

This survey is about sexual experiences you may have had with a member(s) of the same sex or a member(s) of the opposite sex throughout your life. We are interested in the experiences of straight and gay participants that identify as either male or female, who have had oral, vaginal, and/or anal intercourse.

We will ask you about sexual behaviors and frequencies at which you perform or have performed certain behaviors throughout the course of your lifetime. Please answer these questions in a manner most consistent with your overall or typical experience, rather than answering the questions according to your experiences with your current or most recent partner.

Consent to be a Research Subject

Title: Sexual Attitudes and Behaviors: A survey

Principal Investigator:

Kim Wallen, Ph.D.

Department of Psychology

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Atlanta, GA 30322

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Phone: 404-727-4125

Funding Source: No funding was obtained for this study.

Introduction:

You are being asked to be in a research study. This form is designed to tell you everything you need to think about before you decide to consent to be in the study or not to be in the study. It is entirely your choice. If you decide to take part, you can change your mind later on and withdraw from the research study. You can skip any questions that you do not wish to answer.

Before making your decision:

- Please carefully read this form or have it read to you
- You may ask questions by contacting the principal investigator

You may print a copy of this consent form, to keep. Feel free to take your time thinking about whether you would like to participate. By giving consent you will not give up any legal rights.

Study Overview:

The purpose of the proposed study is to collect information about individuals' sexual experiences, and to see how certain societal factors relate to these experiences and the attitudes that accompany sexual behaviors.

Procedures:

This survey is expected to take 5-10 minutes to complete. It must be completed within a single session.

Risks and Discomforts:

This survey asks you to reveal very specific aspects of your personal sexual experiences, but you will not be identifiable from the survey. You may find some of the questions uncomfortable, but you are free to skip any question that you do not want to answer.

Benefits:

There will be no obvious direct benefit except possibly gaining personal insight into your own behavior. Your answers will provide information that has not previously been collected, and contribute to a better understanding of modern sexual behaviors and attitudes.

Compensation:

There is no monetary compensation for participating in this study. Students enrolled in PSYC 110 and PSYC 111 at Emory college may receive credit for this study by logging on to SONA, a database managed by the Emory psychology department, finding the study, and choosing to participate. The database will keep track of participation, will award credit, but will not retain any information about your answers.

Confidentiality:

This survey will not ask you for your name. Additionally, your IP address will not be recorded or linked with your responses in any way. Certain offices and people other than the researchers may look at study records. Government agencies and Emory employees overseeing proper study conduct may look at your study records. These offices include the Emory Institutional Review Board, and the Emory Office of Research Compliance. Emory will keep any research records we create private to the extent we are required to do so by law. Study records can be opened by court order. They may also be produced in response to a subpoena or a request for production of documents.

If you would like to receive the results of this survey, you may provide your email address in a separate link. While we will be unable to link your email address to your responses, providing your email will indicate your participation in the study. Your email, if you choose to provide it, and any other facts that might identify you will not appear when we present this study or publish its results.

Voluntary Participation and Withdrawal from the Study:

You have the right to leave a study at any time without penalty. You may choose 'skip' for any questions that you do not wish to answer.

Contact Information:

Contact Dr. Kim Wallen at 404-727-4125 or kim@emory.edu:

- if you have any questions about this study or your part in it
- if you have questions, concerns or complaints about the research

Contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or irb@emory.edu:

- if you have questions about your rights as a research participant.
- if you have questions, concerns or complaints about the research.
- You may also let the IRB know about your experience as a research participant through our Research Participant Survey at <http://www.surveymonkey.com/s/6ZDMW75>.

Consent:

Instead of a signature you can indicate consent by clicking "next". By consenting you will not give up any of your legal rights. If you would like a copy of this form, you may print this page out for your records. If you have any questions about the consent process, you may contact Dr. Wallen at the number listed above. Requesting information about consent will not identify your survey answers, but will identify you as a possible participant in this survey.

Please answer the following questions as accurately as possible.

If you cannot remember something exactly, please give us your best estimate.

You may select 'skip' for any questions you do not care to answer.

You may exit the survey at any time without penalty.

All responses are completely anonymous, as they cannot be linked with your email address or IP address.

What is your sex?

- Male
- Female
- Skip

All women

How would you classify your sexual orientation, as indicated by your sexual behaviors and desires?

- Exclusively heterosexual
- Predominantly heterosexual, with some homosexual experience or desire
- Predominantly heterosexual, with much homosexual experience or desire
- Equally heterosexual and homosexual (bisexual)
- Predominantly homosexual, with much heterosexual experience or desire
- Predominantly homosexual, with some heterosexual experience or desire
- Exclusively homosexual
- Skip

Heterosexual women (all)

What is your age?

What level of education have you completed?

- Some high school
- Completed high school
- Currently enrolled in college
- Some college (not currently pursuing a degree)
- Completed 2 year degree
- Completed 4 year degree
- Master's degree
- J.D. or M.D.
- Ph.D
- Skip

What is your race?

- White
- Hispanic/Latino
- Black or African American
- American Indian or Alaska native
- Asian
- Native Hawaiian and other Pacific Islander
- Two or more races
- Skip
- Other (please specify)

What is your primary region of residence?

- Northeast
- Southeast
- Midwest
- Southwest
- West
- Northwest
- Skip
- Non-U.S.A or other

How would you classify the area in which you grew up?

- Urban
- Suburban
- Rural
- Skip

What is your (or if a student, your parents') estimated yearly income?

- Under \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,000
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 and over
- Skip

What is your current relationship status?

- Single
- In a relationship
- Engaged
- Married
- In a civil union
- Divorced
- Widowed
- Skip
- Other (please specify)

What religion(s) were you raised as?

- Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic
- Atheist
- No religion
- Skip
- Other, or specify denomination

What religion(s) do you identify with?

- Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic
- Atheist
- No religion
- Skip
- Other, or specify denomination

How devout would you consider yourself?

- Very devout
- Moderately devout
- Slightly devout
- Not devout, but I have religious belief
- Not devout
- Skip

How often do you attend religious services?

- Never
- Once per year
- Several times per year
- Once per month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How important is religion to you?

- Not important
- Somewhat important
- Very important
- Skip

Please select the option for each question that best describes your general agreement with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree	Skip
I feel that I am a person of worth, at least on an equal plane with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a positive attitude towards myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How frequently do you drink alcohol?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you smoke cigarettes?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you use marijuana?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you use other illicit drugs (cocaine, meth, LSD, etc.)?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How old were you when you first viewed any kind of pornography?

- 1--5
- 6--10
- 11--15
- 16--20
- 21--25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- 51--55
- >55
- Not applicable (have never watched pornography)
- Skip

How frequently do you watch pornography?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How old were you when you first started menstruating?

- <8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- >21
- Not applicable (have never menstruated)
- Skip

If you use a hormonal contraceptive, please select the method you currently use and specify the brand name below.

- Oral contraceptive
- Vaginal contraceptive ring
- Birth control shot
- IUD
- Birth control patch
- Birth control implant
- Do not use hormonal contraceptive
- Skip
- Other (please specify)

How old were you when you masturbated for the first time?

- <5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never masturbated)
- Skip

How frequently do you masturbate?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

When you masturbate, how frequently do you have an orgasm if you want one?

- Not applicable (I do not masturbate)
- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How old were you when you experienced your first orgasm?

- <4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never experienced orgasm)
- Skip

What kind of stimulation led to your first orgasm? Please choose all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Have never had an orgasm | <input type="checkbox"/> Water (hot tub, jet, shower head, etc.) |
| <input type="checkbox"/> Rubbing on or against an object | <input type="checkbox"/> Accidental (climbing up a pole, riding a horse, etc.) |
| <input type="checkbox"/> Clitoral masturbation | <input type="checkbox"/> Dream |
| <input type="checkbox"/> Vaginal masturbation | <input type="checkbox"/> Fantasy |
| <input type="checkbox"/> Partner's hand stimulating clitoris | <input type="checkbox"/> Stimulation of genitals over clothing (rubbing, dry humping) |
| <input type="checkbox"/> Partner's hand stimulating vagina | <input type="checkbox"/> Anal stimulation |
| <input type="checkbox"/> Oral sex | <input type="checkbox"/> Don't know or don't remember |
| <input type="checkbox"/> Vaginal intercourse | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Other (please specify) | |

How old were you when you first experienced any kissing or touching-- anything more than a goodnight kiss?

<4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26--30

31--35

36--40

41--45

46--50

>50

Skip

How old were you when you first gave or received oral sex?

- <10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never given/received oral sex)
- Skip

How old were you when you first had vaginal intercourse? If you have not had vaginal intercourse, please select 'not applicable.'

- <10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never had vaginal intercourse)
- Skip

nonvirgin heterosexual women

Please answer the following questions in accordance with your typical sexual experiences, rather than in accordance with sexual experiences with your current partner.

How often does *your partner* stimulate your genitals with their hand, when you do NOT have vaginal intercourse at some time in that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often does *your partner* stimulate your genitals with their hand, when you do have vaginal intercourse at some time in that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do *you* stimulate your partner's genitals with your hand, when you do NOT have vaginal intercourse at some time in that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do *you* stimulate your partner's genitals with your hand, when you do have vaginal intercourse at some time in that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you receive oral sex, when you do NOT have vaginal intercourse at some time during that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you receive oral sex, when you do have vaginal intercourse at some time during that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you give oral sex, when you do NOT have vaginal intercourse at some time during that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you give oral sex, when you do have vaginal intercourse at some time during that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

When you receive oral sex, how likely are you to have an orgasm if you want one?

- Not applicable (I do not receive oral sex)
- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

Do you wish you had waited longer to have vaginal intercourse for the first time?

- No
- Yes, a little
- Yes, some
- Yes, much
- Skip

Who was your first vaginal intercourse with?

- Friend (nonromantic)
- Boyfriend
- Fiance
- Spouse
- Prostitute
- Stranger
- Relative
- Skip
- Other (please specify)

What percentage of the time do you come to climax (orgasm) during vaginal intercourse ?

- 0%
- 1--10%
- 11--20%
- 21--30%
- 31--40%
- 41--50%
- 51--60%
- 61--70%
- 71--80%
- 81--90%
- 91--100%
- Skip

When having strictly vaginal intercourse, what percent of the time do you reach orgasm during vaginal intercourse?

- 0%
- 1--10%
- 11--20%
- 21--30%
- 31--40%
- 41--50%
- 51--60%
- 61--70%
- 71--80%
- 81--90%
- 91--100%
- Skip

When having intercourse with additional clitoral stimulation, what percent of the time do you reach orgasm during vaginal intercourse?

- 0%
- 1--10%
- 11--20%
- 21--30%
- 31--40%
- 41--50%
- 51--60%
- 61--70%
- 71--80%
- 81--90%
- 91--100%
- Not applicable- I don't do this
- Skip

When you have vaginal intercourse , what percentage of the time do you pretend to reach orgasm when you do not actually reach orgasm?

- 0%
- 1--10%
- 11--20%
- 21--30%
- 31--40%
- 41--50%
- 51--60%
- 61--70%
- 71--80%
- 81--90%
- 91--100%
- Skip

When you have vaginal intercourse , how important to you is reaching orgasm?

- Unimportant
- Almost always unimportant
- Usually unimportant
- Neither important nor unimportant
- Usually important
- Almost always important
- Always important
- Skip

How many men have you had vaginal intercourse with in your lifetime?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21--25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Skip

When you have vaginal intercourse , how much time do you generally spend in foreplay (kissing, touching, oral sex, etc.) before vaginal intercourse?

- <2 minutes
- 3--7 minutes
- 8--12 minutes
- 13--17 minutes
- 18--22 minutes
- 23--27 minutes
- 28--32 minutes
- 33--37 minutes
- 38--42 minutes
- 43--47 minutes
- 48--52 minutes
- 53--57 minutes
- >58 minutes
- Skip

Generally, how long is the duration of vaginal intercourse (duration of penetration)?

- <2 minutes
- 3--7 minutes
- 8--12 minutes
- 13--17 minutes
- 18--22 minutes
- 23--27 minutes
- 28--32 minutes
- 33--37 minutes
- 38--42 minutes
- 43--47 minutes
- 48--52 minutes
- 53--57 minutes
- >58 minutes
- Skip

How often do you use condoms when having vaginal intercourse ?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

virgin heterosexual females

Please answer the following questions in accordance with your typical sexual experiences, rather than in accordance with sexual experiences with your current partner.

How often in a sexual interaction does *your partner* stimulate your genitals with their hand?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often in a sexual interaction do *you* stimulate your partner's genitals with your hand?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

virgin heterosexual female

How often in a sexual interaction do you receive oral sex?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often in a sexual interaction do you give oral sex?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

When you receive oral sex, how likely are you to have an orgasm if you want one?

- Not applicable (I do not receive oral sex)
- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

heterosexual women (all)

How often in a sexual interaction do you have anal intercourse?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

Do you, or did you, want to marry a virgin?

- No- want to marry a nonvirgin
- Slight preference for nonvirgin
- Indifferent as to virginity
- Slight preference for virgin
- Yes- want to marry a virgin
- Undecided
- Not applicable- do not want to get married
- Skip

Have you ever had genital sexual interactions with a member of the same sex?

- Yes
- No
- Skip

How do you feel about two people of the same sex, gay or straight, having sex together?

- I disapprove
- I disapprove, but I pretend like I am neutral or approve
- I disapprove emotionally, but intellectually I am neutral or approve
- I am inclined to disapprove
- I am neutral
- I am inclined to approve
- I approve
- Undecided
- Skip
- Other (please specify)

Generally, how satisfied are you with your sex life?

- Strongly dissatisfied
- Dissatisfied
- Somewhat dissatisfied
- Neither satisfied or dissatisfied
- Somewhat satisfied
- Satisfied
- Strongly satisfied

Copy of page:

If you have any questions, suggestions, or comments about the survey, please type them in the box below. If not, please press next.

How would you classify your sexual behavior, as indicated by your sexual behaviors and desires?

- Exclusively heterosexual
- Predominantly heterosexual, with some homosexual experience or desire
- Predominantly heterosexual, with much homosexual experience or desire
- Equally heterosexual and homosexual (bisexual)
- Predominantly homosexual, with much heterosexual experience or desire
- Predominantly homosexual, with some heterosexual experience or desire
- Exclusively homosexual
- Skip

Heterosexual males (all)

What is your age?

What level of education have you completed?

- Some high school
- Completed high school
- Currently enrolled in college
- Some college (not currently pursuing a degree)
- Completed 2 year degree
- Completed 4 year degree
- Master's degree
- J.D. or M.D.
- Ph.D
- Skip

What is your race?

- White
- Hispanic/Latino
- Black or African American
- American Indian or Alaska native
- Asian
- Native Hawaiian and other Pacific Islander
- Two or more races
- Skip
- Other (please specify)

What is your primary region of residence?

- Northeast
- Southeast
- Midwest
- Southwest
- West
- Northwest
- Skip
- Non-U.S.A or other

How would you classify the area in which you grew up?

- Urban
- Suburban
- Rural
- Skip

What is your (or if a student, your parents') estimated yearly income?

- Under \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,000
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 and over
- Skip

What is your current relationship status?

- Single
- In a relationship
- Engaged
- Married
- In a civil union
- Divorced
- Widowed
- Skip
- Other (please specify)

What religion(s) were you raised as?

- Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic
- Atheist
- No religion
- Skip
- Other, or specify denomination

What religion(s) do you identify with?

- Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic
- Atheist
- No religion
- Skip
- Other, or specify denomination

How devout would you consider yourself?

- Very devout
- Moderately devout
- Slightly devout
- Not devout, but I have religious belief
- Not devout
- Skip

How often do you attend religious services?

- Never
- Once per year
- Several times per year
- Once per month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How important is religion to you?

- Not important
- Somewhat important
- Very important
- Skip

Please select the option for each question that best describes your current agreement with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree	Skip
I feel that I am a person of worth, at least on an equal plane with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a positive attitude towards myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How frequently do you drink alcohol?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you smoke cigarettes?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you use marijuana?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you use other illicit drugs (cocaine, meth, LSD, etc.)?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How old were you when you first viewed any kind of pornography?

- 1--5
- 6--10
- 11--15
- 16--20
- 21--25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- 51--55
- >55
- Not applicable (have never watched pornography)
- Skip

How frequently do you watch pornography?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How old were you when you masturbated for the first time?

- <5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never masturbated)
- Skip

How frequently do you masturbate?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

When you masturbate, how frequently do you have an orgasm if you want one?

- Not applicable (I do not masturbate)
- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How old were you when you experienced your first orgasm?

- <4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never experienced orgasm)
- Skip

What kind of stimulation led to your first orgasm? Please choose all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Have never had an orgasm | <input type="checkbox"/> Accidental (climbing up a pole, riding a horse, etc.) |
| <input type="checkbox"/> Rubbing on or against an object | <input type="checkbox"/> Dream |
| <input type="checkbox"/> Penile masturbation | <input type="checkbox"/> Fantasy |
| <input type="checkbox"/> Urethral masturbation | <input type="checkbox"/> Stimulation of genitals over clothing (rubbing, dry humping) |
| <input type="checkbox"/> Partner's hand stimulating penis | <input type="checkbox"/> Anal stimulation |
| <input type="checkbox"/> Oral sex | <input type="checkbox"/> Don't know or don't remember |
| <input type="checkbox"/> Vaginal intercourse | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Water (hot tub, jet, shower head, etc.) | |
| <input type="checkbox"/> Other (please specify) | |

How old were you when you first experienced any kissing or touching-- anything more than a goodnight kiss?

<4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26--30

31--35

36--40

41--45

46--50

>50

Skip

How old were you when you first gave or received oral sex?

- <10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never given/received oral sex)
- Skip

How old were you when you first had vaginal intercourse? If you have not had vaginal intercourse, please select 'not applicable.'

- <10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never had vaginal intercourse)
- Skip

nonvirgin heterosexual males

Please answer the following questions in accordance with your typical sexual experiences, rather than in accordance with sexual experiences with your current partner.

How often does *your partner* stimulate your genitals with their hand, when you do NOT have vaginal intercourse at some time in that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often does *your partner* stimulate your genitals with their hand, when you do have vaginal intercourse at some time in that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do *you* stimulate your partner's genitals with your hand, when you do NOT have vaginal intercourse at some time in that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do *you* stimulate your partner's genitals with your hand, when you do have vaginal intercourse at some time in that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

nonvirgin heterosexual males

How often do you receive oral sex, when you do NOT have vaginal intercourse at some time during that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you receive oral sex, when you do have vaginal intercourse at some time during that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you give oral sex, when you do NOT have vaginal intercourse at some time during that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you give oral sex, when you do have vaginal intercourse at some time during that sexual interaction?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

When you receive oral sex, how likely are you to have an orgasm if you want one?

- Not applicable (do not receive oral sex)
- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

nonvirgin heterosexual males

Do you wish you had waited longer to have vaginal intercourse for the first time?

- No
- Yes, a little
- Yes, some
- Yes, much
- Skip

Who was your first vaginal intercourse with?

- Friend (nonromantic)
- Girlfriend
- Fiance
- Spouse
- Prostitute
- Stranger
- Relative
- Skip
- Other (please specify)

What percentage of the time do you come to climax (orgasm) when having vaginal intercourse?

- 0%
- 1--10%
- 11--20%
- 21--30%
- 31--40%
- 41--50%
- 51--60%
- 61--70%
- 71--80%
- 81--90%
- 91--100%
- Skip

When having **strictly vaginal intercourse, what percent of the time do you believe your partner reaches orgasm?**

- 0%
- 1--10%
- 11--20%
- 21--30%
- 31--40%
- 41--50%
- 51--60%
- 61--70%
- 71--80%
- 81--90%
- 91--100%
- Skip

When having **intercourse with additional clitoral stimulation, what percent of the time do you believe your partner reaches orgasm?**

- 0%
- 1-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Not applicable- I don't do this
- Skip

When you have vaginal intercourse , what percentage of the time do you pretend to reach orgasm when you do not actually reach orgasm?

- 0%
- 1--10%
- 11--20%
- 21--30%
- 31--40%
- 41--50%
- 51--60%
- 61--70%
- 71--80%
- 81--90%
- 91--100%
- Skip

When you have vaginal intercourse, how important to you is reaching orgasm?

- Unimportant
- Almost always unimportant
- Usually unimportant
- Neither important nor unimportant
- Usually important
- Almost always important
- Always important
- Skip

How many women have you had **vaginal intercourse** with in your lifetime?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21--25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Skip

When you have vaginal intercourse, how much time do you generally spend in foreplay (kissing, touching, oral sex, etc.) before vaginal intercourse?

- <2 minutes
- 3--7 minutes
- 8--12 minutes
- 13--17 minutes
- 18--22 minutes
- 23--27 minutes
- 28--32 minutes
- 33--37 minutes
- 38--42 minutes
- 43--47 minutes
- 48--52 minutes
- 53--57 minutes
- >58 minutes
- Skip

Generally, how long is the duration of vaginal intercourse (duration of penetration)?

- <2 minutes
- 3-7 minutes
- 8-12 minutes
- 13-17 minutes
- 18-22 minutes
- 23-27 minutes
- 28-32 minutes
- 33-37 minutes
- 38-42 minutes
- 43-47 minutes
- 48-52 minutes
- 53-57 minutes
- >58 minutes
- Skip

How often do you use condoms when having vaginal intercourse?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

virgin heterosexual males

Please answer the following questions in accordance with your typical sexual experiences, rather than in accordance with sexual experiences with your current partner.

How often in a sexual interaction does *your partner* stimulate your genitals with their hand?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often in a sexual interaction do *you* stimulate your partner's genitals with your hand?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

virgin heterosexual males

How often in a sexual interaction do you receive oral sex?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often in a sexual interaction do you give oral sex?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

When you receive oral sex, how likely are you to have an orgasm if you want one?

- Not applicable (do not receive oral sex)
- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

heterosexual men (all)

How often do you have anal intercourse?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

Do you, or did you, want to marry a virgin?

- No- want to marry a nonvirgin
- Slight preference for nonvirgin
- Indifferent as to virginity
- Slight preference for virgin
- Yes- want to marry a virgin
- Undecided
- Not applicable- do not want to get married
- Skip

Have you ever had intercourse with a member of the same sex?

- Yes
- No
- Skip

How do you feel about two people of the same sex, gay or straight, having sex together?

- I disapprove
- I disapprove, but I pretend like I am neutral or approve
- I disapprove emotionally, but intellectually I am neutral or approve
- I am inclined to disapprove
- I am neutral
- I am inclined to approve
- I approve
- Undecided
- Skip
- Other (please specify)

Generally, how satisfied are you with your sex life?

- Strongly dissatisfied
- Dissatisfied
- Somewhat dissatisfied
- Neither satisfied or dissatisfied
- Somewhat satisfied
- Satisfied
- Strongly satisfied

If you have any questions, suggestions, or comments about the survey, please type them in the box below. If not, please press next.

Homosexual women (all)

What is your age?

What level of education have you completed?

- Some high school
- Completed high school
- Currently enrolled in college
- Some college (not currently pursuing a degree)
- Completed 2 year degree
- Completed 4 year degree
- Master's degree
- J.D. or M.D.
- Ph.D
- Skip

What is your race?

- White
- Hispanic/Latino
- Black or African American
- American Indian or Alaska native
- Asian
- Native Hawaiian and other Pacific Islander
- Two or more races
- Skip
- Other (please specify)

What is your primary region of residence?

- Northeast
- Southeast
- Midwest
- Southwest
- West
- Northwest
- Skip
- Non-U.S.A or other

How would you classify the area in which you grew up?

- Urban
- Suburban
- Rural
- Skip

What is your (or if a student, your parents') estimated yearly income?

- Under \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,000
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 and over
- Skip

What is your current relationship status?

- Single
- In a relationship
- Engaged
- Married
- In a civil union
- Divorced
- Widowed
- Skip
- Other (please specify)

What religion(s) were you raised as?

- Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic
- Atheist
- No religion
- Skip
- Other, or specify denomination

What religion(s) do you identify with?

- Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic
- Atheist
- No religion
- Skip
- Other, or specify denomination

How devout would you consider yourself?

- Very devout
- Moderately devout
- Slightly devout
- Not devout, but I have religious belief
- Not devout
- Skip

How often do you attend religious services?

- Never
- Once per year
- Several times per year
- Once per month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How important is religion to you?

- Not important
- Somewhat important
- Very important
- Skip

Please select the option for each question that best describes your current agreement with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree	Skip
I feel that I am a person of worth, at least on an equal plane with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a positive attitude towards myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How frequently do you drink alcohol?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you smoke cigarettes?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you use marijuana?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you use other illicit drugs (cocaine, meth, LSD, etc.)?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How old were you when you first viewed any kind of pornography?

- 1--5
- 6--10
- 11--15
- 16--20
- 21--25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- 51--55
- >55
- Not applicable (have never watched pornography)
- Skip

How frequently do you watch pornography?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How old were you when you first started menstruating?

- <8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- >21
- Not applicable (have never menstruated)
- Skip

If you use a hormonal contraceptive, please select the method you currently use and specify the brand name below.

- Oral contraceptive
- Vaginal contraceptive ring
- Birth control shot
- IUD
- Birth control patch
- Birth control implant
- Do not use hormonal contraceptive
- Skip
- Other (please specify)

How old were you when you masturbated for the first time?

- <5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never masturbated)
- Skip

How frequently do you masturbate?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

When you masturbate, how frequently do you have an orgasm if you want one?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How old were you when you experienced your first orgasm?

- <4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never experienced orgasm)
- Skip

What kind of stimulation led to your first orgasm? Please choose all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Have never had an orgasm | <input type="checkbox"/> Water (hot tub, jet, shower head, etc.) |
| <input type="checkbox"/> Rubbing on or against an object | <input type="checkbox"/> Accidental (climbing up a pole, riding a horse, etc.) |
| <input type="checkbox"/> Clitoral masturbation | <input type="checkbox"/> Dream |
| <input type="checkbox"/> Vaginal masturbation | <input type="checkbox"/> Fantasy |
| <input type="checkbox"/> Partner's hand stimulating clitoris | <input type="checkbox"/> Stimulation of genitals over clothing (rubbing, dry humping) |
| <input type="checkbox"/> Partner's hand stimulating vagina | <input type="checkbox"/> Anal stimulation |
| <input type="checkbox"/> Oral sex | <input type="checkbox"/> Don't know or don't remember |
| <input type="checkbox"/> Vaginal intercourse | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Other (please specify) | |

How old were you when you first experienced any kissing or touching- anything more than a goodnight kiss?

<4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26--30

31--35

36--40

41--45

46--50

>50

Skip

How often do you stimulate your partner's genitals with your hand?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often does your partner stimulate your genitals with their hand?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often in a sexual interaction do you give oral sex?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often in a sexual interaction do you receive oral sex?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

When you receive oral sex, how often do you have an orgasm if you want one?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often does a sexual interaction include vaginal penetration with a hand or object?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often does a sexual interaction include anal penetration with a hand or object?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you pretend to reach orgasm during a sexual interaction, when you do not actually reach orgasm?

- 0%
- 1--10%
- 11--20%
- 21--30%
- 31--40%
- 41--50%
- 51--60%
- 61--70%
- 71--80%
- 81--90%
- 91--100%
- Skip

How old were you when you first had a sexual interaction with a member of the same sex?

- <7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- >50
- Not applicable
- Skip

Have you ever given oral sex to a male?

- Yes
- No
- Skip

Did you enjoy the experience?

- No, did not enjoy
- Yes, a little
- Yes, some
- Yes, much
- Skip

Have you ever received oral sex from a male?

- Yes
- No
- Skip

Did you enjoy the experience?

- No, did not enjoy
- Yes, a little
- Yes, some
- Yes, much
- Skip

Have you ever had vaginal intercourse with a male?

- Yes
- No
- Skip

Did you enjoy the experience?

- No, did not enjoy
- Yes, a little
- Yes, some
- Yes, much
- Skip

Generally, how satisfied are you with your sex life?

- Strongly dissatisfied
- Dissatisfied
- Somewhat dissatisfied
- Neither satisfied or dissatisfied
- Somewhat satisfied
- Satisfied
- Strongly satisfied

If you have any questions, suggestions, or comments about the survey, please type them in the box below. If not, please press next.

Homosexual men (all)

What is your age?

What level of education have you completed?

- Some high school
- Completed high school
- Currently enrolled in college
- Some college (not currently pursuing a degree)
- Completed 2 year degree
- Completed 4 year degree
- Master's degree
- J.D. or M.D.
- Ph.D
- Skip

What is your race?

- White
- Hispanic/Latino
- Black or African American
- American Indian or Alaska native
- Asian
- Native Hawaiian and other Pacific Islander
- Two or more races
- Skip
- Other (please specify)

What is your primary region of residence?

- Northeast
- Southeast
- Midwest
- Southwest
- West
- Northwest
- Skip
- Non-U.S.A or other

How would you classify the area in which you grew up?

- Urban
- Suburban
- Rural
- Skip

What is your (or if a student, your parents') estimated yearly income?

- Under \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,000
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 and over
- Skip

What is your current relationship status?

- Single
- In a relationship
- Engaged
- Married
- In a civil union
- Divorced
- Widowed
- Skip
- Other (please specify)

What religion(s) were you raised as?

- Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic
- Atheist
- No religion
- Skip
- Other, or specify denomination

What religion(s) do you identify with?

- Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic
- Atheist
- No religion
- Skip
- Other, or specify denomination

How devout would you consider yourself?

- Very devout
- Moderately devout
- Slightly devout
- Not devout, but I have religious belief
- Not devout
- Skip

How often do you attend religious services?

- Never
- Once per year
- Several times per year
- Once per month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How important is religion to you?

- Not important
- Somewhat important
- Very important
- Skip

Please select the option for each question that best describes your general agreement with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree	Skip
I feel that I am a person of worth, at least on an equal plane with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a positive attitude towards myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How frequently do you drink alcohol?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you smoke cigarettes?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you use marijuana?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How frequently do you use other illicit drugs (cocaine, meth, LSD, etc.)?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How old were you when you first viewed any kind of pornography?

- 1--5
- 6--10
- 11--15
- 16--20
- 21--25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- 51--55
- >55
- Not applicable (have never watched pornography)
- Skip

How frequently do you watch pornography?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

How old were you when you masturbated for the first time?

- <5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never masturbated)
- Skip

How frequently do you masturbate?

- Never
- Once per year
- Several times per year
- Once a month
- Several times per month
- Once per week
- Several times per week
- Once per day
- Several times per day
- Skip

When you masturbate, how frequently do you have an orgasm if you want one?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How old were you when you experienced your first orgasm?

- <4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable (have never experienced orgasm)
- Skip

What kind of stimulation led to your first orgasm? Please choose all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Have never had an orgasm | <input type="checkbox"/> Accidental (climbing up a pole, riding a horse, etc.) |
| <input type="checkbox"/> Rubbing on or against an object | <input type="checkbox"/> Dream |
| <input type="checkbox"/> Penile masturbation | <input type="checkbox"/> Fantasy |
| <input type="checkbox"/> Urethral masturbation | <input type="checkbox"/> Stimulation of genitals over clothing (rubbing, dry humping) |
| <input type="checkbox"/> Partner's hand stimulating penis | <input type="checkbox"/> Anal stimulation |
| <input type="checkbox"/> Oral sex | <input type="checkbox"/> Don't know or don't remember |
| <input type="checkbox"/> Vaginal intercourse | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Water (hot tub, jet, shower head, etc.) | |
| <input type="checkbox"/> Other (please specify) | |

How old were you when you first experienced any kissing or touching- anything more than a goodnight kiss?

- <4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Skip

How often do you stimulate your partner's genitals with your hand?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often does your partner stimulate your genitals with their hand?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you give oral sex?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you receive oral sex?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

When you have receive sex, how frequently do you have an orgasm if you want one?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you pretend to reach orgasm during a sexual interaction, when you do not actually reach orgasm?

- 0%
- 1--10%
- 11--20%
- 21--30%
- 31--40%
- 41--50%
- 51--60%
- 61--70%
- 71--80%
- 81--90%
- 91--100%
- Skip

How often do you give anal intercourse (top)?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you receive anal intercourse (bottom)?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How often do you use condoms when having oral or anal intercourse?

- Never
- Rarely (about 10% of the time)
- Occasionally (about 30% of the time)
- Sometimes (about 50% of the time)
- Frequently (about 70% of the time)
- Usually (about 90% of the time)
- Every time
- Skip

How old were you when you first had a sexual interaction with a member of the same sex?

- <10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26--30
- 31--35
- 36--40
- 41--45
- 46--50
- >50
- Not applicable
- Skip

Have you ever given oral sex to a female?

- Yes
- No
- Skip

Did you enjoy the experience?

- No, did not enjoy
- Yes, a little
- Yes, some
- Yes, much
- Skip

Have you ever received oral sex from a female?

- Yes
- No
- Skip

Did you enjoy the experience?

- No, did not enjoy
- Yes, a little
- Yes, some
- Yes, much
- Skip

Have you ever had vaginal intercourse with a female?

- Yes
- No
- Skip

Did you enjoy the experience?

- No, did not enjoy
- Yes, a little
- Yes, some
- Yes, much
- Skip

Generally, how satisfied are you with your sex life?

- Strongly dissatisfied
- Dissatisfied
- Somewhat dissatisfied
- Neither satisfied or dissatisfied
- Somewhat satisfied
- Satisfied
- Strongly satisfied

If you have any questions, suggestions, or comments about the survey, please type them in the box below. If not, please press next.

Disqualification page

Thank you for your interest in our survey. At this time, we are recruiting heterosexual or homosexual participants that self-identify as either male or female. Thank you for your participation. You will now be directed to the end of the survey.

ending page

Thank you for your participation! Please press 'done' to indicate your completion of the survey.

If you would like to receive the results of our study, please copy and paste the following link into your browser to provide your email address after pressing 'done.'

http://www.surveymonkey.com/s/sex_attitudes_emails