure
- Prefer not to answer

44. J3. During the past 12 months, how many times did you actually attempt suicide?

Mark only one oval.

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times
- Don't know/not sure
- Prefer not to answer

45. J4. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or a nurse?

Mark only one oval.

- I did not attempt suicide during the past 12 months
- Yes
- No
- Don't know/not sure
- Prefer not to answer

If you are experiencing any difficult emotions after answering these questions and would like to talk to someone, a list of international suicide crisis lines can be accessed here:

https://en.wikipedia.org/wiki/List_of_suicide_crisis_lines

Additional resources can be accessed here:

https://docs.google.com/document/d/14t6nAq0bH_74cn2-IDbOJjkCxVm5XZ2iECIJn5Jc3LY/edit?usp=sharing

Non-Suicidal Self-Injury

46. K1. The following section contains questions about self-harm. Are you willing to ^{*} answer these questions?

Mark only one oval.

- Yes
- No, skip them *Skip to question 49*

Non-
Suicidal
Self-
Injury

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.

47. K2. Have you ever had thoughts of purposely hurting yourself without wanting to die (for example, cutting or burning)?

Mark only one oval.

- Yes, within the past year
- Yes, over a year ago
- No
- Don't know/not sure
- Prefer not to answer

48. K3. Have you ever actually purposely hurt yourself without wanting to die?

Mark only one oval.

- Yes, within the past year
- Yes, over a year ago
- No
- Don't know/not sure
- Prefer not to answer

If you are experiencing any difficult emotions after answering these questions and would like to talk to someone, a list of international suicide crisis lines can be accessed here:

https://en.wikipedia.org/wiki/List_of_suicide_crisis_lines

Additional resources can be accessed here:

https://docs.google.com/document/d/14t6nAq0bH_74cn2-IDbOJjkCxVm5XZ2iECIjN5Jc3LY/edit?usp=sharing

Negative Experiences

The following section asks about discrimination based on sexual, romantic, and/or gender identity. You can decide to jump to the next question or section whenever you want. We understand that it might be difficult to know the sources of discrimination based on different orientations and identities; please answer to the best of your 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

49. L1. 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. On a mobile device, you may need to scroll right to see all options.

Mark only one oval per row.

	Yes	Unsure	No
Verbal harassment (in-person and/or online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual harassment (in-person and/or online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical harassment/violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying (in-person and/or online)	<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"/>
Being treated with less courtesy and/or respect than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People acting as if they think you are dishonest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People acting as if	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

they are better than
People acting as if
you
they are better than

you
Other forms of _____ _____ _____

discrimination.
Other forms of

discrimination

50. L2. Optional - If you would like to elaborate on the sources of the experiences mentioned in the previous question, please comment here:

51. L3. 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?

If any of these do not apply to you, you may leave the row blank. On a mobile device, you may need to scroll right to see all options.

Mark only one oval per row.

	0 (little to no impact)	1	2	3	4 (major impact)
Ability to find a job, fit in at a job, or advance in a career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to choose a geographic location for my career/travel without concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inclusion in online social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inclusion in offline social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to find housing or deal with landlord/housemates	<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"/>
Inclusion in religious/spiritual communities that I was a part of/want to participate in	<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"/>

52. L4 In relation to “conversion” or “reparative” therapy in an attempt to “cure” you of being LGBTQIA, have you ever:

Check all that apply.

Check all that apply.

- Been advised to undergo conversion or reparative therapy for an ace identity.
- Been advised to undergo conversion or reparative therapy for a non-ace LGBTQ identity.
- Been offered conversion or reparative therapy for an ace identity.
- Been offered conversion or reparative therapy for a non-ace LGBTQ identity.
- Undergone conversion or reparative therapy for an ace identity.
- Undergone conversion or reparative therapy for a non-ace LGBTQ identity.
- Never been offered/advised nor experienced conversion or reparative therapy.

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.

53. M1. Where did you first hear of asexuality?

Mark only one oval.

- AVEN
- Blogs (excluding Tumblr)
- Facebook
- Fandom community (excluding Tumblr)
- Instagram
- LGBTQIA+ community (excluding Tumblr)
- News media
- Pinterest
- Popular media (films, TV, novels)
- Reddit
- TikTok
- Tumblr
- Twitter
- Wikipedia
- YouTube
- Friends or family
- Internet search
- School
- I don't remember
- Other: _____

54. M2. Where did you first participate in an asexual community?

Mark only one oval.

- I have never participated in an asexual community
- Amino
- AVEN (English)
- Blogs (excluding Tumblr)
- Chat rooms (e.g. Discord, IRC, etc.)
- Facebook
- Instagram
- Non-English asexual forum
- Pinterest
- Podcasts
- Reddit
- TikTok
- Tumblr
- Twitter
- YouTube
- Offline asexual groups
- Other: _____

55. M3. 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.

56. M4. In the past year, have you read/watched content from any of the following online asexual communities?

Check all that apply. You may skip the question if none apply.

Check all that apply.

- Amino
- AVEN (English)
- Blogs (excluding Tumblr)
- Chat rooms (e.g. Discord, IRC, etc.)
- Facebook
- Instagram
- Non-English asexual forum
- Pinterest
- Podcasts
- Reddit
- TikTok
- Tumblr
- Twitter
- Youtube
- N/A
- Other: _____

57. M5. In the past year, have you posted/commented in any of the following online asexual communities?

Check all that apply. You may skip the question if none apply.

Check all that apply.

- Amino
- AVEN (English)
- Blogs (excluding Tumblr)
- Chat rooms (e.g. Discord, IRC, etc.)
- Facebook
- Instagram
- Non-English asexual forum
- Pinterest
- Podcasts
- Reddit
- TikTok
- Tumblr
- Twitter
- Youtube
- N/A
- Other: _____

58. M6. 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

59. M7. Have you ever met someone *OFFLINE* who identified as asexual or on the asexual spectrum, that you know of?

Mark only one oval.

- Yes
- No
- Unsure

60. M8. Do you have any current friends who identify as asexual or on the asexual spectrum, that you know of?

Mark only one oval.

- Yes
- No
- Unsure

61. M9. Do you currently read/watch content from communities of *aromantic*-spectrum people in any of the following locations?

Check all that apply. You may skip the question if none apply.

Check all that apply.

- Arocalypse
- AUREA
- Chat rooms (e.g. Discord, IRC, etc.)
- Facebook
- Instagram
- Podcasts
- Reddit
- TikTok
- Tumblr
- Twitter
- Youtube
- N/A
- Other: _____

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 spaces specifically for people on the asexual and/or aromantic spectrums, such as asexual or aromantic 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.

62. N1. Have you ever participated in LGBTQ communities?

If your answer is "no," please skip the next 2 questions.

Mark only one oval.

- Yes - both online and offline
- Yes - just online
- Yes - just offline
- No

63. N2. How would you characterize your experience in *online* LGBTQ communities?

Mark only one oval.

- Positive
- Mostly positive with some negative experiences
- Neutral
- Mostly negative with some positive experiences
- Negative
- N/A

64. N3. How would you characterize your experience in *offline* LGBTQ communities?

Mark only one oval.

- Positive
- Mostly positive with some negative experiences
- Neutral
- Mostly negative with some positive experiences
- Negative
- N/A

COVID-19 Impact

65. O1. The following section contains questions about the impact of COVID-19. *
- Are you willing to answer these questions?

Mark only one oval.

Yes

No, skip them *Skip to question 68*

COVID-19
Impact

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.

66. O2. Which of the following best describes your feelings of connectedness to various groups since your community began to be impacted by COVID-19?

If any of these do not apply to you, you may leave the row blank. On a mobile device, you may need to scroll right to see all options.

Mark only one oval per row.

	Less connected	No change	More connected
Partners (e.g. romantic partners, queerplatonic partners, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roommates or non-family household members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asexual or aromantic communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQIA+ friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-LGBTQIA+ friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers and school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Medical professionals

67. O3. How has COVID-19 impacted your desire for the following relationships?
 If you never desired the relationship, you may leave the row blank. On a mobile device, you may need to scroll right to see all options.

Mark only one oval per row.

	Decreased	No change	Increased	Unsure
Romantic relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Queerplatonic relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cohabitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic partnership/ Civil union	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marriage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familial relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey
Meta
Questions

While it's best to answer as many questions as best as you can, most questions may be skipped.

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!

68. P1. Where did you first become aware of this year's survey?

Mark only one oval.

- AVEN (English)
- Blogs (excluding Tumblr)
- Chat rooms (e.g. Discord, IRC, etc.)
- Facebook
- Instagram
- Non-English asexual forum
- Reddit
- Tumblr
- Twitter
- Friends or family
- E-mail
- Other: _____

69. P2. Did you use a translation guide to complete this survey? If yes, please select the language.

If you do not know what a translation guide is you may select no or skip the question

Mark only one oval.

- No
- Danish/Dansk
- French/Français
- German/Deutsch
- Italian/italiano
- Japanese/日本語
- Polish/polski
- Portuguese/Português
- Russian/русский
- Spanish/Español
- Dutch/Nederlands
- Other: _____

70. P3. Feedback (optional)

Do you have any comments about this survey?

This content is neither created nor endorsed by Google.

Google Forms