

Appendix 4: Stars4BC Results from Pilot Test

% missing: denominator is all participants who should have answered the question.

If part of a skip pattern, then had to qualify for skip pattern in both surveys; missing on both surveys.

Includes missing, refused, don't know, not sure responses.

% agreement: denominator excludes missings

% partial agreement refers to "check all that apply" questions; individuals whose responses

agree on at least one of several categories are considered to agree for this measure

** indicates not calculated

Section 1: Health Status

Self	Phone	Question or Intro/transition Language	N	%missing	%agreement	% partial agreement
Section 1 Intro	Section 1 Intro	We would like to begin by asking about your general health. This section will also ask about any physical, mental or emotional challenges you may have.				
1	1	How would you describe your general health? Poor, Fair, good, Very good, Excellent	94	0.0	66.0	**
2	2	Please think about your physical health, which includes physical illness and/or injury. For how many days during the past 30 days would you say that your health was not good?	94	1.1	**	**
3	3	During the past 30 days about how many days did pain make it hard for you to do your usual activities (such as self-care, work or things you do for fun)?	94	2.1	**	**
4	4	Do you have a disability or health problem that limits your activities? If R answers Yes, continue with questions 6 - 7, if she answers, No, skip to question 8.	93	1.1	85.0	**
5	5	How long have your activities been limited because of a disability or health problem? # days, # weeks, # months, or # years	14	6.7	50.0	**
6	6	Do you need the help of other people with your personal care activities (such as eating, bathing, dressing, or getting around the house) because of a disability or major health problem? None of the time, Some of the time, Most or all of the time	15	0.0	80.0	**
7	7	Do you need the help of other people with your routine activities (such as household chores, shopping, conducting necessary business or getting around for other purposes) because of a disability or major health problem? None of the time, Some of the time, Most or all of the time	15	0.0	66.7	**
8	8	Are you limited in the kind OR amount of work you can do because of a physical or emotional problem? None of the time, Some of the time, Most or all of the time	88	6.4	70.5	**
9	9	Do you currently use any special equipment, such as a cane, wheelchair, special bed, or a special telephone because of a health problem? Y/N	94	0.0	92.6	**
10	10	Do you receive disability benefits from Social Security? Y/N	94	0.0	88.0	**
11	11	During the past 30 days about how many days have you felt that you did NOT get enough rest or sleep?	94	4.3	**	**
12	12	During the past 30 days about how many days have you felt very healthy and full of energy.	94	4.3	**	**
13	13	How would you describe your emotional health? Poor, Fair, Good, Very Good, Excellent	94	0.0	68.1	**
14	14	Thinking about your emotional health, which includes stress, depression, anxiety, and problems with emotions, for how many days during the past 30 days would you say your emotional health was not good?	94	1.1	**	**
15	15	During the past 30 days about how many days have you felt sad, blue or depressed?	94	3.2	**	**
16	16	During the past 30 days about how many days have you felt very worried, or very anxious?	94	4.3	**	**

17	17	During the last 30 days, about how many days did poor physical or emotional health keep you from doing your usual activities (such as self-care, work, things you do for fun)?	94	2.1	**	**
Section 2: Ethnicity						
Self	Phone	Question or Intro/transition Language				
Section 2 Intro	Section 2 Intro	We would like to know about your ethnic background and identity				
1	1.6	Are you Latina or Hispanic? Y/N	90	4.3	93.3	**
2	1.7	PHONE: Please look at Show Card #1. Which of those listed is your Latina or Hispanic ancestry or origin? You may choose all that apply. SELF: What is your Latina or Hispanic origin ? [check all that apply] [Response options list 19 specific Latina/Hispanic ethnic origins, "other Latina, specify" and Don't Know]	13	0.0	100.0	**
3	1.8	PHONE: Please look at Show Card #2. Which of the race/ethnicities listed on that card would you use to describe yourself? You may choose all that apply. SELF: Which of the following would you use to describe yourself? [check all that apply, even if you checked Latina/Hispanic earlier] [Response options list 6 specific race categories, "other, specify" and Don't Know]	91	3.2	90.1	93
4	1.9	PHONE: Please look at Show Card #3. Which of those listed tribes is your tribal heritage? You may choose all that apply. SELF: What is your tribal heritage? [check all that apply] [Response options list 16 specific tribes, "other tribe, specify" and Don't Know]	2	0.0	100.0	100
5	1.10	Are you enrolled in a state or federally recognized tribe? Y/N	0	**	**	**
6	1.11	PHONE: Please look at Show Card #3. In which of the listed tribes are you enrolled? [circle all that apply] SELF: If yes to question 5, in which tribe are you enrolled? [check one]	0	**	**	**
7	1.12	[PHONE: Please look at Show Card #4] Which of the listed ethnic groups best describe you (such as Chinese, Filipina)? You may choose all that apply. [Response options list 17 Asian ethnicities, "other Asian, specify" and Don't know]	40	0.0	92.5	98
8	1.13	[PHONE: Please look at show Card #5] Which of the listed ethnic groups best describe you (such as Samoan, tongan)? You may choose all that apply. [Response options list 4 Pacific Islander ethnicities, "other Pacific Islander" and Don't know]	0	**	**	**
9	1.14	[PHONE: Please look at Show Card #6] Which of the listed ethnic groups best describe you? You may choose all that apply. [Response options list 11 White ethnicities, "other, specify" and Don't know]	24	4.0	66.7	83
10	1.15	[PHONE: Please look at Show Card #7] Which of the listed groups best describe you? You may choose all that apply. [Response options list 9 African ethnicities, "other African, specify," "Other West Indian/Caribbean, specify," "other Central/South American, specify" and Don't Know]	10	0.0	100.0	100

11	1.16	Do you identify with any one race or ethnic group in particular? Y/N	73	22.3	67.1	**
12	1.17	[PHONE: Please look at Show Card #8] Which of the listed race or ethnic groups do you most identify with? Please choose only one.	38	0.0	94.7	**
		Section 3: Detailed Ancestry				
Self	Phone	Question or Intro/transition Language				
Intro	Intro	The following questions are about your family's background/ancestry				
1	1	In what state or country was				
a	a	Your biological father born? State/Country	93	1.1	92.5	**
b	b	Your father's mother (your grandmother) born? State/Country	90	4.3	83.3	**
c	c	Your father's father (your grandfather) born? State/Country	72	4.3	80.0	**
d	d	Your biological mother born? State/Country	93	1.1	92.5	**
e	e	Your mother's mother (your grandmother) born? State/Country	91	3.2	91.2	**
f	f	Your mother's father (your grandfather) born? State/Country	92	2.1	83.7	**
		Section 4: General Questions				
Self	Phone	Question or Intro/transition Language				
Intro	Intro	We would like to gather some basic information about you.				
1	1	What is your age?	94	0.0	**	**
2	2	What is your date of birth? Month/Day/Year	94	2.1	**	**
3	3	What is your current address [enter below]? Street/City/State/Zip	94	4.3	**	**
4	4	What is your sex [circle one]? Male/Female	94	0.0	**	**
		Section 5: Education and Income				
Self	Phone	Question or Intro/transition Language				
		[PHONE: Please look at Show Card #9] What is the HIGHEST level of school you have completed or the highest degree you have received? [check one]				
1	1	21 categories of education from Never attended/kindergarden only through Doctoral degree	94	0.0	87.2	**
2	2	Did you ever go to school outside the United States (do not include study abroad programs)? Y/N	93	1.1	86.0	**
3	3	How many years of education took place outside the United States? Elementary/Primary school # years; High School/Secondary school # years; University/Post Secondary # years	34	0.0	52.9	**
		The next question is about the education of people in your household. Your household includes all of the people who live with you in your home on a regular basis (children, husbands, wives, partners, roommates, other family members or friends). INCLUDING YOURSELF, in your household, what is the HIGHEST level of school completed, or the highest degree received? [check one]				
4	4	6 simplified categories of education from None/kindergarden only to Associates degree or higher, Other, specify, and Don't know	92	2.1	70.7	**
		Income				

5	5	[PHONE: Please look at Show Card #10] What is your best guess of what the total income was of all family members who <u>live with you in your home</u> before taxes last year? This includes money from pay checks, government benefit programs, child support, social security, retirement funds, unemployment benefits, and disability. [check one] 10 categories of income provided from \$24K or less to \$200K or more NOTE: D/K NOT provided as a response choice on self administered.	86	8.5	75.6	**
Q6 Intro	Q6 intro	Sometimes when relatives or friends live in the same household, they group their income and contribute to each other's support. Other times, the individuals or families keep their money separate from the rest of the household.				
6	6	How many FAMILY members (including yourself) WHO LIVE WITH YOU contribute to help support the household? This means that they may contribute money from their pay checks, money they receive from social security, disability, benefits, gifts of money, groceries, free rent, buying appliances for the household, etc. Family means they are related to you by blood, marriage (including in-laws), partnership, or adoption. # People	92	2.1	66.3	**
7	7	How many of these people are under 18 years of age? # People	82	12.8	79.3	**
8	8	How many of these people are between 18 and 64? # People	92	2.1	75.0	**
9	9	How many of these people are 65 or older? # People	86	8.5	69.8	**
10	10	Do any non-relatives live in your household? Y/N	92	2.1	84.8	**
11	11	How many non-relatives live in your household? # People	2	0.0	100.0	**
12	12	Do any of these non-relatives who live in your household help financially support you or your family? This means they might give you free rent, groceries, money to help pay household bills or expenses, etc? Y/N/Don't Know	2	0.0	100.0	**
13	13	Do you or your family help to financially support any of these non-relatives who live in your household? Y/N/Don't Know	2	0.0	100.0	**
14	14	Do you or your family help financially support any relatives who do NOT live in your household? This means YOU may give THEM gifts of money, groceries, money to help pay rent, household bills or other expenses, but appliances, etc? Y/N/Don't Know	93	1.1	78.5	**
15	15	Do you have any relatives who do NOT live in your household but who help financially support you or your household family? This means THEY may give YOU gifts of money, groceries, money to help pay rent, household bills or other expenses, buy appliances, etc? Y/N/Don't Know	93	1.1	85.0	**
16	16	How many non-household relatives help financially support you or your household family? # People	3	40.0	100.0	**
		Section 6: Wealth				
Self	Phone	Question or Intro/transition Language				
Intro	Intro	The following questions are about your current assets and debt level. Debt means any money that you owe to others (banks, credit cards, family). Assets are those things of value that you own (house condominium, or cars). Your household includes all the family members who live with you in your home on a regular basis (children, husbands, wives, partners, in-laws, or other family members).				

1	1	[PHONE: Please look at Show Card #11] Using your best guess, altogether, what is the present value of your and your household family's total savings, assets, and property? If you own property, include the total value (minus the amount you owe on your mortgage[s]). Remember, if you need to guess, that is fine. [check one] 11 dollar amount categories from Less than \$0 to \$500K or more and Don't Know	89	5.3	64.0	**
2	2	[PHONE: Please look at Show Card #12] Using your best guess, how much debt do you and your household family have? This includes money you owe for student loans, credit card balances, loans from relatives, unpaid rent and/or unpaid medical bills, but does not include your mortgage or car loans. [check one] 9 dollar amount categories from \$0 to \$100K or more and Don't Know	92	2.1	66.3	**
Section 7: Savings						
Self	Phone	Question or Intro/transition Language				
Intro	Intro	The next question is about money you may have saved up in case of an emergency.				
1	1	If you and your household had to live on money you currently have saved and had no other money coming in, how long could you and your household continue living at your current address and continue buying and doing the things you currently do? Using your best guess is fine. [check one] Less than a month, 1 - 2 months, 3 - 6 months, 7 - 12 months, More than 1 year	91	3.2	55.0	**
Section 8: Individual Occupation/Employment						
Self	Phone	Question or Intro/transition Language				
Intro	Intro	The following question are about your occupation and your current employment status.				
1	1	[PHONE: Please look at Show Card #13]. Which of the following best describes what you currently do? [select the ONE choice that best describes what you currently do] 9 Employment options from 'Currently working full-time' to 'Volunteer work/work without pay', plus 'Other, specify'	94	0.0	87.2	**
2	2	What is/was your usual occupation? This would be the longest-held job that best describes the kind of work you do/did:	94	5.3	**	**
Section 9: Health Insurance						
Self	Phone	Question or Intro/transition Language				
1	1	Are you currently covered by any kind of health insurance or other kind of health plan? Y/N/Don't Know	92	2.1	94.6	**
2	2	[PHONE: Please look at Show Card #14] What kind of health insurance or health care coverage do you currently have? [check all that apply] 10 health care options and "Other, specify"	87	0.0	75.9	**
Section 10: Neighborhood						
Self	Phone	Question or Intro/transition Language				
Intro	Intro	We would like to know about the area you live in. The following questions are about your current neighborhood				
1	1	In what year did you first move to your current address?	94	0.0	76.6	**

2	2	We would like you to define the area you consider your neighborhood. Does your neighborhood have a name? Y/N/Don't Know	92	2.1	87.0	**
3	3	What is it called?	43	2.3	97.7	**
4	4	Do you have any of the following your neighborhood? [check all that apply] Y/N/Don't Know -A park, playground or open space -A big supermarket where you can buy food -A medical clinic or health service -A bank or credit union -A check cashing outlet -A public library	93	1.1	51.6	95
		Do you have any of the following your neighborhood? [check all that apply] Y/N/Don't Know				
		A park, playground or open space	93	1.1	86	**
		A big supermarket where you can buy food	93	1.1	84.9	**
		A medical clinic or health service	91	3.2	80.2	**
		A bank or credit union	93	1.1	84.9	**
		A check cashing outlet	91	3.2	68.1	**
		A public library	92	2.1	85.9	**
		police	91	3.2	80.2	**
5	5	How often do you feel safe in your current neighborhood? [check one] None of the time, Some of the time, Most of the time, All of the time	93	1.1	76	**
6	6	Thinking about your neighborhood as a whole, please indicate if the following issues are a problem [check one choice for each issue listed below] Not really a problem, Minor problem, Somewhat serious problem, Very serious problem: -Crime in your neighborhood -Traffic -A lot of noise -Trash and litter -Lighting at night	93	1.1	37.6	95
		Thinking about your neighborhood as a whole, please indicate if the following issues are a problem [check one choice for each issue listed below] Not really a problem, Minor problem, Somewhat serious problem, Very serious problem:				
		Crime in your neighborhood	92	2.1	70.7	**
		Traffic	93	1.1	77.4	**
		A lot of noise	92	2.1	72.8	**
		Trash and litter	91	3.2	75.8	**
		Lighting at night	92	2.1	79.3	**
7	7	The next questions are about your neighbors [SELF: check one box for each question below]	94	0.0	16.0	98
a	a	How often do you see neighbors talking outside in the yard, on the street, at the corner park, etc? Often, Sometimes, Rarely, Never	94	0.0	62.8	**
b	b	How often do neighbors watch out for each other, such as calling if they see a problem? Often, Sometimes, Rarely, Never	93	1.1	64.5	**
c	c	How many neighbors do you know by name? A lot, Some, Few, None	94	0.0	75.5	**
d	d	How many neighbors do you have a friendly talk with at least once a week? A lot, Some, Few, None	94	0.0	66.0	**
e	e	How many neighbors could you call on for assistance in doing something around your home or yard or to "borrow a cup of sugar" or some other small favor?	93	1.1	67.7	**

8	8	Are there any groups in your neighborhood such as community associations, social clubs, book clubs, churches/spiritual centers, or faith-based organizations? Y/N/Don't Know	92	2.1	76.1	**
9	9	Are you actively involved in any of these groups? Y/N	48	0.0	89.6	**
Intro to Q's 10 - 13	Intro to Q's 10 - 13	Please select [SELF: "check"] the answer that best applies to you and your neighborhood. Both local and within walking distance means within a 10-15 minute walk from your home.				
10	10	I can do most of my shopping at local stores. Strongly disagree, Disagree, Agree, Strongly Agree	94	0.0	59.6	**
11	11	There are stores within easy walking distance of my home. Strongly disagree, Disagree, Agree, Strongly Agree.	94	0.0	62.8	**
12	12	There are many places to go within easy walking distance of my home. Strongly disagree, Disagree, Agree, Strongly Agree.	94	0.0	67.0	**
13	13	It is easy to walk to a transit stop (bus, train) from my home. Strongly disagree, Disagree, Agree, Strongly Agree.	94	0.0	67.0	**
Section 11: Nationality/Immigration						
Self	Phone	Question or Intro/transition Language				
1	1	In what country were you born?	92	2.1	95.7	**
2	2	In what state or country did you spend the most time growing up?	92	2.1	83.7	**
3	3	How old were you when you first came to this country to live? # Years old	50	2.0	62.0	**
4	4	Have you gone back to live for at least 3 years in the country in which you were born? Y/N	49	3.9	89.8	**
5	5	What is the most recent year you returned to live in the US?	2	0.0	100.0	**
6	6	The following are a list of reasons that people give for coming to the Unites States. Please tell us how important each one of these reasons was for you and/or your family to come to the US. Does not apply to my situation, Somewhat important, Important, Very Important -To find employment or a job. -To improve your life or that of your family and look for better opportunities. -To join other family members already living in the US. -To improve the future of the children in your family. -Because of the political situation in your country of orgin. -You (or your family) were mistreated for political reasons. -For medical care. -To get a better education. -Because of marital or family problems.	51	2.0	11.8	84
		The following are a list of reasons that people give for coming to the Unites States. Please tell us how important each one of these reasons was for you and/or your family to come to the US. Does not apply to my situation, Somewhat important, Important, Very Important				
		To find employment or a job.	49	**	38.8	**
		To improve your life or that of your family and look for better opportunities.	49	**	53.1	**
		To join other family members already living in the US.	49	**	55.1	**
		To improve the future of the children in your family.	47	**	55.3	**

		Because of the political situation in your country of origin.	48	**	62.5	**
		You (or your family) were mistreated for political reasons.	48	**	70.8	**
		For medical care.	47	**	59.6	**
		To get a better education.	47	**	36.2	**
		Because of marital or family problems.	48	**	66.7	**
		Section 12: Language				
Self	Phone	Question or Intro/transition Language				
Intro	Intro	We would like to know about which languages you speak and prefer.				
1	1	What languages do you speak at home?	93	1.1	82.8	95
2	2	Which languages did you speak while growing up?	92	2.1	85.9	93
2a	2a	PHONE: Which language did you speak the most? SELF: If you listed more than one language, which language did you speak the most?	23	2.0	60.9	**
Intro to Qs 3 - 6	Intro	PHONE: The next few questions are about speaking English. SELF: For questions 3 - 6, please check the best answer for you.				
3	3	How well do you speak English? Not at all, Poorly, OK, Well, Very Well	41	6.8	65.9	**
4	4	How well do you understand spoken English? Not at all, Poorly, OK, Well, Very Well	41	6.8	78.1	**
5	5	How well do you read English?	41	6.8	63.4	**
6	6	How well do you write English?	41	6.8	68.3	**
7	7	When you talk with a doctor or nurse, would you find it helpful to have someone with you who could translate what you are saying and what your doctor or nurse is saying to you? Y/N/Don't Know/Have not seen a doctor or nurse	41	6.8	87.8	**
8	8	What language would you feel most comfortable speaking with your doctor or nurse?	39	11.4	82.1	**
9	9	In which language are you most comfortable reading medical or health care information?	39	11.4	79.5	**
10	10	What language do you speak with your friends? Only English/Both English and other language(s)/Only other language(s) [check one]	40	9.1	85.0	**
11	11	In what language are the TV shows, radio stations, or newspapers that you usually watch, listen to, or read? Only English/Both English and other language(s)/Only other language(s) [check one]	40	9.1	72.5	**
12	12	In which language do you usually think? Only English/Both English and other language(s)/Only other language(s) [check one]	40	9.1	70.0	**
Instructions for Qs 13 - 18	Instructions for Qs 13 - 18	PHONE: Check Reference Page box "Language 1" if participant did NOT list "English" go to item 13. If speaks English, go to item 19. SELF: If you do NOT speak English, answer questions 13 - 18. If you do speak English, skip to question 19, page XX.				
13	13	Does anyone in your household speak English? Y/N	26	40.9	73.1	**
14	14	In general, how well do they speak English? Not at all, Poorly, Fairly well, Well, Very well	17	0.0	70.6	**
15	15	Does anyone in your household read English? Y/N	25	43.2	80.0	**
16	16	In general, how well do they read English? Not at all, Poorly, Fairly well, Well, Very well	17	0.0	76.5	**
17	17	Does anyone in your household write English? Y/N	26	40.9	73.1	**
18	18	In general, how well do they write English? Not at all, Poorly, Fairly well, Well, Very well	16	0.0	68.8	**

19	19	INCLUDING yourself, when you were 13 years old, did anyone in your household speak English? Y, I and/or someone else spoke English, No, Don't know	34	22.7	79.4	**
20	20	How well did you/they speak English? Not at all, Poorly, Fairly well, Well, Very Well	16	0.0	43.8	**
Section 13: SELF: Written Language / PHONE: Literacy*						
Self	Phone	Question or Intro/transition Language				
Intro	Intro	The following questions are about your comfort with written medical information in your preferred or native language. So, for example, if you speak mostly or only Spanish, answer the questions assuming the written information would be in Spanish. If you speak mostly or only Cantonese, answer the questions assuming the written information would be in Chinese. If you speak mostly or only English, answer the questions assuming the written information would be in English.				
1	1	How easy is it for you to read and understand the instructions written on a prescription bottle about how to take a medicine? Very difficult, Difficult, Easy, Very easy, Does not apply to me/No prescriptions	94	0.0	81.9	**
2	2	How easy is it for you to read and understand WRITTEN information that you receive from doctors or other medical workers about your health? Very difficult, Difficult, Easy, Very easy, Does not apply to me/Have not received written information	94	0.0	84.0	**
3	3	How often do you have someone (like a family member friend, hospital/clinic worker or caregiver) help you read medical information? None of the time, Some of the time, Most of the time, All of the time, Does not apply to me/Have not received written information.	94	0.0	79.8	**
4	4	How often do you have trouble understanding things about an illness you may have because of difficulty understanding written information? None of the time, Some of the time, Most of the time, All of the time, Does not apply to me/Have not received written information.	94	0.0	79.8	**
5	5	How confident are you filling out forms by yourself? Not confident, Somewhat confident, Confident, Very Confident	94	0.0	80.9	**
Section 14: Comfort with Numbers						
Self	Phone	Question or Intro/transition Language				
Intro	Intro	The following questions are about your comfort with numbers.				
1	1	How good are you at working with fractions? Very poor, Poor, Fair, Good, Very good	93	1.1	65.6	**
2	2	How good are you at working with percentages (such as 6%, 18%)? Very poor, Poor, Fair, Good, Very good	93	1.1	63.4	**
3	3	How good are you at calculating a 15% tip on a meal or other service? Very poor, Poor, Fair, Good, Very good	93	1.1	69.9	**
4	4	How good are you at figuring out how much a shirt will cost if it is 25% off? Very poor, Poor, Fair, Good, Very good	93	1.1	69.9	**
5	5	When reading a newspaper, how helpful do you find the tables and graphs that are part of the story? Not helpful, Somewhat helpful, Helpful, Very helpful, Does not apply/I do not read newspapers.	93	1.1	57.0	**
6	6	When people tell you the chance of something happening, do you prefer that they use words ("it rarely happens") or numbers ("there is a 1% chance")? Always prefer numbers, Prefer numbers more than words, Equally prefer words and numbers, Prefer words more than numbers, Always prefer words	91	3.2	60.4	**

7	7	When you hear a weather forecast, do you prefer predictions using percentages (such as "there will be a 20% chance of rain today") or predictions using only words (such as "there is a small chance of rain today")? Always prefer numbers, Prefer numbers more than words, Equally prefer words and numbers, Prefer words more than numbers, Always prefer words	91	3.2	58.2	**
8	8	How often do you find numerical information (such as graphs or tables with numbers) to be useful? Never, Not very often, About half the time, Often, Very often	92	2.1	56.5	**
Section 15: Sexuality						
Self	Phone	Question or Intro/transition Language				
Intro	Intro	The last Section in the survey asks about some personal topics. Although the questions are sensitive and personal, they are important. Your answers may help us to understand why women who are diagnosed and treated for breast cancer may go through the experience differently. Please know that your answers to these questions will remain confidential.				
1	1	Do you think of yourself as: Straight/heterosexual, Lesbian or gay, Bisexual, Other, specify	92	2.1	97.8	**
2	2	Since you have been sexually active, have your sexual partners been [check one]: All men, Mostly men, Equally men and women, Mostly women, All women, Does not apply/Not sexually active.	94	0.0	90.4	**
3	3	People are different in their sexual attraction to other people. Which best describes your feelings? Are you [check one]: Only attracted to males, Mostly attracted to males, Equally attracted to males and females, Mostly attracted to females, Only attracted to females, Not sure	93	1.1	88.3	**
4	4	What was your sex when you were born? [check one] Female, Male, Intersex, Other, specify	94	0.0	98.9	**
5	5	Have you ever used hormones to either change your sex (from a man to a woman or from a woman to a man) or to make yourself look more like a man or a woman (such as increase/decrease breast or genital size)? Y/N/Don't Know	94	0.0	96.8	**
6	6	Which of the following best describes your current relationship status? [check one] Legally married/registered domestic partners, Separated, Divorced, Widowed, Living with a partner to who you are not married, In a relationship but not living with partner, Single, Other, specify	94	0.0	94.7	**
7	7	What is the gender of your current or most recent partner or spouse? [check one] Male, Female, Other, specify	91	3.2	90.1	**