



Hello!

You are invited to participate in a research study seeking information regarding the characteristics of Illinois residents in order to guide public health spending within the State.

We would like to pay you for your time!

This study is funded by the Illinois Department of Public Health (IDPH) and is conducted by Kathryn Sheridan, PhD, (Principal Investigator) with the School of Social Work at Illinois State University.

### Why are you being asked?

Your address was randomly selected among all addresses in the State of Illinois. To be eligible to participate, you must be aged 18 years of age or older and live in Illinois. Please select the youngest adult in your household to complete the survey. You are ineligible to participate if you are currently within the European Economic Area.

### What are you asked to do?

You will be asked to complete a **15-item survey** reporting on demographic information, sexual orientation and behaviors, and injection drug use. You can fill out the survey using a pen or pencil and return it in the envelope or complete it on-line using the web address or QR code (see enclosed survey). In total, it will take you **5-10 minutes to complete the survey**.

### Will you receive anything for participating?

A one-time payment of **\$12.00 is available to the first 5,000 respondents** who complete the survey. Participants may choose either an electronic gift card or a check mailed directly to them. You may complete the survey without accepting the incentive payment if you prefer. The IRS may consider the \$12.00 payment to be taxable compensation. Recipients of a research participant incentive payment may want to consult with their personal tax advisor for advice.

### Are any risks expected?

We do not anticipate any risks beyond those that would occur in everyday life. Responding to some questions regarding sexual orientation, behaviors and drug use may be uncomfortable, and prompt concerns regarding potential stigma. To reduce these risks, only the researchers will have access to the survey data. Survey responses will be anonymous and aggregated (reported as a group and not individually). The information we request in order to send your payment is kept separate from your survey responses. The envelopes used to return hard copy versions of the survey are preprinted for both the return and remittance address to ensure that respondents do not need to add their name and address to the envelopes containing survey responses.

### Right to Refuse or Withdraw

Participation in this project is completely VOLUNTARY. There is no penalty or loss of benefit to you for declining to participate, for withdrawing your consent, or for skipping questions in the survey. To withdraw, simply close your web browser if you are completing the survey on-line. If you are completing the survey as a hard copy (using pen or pencil), once the survey is returned to us in the mail, we have no way of identifying the survey and will not be able to find your individual survey to destroy it.

### Will your information be protected?

Responses to the survey are completely anonymous; nothing that will identify you will be linked to your responses. Aggregated survey responses will be reported in conference presentations or journal articles or papers. The data set may be accessed in the future for additional research.

### Who will benefit from this study?

Participants will not personally benefit from this study, information derived from the research can serve to help determine allocation of public health resources, potentially benefitting persons affected by or at risk for certain health conditions in the State of Illinois.

### Who to contact if you have any questions?

If you have any questions about the research, contact Kathryn (Kate) Sheridan, PhD, (PI) at [kmsher2@illinoisstate.edu](mailto:kmsher2@illinoisstate.edu) or (309) 438-1026. If you have any questions about your rights as a participant, or if you feel you have been placed at risk, contact the Illinois State University Research Ethics & Compliance Office at (309) 438-5527 or [IRB@ilstu.edu](mailto:IRB@ilstu.edu).

Please print this form for your records. Please select a private location to complete the survey. Submission of this survey in part or in whole either in writing or electronically implies your consent to participate in this study.



Please have the youngest adult (age 18 or older) in your household complete the survey by doing one of the following:

**Return by Mail:** After reading the Participant Consent Form, please fill out the survey below and return it in the enclosed envelope. Also fill out the printed "Payment Post Card" and return it via mail to be eligible for the \$12.00 payment for the first 5,000 survey respondents.

**Or Complete the Survey Online:** To complete the survey electronically, and be eligible for the \$12.00 payment, please go to: [isusurvey.norc.org](https://isusurvey.norc.org) OR scan the QR code to the right. Your PIN is [REDACTED]



**1. What is your race? (Select one)**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Decline to answer

**2. What is your ethnicity? (Select one)**

- ☐ Hispanic or Latino      ☐ Not Hispanic or Latino
- ☐ Decline to answer

**3. Age (Select one)**

- ☐ 18-24      ☐ 35-44      ☐ 55 or older
- ☐ 25-34      ☐ 45-54      ☐ Decline to answer

**4. What is the zip code of your primary residence (home you live in most often)?**

\_\_\_\_\_ (5 digits)

- ☐ I am currently unhoused/homeless
- ☐ Decline to answer

**5. What sex was originally listed on your birth certificate?**

- ☐ Male      ☐ Female      ☐ Decline to answer

**6. What is your current Gender Identity? (Select one)**

- ☐ Male
- ☐ Female
- ☐ Transgender man/trans man (sex assigned at birth is female/ current gender identity is male)
- ☐ Transgender woman/trans woman (sex assigned at birth is male/ current gender identity is female)
- ☐ Genderqueer/gender nonconforming neither exclusively male nor female
- ☐ Additional gender category (or other), please specify: \_\_\_\_\_

- ☐ Decline to answer

**7. Sexual Identity/Sexual Orientation: (Check all that apply)**

- ☐ Straight or heterosexual
- ☐ Lesbian or gay
- ☐ Bisexual
- ☐ Queer, pansexual, and/or questioning
- ☐ Something else, please specify: \_\_\_\_\_
- ☐ Don't know
- ☐ Decline to answer

**8. If you identify as a man, have you ever had vaginal sex with someone whose: (Check all that apply)**

- ☐ Birth sex was male and current gender identity is male
- ☐ Birth sex was female and current gender identity is female
- ☐ Current gender identity is transgender male (gender assigned at birth is female/ current gender identity is male)
- ☐ Current gender identity is transgender female (gender assigned at birth is male/ current gender identity is female)
- ☐ No      ☐ Not Applicable      ☐ Decline to answer

**9. If you identify as a man, have you ever had anal sex with someone whose: (Check all that apply)**

- ☐ Birth sex was male and current gender identity is male
- ☐ Birth sex was female and current gender identity is female
- ☐ Current gender identity is transgender male (gender assigned at birth is female/ current gender identity is male)
- ☐ Current gender identity is transgender female (gender assigned at birth is male/ current gender identity is female)
- ☐ No      ☐ Not Applicable      ☐ Decline to answer

**10. If you identify as a woman, have you ever had vaginal sex with someone whose: (Check all that apply)**

- ☐ Birth sex was male and current gender identity is male
- ☐ Birth sex was female and current gender identity is female
- ☐ Current gender identity is transgender male (gender assigned at birth is female/ current gender identity is male)
- ☐ Current gender identity is transgender female (gender assigned at birth is male/ current gender identity is female)
- ☐ No      ☐ Not Applicable      ☐ Decline to answer

**11. If you identify as a woman, have you ever had anal sex with someone whose: (Check all that apply)**

- ☐ Birth sex was male and current gender identity is male
- ☐ Birth sex was female and current gender identity is female
- ☐ Current gender identity is transgender male (gender assigned at birth is female/ current gender identity is male)
- ☐ Current gender identity is transgender female (gender assigned at birth is male/ current gender identity is female)
- ☐ No      ☐ Not Applicable      ☐ Decline to answer

**12. What forms of prophylaxis (methods to lower risk of disease) have you used in your lifetime? (Check all that apply)**

- ☐ Nonoccupational postexposure prophylaxis (nPEP)
- ☐ Preexposure prophylaxis (PrEP)
- ☐ Other method (Please list) \_\_\_\_\_
- ☐ Condoms
  - ☐ If yes to condom use, how often do you use condoms (Select one)
    - ☐ Never      ☐ Sometimes      ☐ Always
    - ☐ Rarely      ☐ Most of the time
- ☐ Decline to answer

**13. Have you ever used any drug by injection? (Including prescription drugs or non-prescription drugs)**

- ☐ Yes      ☐ No      ☐ Don't Know      ☐ Decline to answer

**14. Have you ever shared a syringe or injection supplies?**

- ☐ Yes      ☐ No      ☐ Decline to answer

**15. Have you ever used any of the following substances? (Check all that apply)**

- ☐ Non-Prescription drugs (e.g., cocaine/crack cocaine, methamphetamine, heroin, etc.)
- ☐ Prescription drugs as prescribed
- ☐ Prescription drugs not as prescribed
- ☐ None
- ☐ Decline to answer

**Thank you for completing the survey!**



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