"THE THOMAS PROJECT: A STUDY OF RELIGIOUSLY-MEDIATED CHANGE IN EXODUS GROUP PARTICIPANTS"

INTRODUCTION

ID NO. _____

Hello, my name is _____. I am serving as an interviewer for the Thomas Project, a study of whether and how the Exodus ministries help people to gain some level of freedom from sexual desires they find distressing, and possibly to change your sexual orientation. For consistency, I will be reading from this script.

Before we go any further, though, let me ask again in person the questions I asked you on the phone. These three questions set the minimum conditions for being part of this study:

1. Are you at least 18 years of age? _____Yes _____No
2. Have you attended at least one session of an Exodus ministry in the last 5 months (i.e., since Sept. 1, 1999)? _____Yes _____No
3. Is concern about homosexuality, same sex attraction, a significant part of your motivation for your involvement with this Exodus ministry? _____Yes _____No

   IF NO:
   Was concern about homosexuality, same sex attraction, a significant part of your motivation when you first began your involvement with this Exodus ministry?
   _____Yes _____No

<IF YES TO 1 **and** 2, **and** YES TO EITHER QUESTION UNDER 3, CONTINUE>>

Now we are ready to move on. Let's talk first about the general purposes of this study.

FOUR "IDENTIFYING INFORMATION" SHEETS GIVE PARTICIPANT PAGE 1 TO KEEP "DESCRIPTION OF RESEARCH METHODS"

This sheet, titled "Description of our Research Methods," is for you to keep; it gives the office address of our research headquarters. Let me read with you the paragraph summarizing this research project:

> *"The Thomas Project: A Study of Religiously-Mediated Change in Exodus Group Participants"* is a study of the changes that occur to individuals who seek to change their experience of their sexual orientation via Exodus-related ministries. The study involves the administration of several psychological inventories and a number of interview questions. We seek to truthfully understand what happens to people who commit themselves to this ministry, however long that commitment might last. Our goal is to publish our findings truthfully for the examination of the scientific community.

Please note that we want to ask you related questions about six months to one year from now, and then perhaps again two or three years later. It is only in this way that we can really get a clear measure of change. Do you have any questions about these purposes?

We have two important primary commitments as we conduct this study: the first is our concern for your confidentiality and the second, equally important, is our concern for the truth. First, let's talk about confidentiality. Let me read with you the paragraph about confidentiality from our Description of Research Methods summary sheet:

> The confidentiality and privacy of our research participants will be scrupulously protected as we collate, analyze and publish these findings. No identifying information will be attached to or be a part of the record of this interview or the various inventories that will be administered as part of this study. All information identifying you, and all information linking your identity to your responses to these questions and inventories, will be separately mailed to the Research Director, and will be kept securely in files maintained apart from the interview and inventory information. We are taking every measure to assure that your confidentiality is scrupulously protected.

Nothing is more important to us than protecting you and your privacy. I will show you how we will protect your identity. All of the forms I have are marked with a "Participant ID number." Only two forms will link you by name to your participant ID number, and these will be completed at the very beginning of this interview and placed in this WHITE half-size envelope, for mailing back to our research headquarters. When we are finished with this interview, you will sign a receipt for your payment for this interview, and that receipt will go with these identifying forms in this WHITE envelope and sealed.

In the course of this interview, you will be asked some very personal questions. We will ask direct questions about your most private attitudes and life experiences, including sexual experiences. When we ask these questions in the interview, we will be writing down your answers and taping your answers at the same time. We are not taping now because we do not want to get any identifying information on this tape. The interview form, on which I will be recording your answers to my questions, and the tape of this interview, will be mailed to our research headquarters in this large padded BROWN envelope along with the tapes of this interview. Many of the most personal questions will be asked in written surveys, what we call Self-Administered Questionnaires. You will answer these on your own, and place the completed forms in this large light GRAY envelope for mailing separately to our research headquarters. I will never see the answers you give on these forms. You can see that the documents that link your participant number with your personal identity, in the WHITE envelope, are being mailed to a different city than the SAQs in the GRAY envelope and the tape and interview form in the BROWN padded envelope, which are going to the same address. The documents in the WHITE envelope that identify you will be stored in an entirely different location from the other research materials so that none of the answers you give to our questions can be linked with your personal identity. So you can see: We will go to extreme lengths to protect your identity.

Also, let's talk about truth. We are committed to finding out the truth. In the case of this interview, that means that we want you to tell us the truth about everything we ask, even if that truth is unflattering or a bit disappointing to yourself, to Exodus, to churches, to anyone. We are going to ask you how you feel about the group with which you are involved, and even about this interview at the end, and we really want a truthful response.

Now a few words about our research methods. Again, let me read with you the statement regarding research procedures that is on the front page of our release form:

> The interview and inventories ask detailed and blunt questions about the most personal aspects of your life, especially your religious life and your sexual life. We are asking those questions that are directly relevant to our research, and your responses will be used for the purposes of scientific research alone. Some persons might feel discomfort, embarrassment, or other negative feelings in response to such unusual questions. You may be asked to describe events, behaviors or experiences that are unpleasant to discuss, hurtful to remember, or highly personal and embarrassing. It is our hope that you will continue to participate even if you have such negative feelings. You have the right to withdraw from the study at any time. You also may choose not to respond to any portions of this interview procedure that you find too upsetting or personal. Again, however, it is our hope that you will continue to participate even if you have such negative feelings.

Do you have any questions about what we have covered so far?

Two final pieces of information about this interview. First, you will notice that some of the questions will be asked in very precise and perhaps quite awkward ways. Sometimes we will seem to be asking the same question over again in a different format. We are quite aware that this can make answering frustrating. The reason for this is that in order to make the very best use of this interview for research purposes, we must ask our questions in certain key areas in <u>exactly</u> the same ways that they have been asked by other researchers in other studies. We often have no other option than to ask some of our questions in an awkward way. Second, please be aware that we are trying to get a great deal of information from you in a very short time frame. For this reason, we will often have to move on to new areas after we have only begun to "scratch the surface" of a very complicated and difficult area. We hope that you will not find this frustrating.

Now I would like to ask you to read and sign our "Voluntary Consent and Agreement for Research Participation" form. I will sign it also as a witness. Please take a minute right now to read this form.

PLACE SIGNED CONSENT FORM IN WHITE 1/2 ENVELOPE

Our interview will take between two and a half and three hours. At the end of that time you will be paid $30 to thank you for this investment of your time. We will seal the WHITE envelope at the very end when you sign the receipt for your $30. We have scheduled some breaks at certain times through the interview, but you can request a break any time you need one. Do you have any other questions? If not, let's begin. And we begin by gathering identifying information on how to contact you in the future.

FOLLOW-UP CONTACT AND PERMISSIONS FORM

The purpose of this study is to follow a group of people involved in Exodus groups over about a one year period, though if possible, we would like to follow you over a number of years. We want to be able to contact you again. To that end, would you please write down, in clear CAPITAL letters, your name, permanent address and phone number. Good. Now, people sometimes unexpectedly move due to unexpected job changes, illness, family crisis, or any number of other reasons. Because of this, we want to gather a number of names, addresses and phone numbers of people through whom we might be able to reach you in the future. We promise you that we will only contact these people if we cannot reach you at the address and phone you have given us, and if we have no other way to contact you. Under no circumstances will the nature of this study be revealed in making these contacts. If we use these contacts to reach you, we will identify ourselves as members of "the Thomas Project, a polling organization like the National Opinion Research Corporation," and identify you as having agreed to participate in a long-term study of general societal attitudes and attitude change. No other information about the nature of this study or of your involvement in it will be shared under any circumstances. <Complete Form>

PLACE COMPLETED CONTACT FORM IN WHITE 1/2 ENVELOPE

Great. We will seal this envelope containing your identifying information at the end of the interview after we place in it the receipt for the $30 you will get for your participation in this interview.

Let me briefly familiarize you with the flow of what we will be doing for about the next two and a half hours or so:

HAND CARD A

General Interview Flow:

General Demographic Information
Parental Bonding Instrument (10 minutes)
Concerns Leading to Exodus Involvement and Previous Change Attempts
Description of Religious Experience
Spiritual Well-Being Scale (5 minutes)
Religious Maturity Scale (5 minutes)
<<Break!>>
Description of Sexual Orientation
Gender Conformity Scale (5 minutes)
Klein Sexual Orientation Grid (10 minutes)
Sexual Orientation Inventory (10 minutes)
Examination of Emotional Well-Being I
Millon Clinical Multiaxial Inventory (40 minutes)
<<Break!>>
History of Sexual Behavior and Experiences
Survey of Sexual Behaviors and Experiences (10 minutes)
Examination of Emotional Well-Being II
Quality of Life Inventory (10 minutes)
Religious Coping Activities Survey (5 minutes)
Symptom Check List-90 (15 minutes)
Wrap-Up!

SECTION 1: DEMOGRAPHICS & FAMILY

ID NO. _____ *Year/Month/Day interview begun* _____*Year* ___*Month* ___ *Day*

Start Tape Recorder Now!!!!

Check here ➜➜❒
to note that you started the tape!

I begin by starting the tape recorder and checking off the box on my instruction sheet.

1. For the purposes of the survey I must ask whether you are male or female.
___1 MALE ___2 FEMALE

2. What is your date of birth?
_____(YEAR) ___(MONTH) ___(DAY) _____REFUSED _____DON'T KNOW

3. Were you born in the United States?
_____NO (Go to Q3a) _____YES (go to Q4) _____REFUSED _____DON'T KNOW

3a. If you were not born in the United States, in what country were you born?
COUNTRY _____

4. What was the highest grade or year of schooling you completed?
_____8TH GRADE OR LESS
_____SOME HIGH SCHOOL
_____FINISHED HIGH SCHOOL OR EQUIVALENT
_____VOCATIONAL / TRADE / BUSINESS SCHOOL
_____SOME COLLEGE OR 2-YEAR DEGREE
_____FINISHED COLLEGE, 4 TO 5 YEAR DEGREE
_____MASTERS DEGREE OR EQUIVALENT
_____OTHER ADVANCE DEGREE

5. How would you describe your race: white, black, Hispanic, native American, Asian or something else?
_____WHITE/CAUCASIAN
_____BLACK/AFRICAN AMERICAN
_____ALASKAN NATIVE/NATIVE AMERICAN/AMERICAN INDIAN
_____ASIAN/PACIFIC ISLANDER/ORIENTAL
_____HISPANIC
_____OTHER, SPECIFY _____
_____BIRACIAL, SPECIFY Mother:_____Father:_____
_____REFUSED
_____DON'T KNOW

6. Which of the categories on this card comes closest to the type of place you were living in when you were 14 years old . .

HAND CARD B

____ Open Country ____Farm ____Town ____Medium City
____ Suburb near city ____ Large City _____ Refused ____ Don't Know

7. Who was the woman who mostly raised you? Was that your birth or biological mother, an adoptive mother, your stepmother or someone else?

_____BIRTH MOTHER _____STEP MOTHER (FATHER'S WIFE)
_____ADOPTIVE MOTHER (Go to Q7a →) 7a. At what age were you adopted? _____
_____GRANDMOTHER
_____REFUSED ____DON'T KNOW
_____OTHER, SPECIFY _____
_____NO WOMAN RAISED R (Go to Q11)

8. What was the highest grade or year of schooling your (mother / substitute mother) completed? <FIT RESPONSE INTO CATEGORY BELOW>

_____8TH GRADE OR LESS
_____SOME HIGH SCHOOL
_____FINISHED HIGH SCHOOL OR EQUIVALENT
_____VOCATIONAL / TRADE / BUSINESS SCHOOL
_____SOME COLLEGE OR 2-YEAR DEGREE
_____FINISHED COLLEGE, 4 TO 5 YEAR DEGREE
_____MASTERS DEGREE OR EQUIVALENT
_____OTHER ADVANCE DEGREE

9. When you were a child, was your relationship with your (mother/mother substitute).

HAND CARD C

_____not at all close _____not very close _____somewhat close _____very close

10. At present is your relationship with your (mother/mother substitute)...
<<If Mother is deceased; how close were you in year before her death?>>

_____not at all close _____not very close _____somewhat close _____very close

11. Who was the man who mostly raised you? Was that your biological father, adoptive father, your stepfather or someone else?

_____BIOLOGICAL FATHER _____STEP FATHER (MOTHER's HUSBAND)
_____ADOPTIVE FATHER (Go to Q11a →)11a. At what age were you adopted? _____
_____GRANDFATHER
_____REFUSED ____DON'T KNOW
_____OTHER, SPECIFY _____
_____NO MAN RAISED R (Go to Q15)

12. What was the highest grade or year of schooling he completed?
_____8TH GRADE OR LESS
_____SOME HIGH SCHOOL
_____FINISHED HIGH SCHOOL OR EQUIVALENT
_____VOCATIONAL / TRADE / BUSINESS SCHOOL
_____SOME COLLEGE OR 2-YEAR DEGREE
_____FINISHED COLLEGE, 4 TO 5 YEAR DEGREE
_____MASTERS DEGREE OR EQUIVALENT
_____OTHER ADVANCE DEGREE

13. When you were a child, was your relationship with your (father/father substitute)...

HAND CARD C

_____not at all close _____not very close _____somewhat close _____very close

14. At present is your relationship with your (father/father substitute)...
<<If Father is deceased; how close were you in year before his death?>>

_____not at all close _____not very close _____somewhat close _____very close

15. When you were a child was the relationship between the adults who mostly raised you
HAND CARD C <note—relationship between THE ADULTS, not with the child>
_____not at all close _____not very close _____somewhat close _____very close

16. (Until you left home/since you were born), did your parents live together all of the time, most of the time, some of the time, or never?
_____ALL OF THE TIME (Go to Q17)
_____MOST OF THE TIME (Ask Q16a and b)
_____SOME OF THE TIME (Ask Q16a and b)
_____NEVER (Ask Q16a only)

16a. What was the reason your parents did not live together (all/most/some of the time) you were growing up? Was it because one died, they were separated or divorced or something else? ***IF R GIVES MULTIPLE REASONS, GET MAIN REASON FOR FIRST SEPARATION.***
_____MOTHER DIED
_____FATHER DIED
_____LEGAL MARITAL SEPARATION
_____DIVORCE
_____SEPARATION DUE TO JOB OR MIGRATION (i.e., not due to conflict)
_____PARENTS NEVER MARRIED AND NEVER LIVED TOGETHER
_____PARENTS WERE NEVER MARRIED AND SEPARATED
_____OTHER_____

16b. How old were you (when this happened/when they were first separated)?
____AGE

17. We want to hear in your own words how you would describe the atmosphere and stability of the home in which you grew up. Please describe the different people that had an impact on your life as parent figures or care-givers in your home, of their relationships with each other, and your relationship with them. We have 5 minutes total for this question.

<<INTERVIEWER: RESPONSES WILL BE SCORED QUALITATIVELY FROM TAPE. SEEK TO ELICIT REASONS FOR RELATIONAL DISRUPTIONS BETWEEN PARENT FIGURES AND THE QUALITY OF THE RELATIONSHIPS BETWEEN PARTICIPANT AND EACH OF THESE MAJOR FIGURES. 5 minutes maximum>>

Now I have a questionnaire I would like you to fill out, the PARENTAL BONDING INVENTORY. This questionnaire will ask a variety of questions about the nature of the relationship you had growing up with your mother and with your father. If there are any concerns you have about the questionnaire, please feel free to ask me any questions. Two brief questions about your annual income at this point in your life are placed at the end of this inventory; we ask you to answer these remembering that your responses will be kept strictly confidential. It would help us to have the answer to these questions, but you can refuse to answer these two questions if you find it necessary. When you are done, you will put this form in the GRAY PRIVACY envelope without me seeing it.

Stop Tape Recorder Now!!!!

Break for PARENTAL BONDING INVENTORY

Start Tape Recorder Now!!!!

Check here ➜➜❒
to note that you started the tape!

Before I ask the next question, I start the tape recorder again. Now . . .

18. How old were you when you reached puberty? <FEMALES—Had your first menstrual period?> <ACCEPT RANGE, such as "13-14 years">
_____(AGE) _____Don't Know

19. At what age did you first leave home? For example, going away to college or a residential school, going into the military, or moving into your own residence (by yourself or with others).
____ AGE IN YEARS _____R HAS NEVER LEFT HOME

20. Are you currently working for pay?
_____NO _____YES _____REFUSED _____DON'T KNOW

21. How many hours per week do you usually work for pay at your job or jobs?
_____ HOURS PER WEEK _____REFUSED _____DON'T KNOW

22. Now we want to ask you which hand you usually use for a number of common activities:

Write a letter	Left	Either/Both	Right
Throw a ball	Left	Either/Both	Right
Hold and Swing a racket (tennis; racquetball)	Left	Either/Both	Right
Put at the top of a push broom to sweep	Left	Either/Both	Right
Hold the lid of a jar to unscrew it (or twist it open)	Left	Either/Both	Right

23. What is your current marital status? Is that never married, legally married, married but separated, divorced or widowed?

HAND CARD D

[NOTE: If R says "SEPARATED", Instruct that "Separation" refers to marital separation, not physical separation due to migration, employment, military duty, school or other. Also, this question is about formal marriage, not cases of non-marriage live-in relationships]

_____NEVER MARRIED _____DIVORCED
_____LEGALLY MARRIED (go to 26) _____WIDOWED
_____LEGALLY MARRIED BUT SEPARATED
_____REFUSED _____DON'T KNOW

24 and 25 ARE FOR ALL EXCEPT THOSE WHO STATE THEY ARE LEGALLY MARRIED:

24. Are you cohabiting with a non-marital sexual and romantic partner at this time?
_____NOT COHABITING
_____COHABITING (includes married Ss living with non-spouse sex partner)
< IF COHABITING>
What is the gender or sex of your partner? ___ Male ___ Female

25. Are you dating at this time? That is, are you in currently in a non-marital, non-cohabiting romantic relationship at the time of this interview?
_____NOT DATING
_____DATING (includes married and separated Rs who have a non-cohabiting partner)
IF DATING
What is the gender or sex of the person you are dating? ___ Male ___ Female

26. Please tell me which of the following people live with you, or if you live by yourself. <CHECK ALL THAT APPLY>

HAND CARD E

0 NOBODY
1 SPOUSE OR PARTNER
2 ANY OF YOUR CHILDREN
3 ANY CHILD OF YOUR SPOUSE OR PARTNER THAT IS NOT ALSO YOUR CHILD
4 SOME OTHER CHILD OR CHILDREN
5 YOUR MOTHER
6 YOUR FATHER
7 YOUR SPOUSE OR PARTNER'S MOTHER
8 YOUR SPOUSE OR PARTNER'S FATHER
9 SOME OTHER RELATIVE OF YOURS
10 SOME OTHER RELATIVE OF YOUR PARTNER
11 ROOMMATE OR ROOMMATES
12 LANDLADY OR LANDLORD
13 BOARDER OR TENANT
14 SOMEONE ELSE SPECIFY_____

IF R ANSWERED YES TO ANY CHILDREN, ASK Q27-29.
IF NO CHILDREN, GO TO Q 30.

27. How many children live with you? _____children.

28. How old is the youngest child living with you? ___ AGE

29. How old is the oldest child living with you? ___ AGE

30. And now a quick question about birth order in your family, the family in which you grew up.

What was the total number of siblings in your family, all of the brothers and sisters including you? <include half and step siblings if they lived in the same household>

_____ total # of siblings <fill in>.

Please start with the oldest child in your family, and go down the age range and identify whether each child was a brother, sister, or yourself. For example, a woman who is the middle child between two brothers would say "The oldest was a brother, followed by me the middle of three kids, and then the youngest was another brother."

<INTERVIEWER: Circle the appropriate designation for each sibling in the family, including the participant; add lines if needed. For blended families("Do I include by step-sisters?"), instruct that we are seeking to describe the family in which they grew up, and so include them if he or she feels they were a part of the family in which he or she grew up. For twins, triplets and so forth, CIRCLE the number of children in the multiple birth group and write TWIN or TRIPLET to the left, then circle the designations for sibling relationship, and then write in the right margin whether the relationship is monozygotic/identical or dizygotic/fraternal. So an identical twin pair of males born second in birth order where the subject is a member of the pair would result in you circling SECOND and THIRD oldest child, writing TWIN in the left margin, circling SELF and BROTHER, and writing IDENTICAL in the right margin.>

Oldest Child	Self	Brother	Sister
Second Oldest Child	Self	Brother	Sister
Third Oldest Child	Self	Brother	Sister
Fourth Oldest Child	Self	Brother	Sister
Fifth Oldest Child	Self	Brother	Sister
Sixth Child	Self	Brother	Sister
Seventh Child	Self	Brother	Sister
Eighth Child	Self	Brother	Sister
Ninth Child	Self	Brother	Sister
Tenth Child	Self	Brother	Sister
Eleventh Child	Self	Brother	Sister
Twelfth Child	Self	Brother	Sister

SECTION 2: PRESENTING CONCERNS AND CHANGE ATTEMPTS

ID NO. _____

PRESENT CHANGE ATTEMPT VIA EXODUS

OPEN-ENDED INTERVIEWING: **LIMIT TO 7 to 9 MINUTES TOTAL**

Now we are interested in hearing more about the types of concerns that led you to get involved with an Exodus group. <<If participant has dropped out, ask questions below in terms of what led them to try the ministry at all before dropping out.>>

With which Exodus ministry are you <or were you> involved?_____

In your own words, what is the major concern that led you to seek help from this ministry?

INTERVIEWER: Probe for more information about the problems the person has experienced.
Do not settle for "I have odd desires" or "I'm gay." Ask for further information through such queries as "Tell me more about the negative feelings that bother you the most," "In what way do you feel like a lesbian," or "People mean a lot of different things by the terms that you used, so could you help me by telling me exactly what you mean by that?"

What is it about <<MAJOR CONCERN>> that brought you to seek change through this Exodus ministry?

INTERVIEWER: "What is it that bothers you about this?"
Or "Could you give a brief account of why you see this pattern as unacceptable?"
Or "Not everyone who experiences that <<MAJOR CONCERN>> would seek out change like you have. What is it that motivates you to put effort into something like this?"

What goal would you like to achieve in dealing with this concern?

INTERVIEWER: After the person's initial response, probe for greater clarity (if needed) about the goals being pursued. A person who sees his sexual orientation as a problem may be seeking to change from homosexual to heterosexual, but could be seeking only to be freed from patterns of sexual addiction, or seeking to become happy as a celibate person. Clarify.

Let me ask about your goal in a different way. How would your life look different if you met with complete success in this ministry?

What other concerns are there with which you hope this group will help you?

How would you describe your degree or intensity of motivation to change at the point at which you began your involvement in this ministry?

INTERVIEWER: Probe for information about the degree to which the person's motivation is purely based on their own feelings versus driven by other people's feelings (e.g., a spouse who is demanding change). Probe: What would you say has fueled this motivation of yours?"

PAST CHANGE ATTEMPTS

Now I would like to ask you about other forms of help you might have sought out in the past. We will return to the present in a few moments.

1. How many months or years ago was it that you first began thinking about seeking to change your sexual orientation?

_____YEARS/MONTHS (CIRCLE the time increment used)

How many months or years ago was it that you actually began to take concrete steps in seeking to change your sexual orientation?

_____YEARS/MONTHS (CIRCLE the time increment used)

2. In the past, have you ever utilized any forms of professional therapy or counseling to attempt to change your sexual orientation or feelings? <<Define "professional therapy or counseling" as any form of counseling for which fees are paid AND where the counselor is licensed by the state or some governmental agency to deliver mental health services. Do NOT include pastoral counseling; do NOT include current Exodus group. Do not include therapy that was not significantly directed at change of sexual orientation.>>

_____NO (GO TO QUESTION 14) _____YES (CONTINUE; NEXT QUESTION)

3. How many different types of therapy have you participated in in the past?____

IF MORE THAN FOUR, OBTAIN INFORMATION ON THE FIRST TWO AND THE LAST TWO THERAPIES ATTEMPTED. IF 4 OR LESS SIMPLY LIST THOSE.

4. What were they? DO NOT INCLUDE CURRENT EXODUS GROUP (Go to Q5)

1st _____

2nd _____

3rd (or next to last) _____

4th (or last) _____

I'm going to ask you a few more questions about the therapies you have just mentioned. <ASK ABOUT EACH THERAPY IN TURN; GO DOWN EACH COLUMN. POINT TO EACH RATING SCALE FOR THREE RATINGS>

QUESTIONS	THERAPY 1 _____	THERAPY 2 _____	THERAPY 3 _____	THERAPY 4 _____
5. Was it group or individual therapy?				
6. How long did this therapy last? IN MONTHS				
7. At what age did you start and stop this therapy?				
8. What was the primary reason for the therapy? (Or: What problem or problems were the focus of this therapy?)				
9. How many therapists were involved? Professional affiliation of each?				
10. Rate (0-10) how helpful it was: <HANDCARD F>				
11.Rate(0-10) how successful it was: <HANDCARD F>				
12. If you did not find it helpful, why was this? OR If you did find it helpful, how was it helpful?				
13.How committed were you to this therapy? (0-10) <HANDCARD F>				

14. Have you ever attempted any other forms of ministry or paraprofessional counseling, other than the help you are now receiving from Exodus International to deal with the same basic problems that you are working on in this ministry? <<Define "ministry or paraprofessional counseling" as any form of religious counseling other than professional counseling.>>

_____NO (GO TO QUESTION 26) _____1 YES (GO TO NEXT QUESTION)

15. How many different types of ministry groups have you attempted?_____

IF MORE THAN FOUR, OBTAIN INFORMATION ON THE FIRST TWO AND THE LAST TWO MINISTRIES ATTEMPTED. IF 4 OR LESS SIMPLY LIST THOSE.

16. What were they? DO NOT INCLUDE CURRENT EXODUS GROUP

1st _____
2nd _____
3rd (or next to last)_____
4th (or last) _____

I'm just going to take the time to ask you a few more questions about the ministry/ministries you have just mentioned.

QUESTIONS	MINISTRY 1 _____	MINISTRY 2 _____	MINISTRY 3 _____	MINISTRY 4 _____
17. Was it group or individual?				
18. How long did this ministry last? IN MONTHS				
19. At what age did you start and stop this ministry?				
20. What was the primary reason for seeking help? (Or: What problem or problems were the focus of this ministry?)				
21. How many leaders were involved?				
22. Rate (0-10) how helpful it was: <HANDCARD F>				
23.Rate(0-10) how successful it was: <HANDCARD F>				
24. If you did not find it helpful, why was this? OR If you did find it helpful, how was it helpful?				
25. How committed were you to this ministry? (0-10) <HANDCARD F>				

CURRENT CHANGE ATTEMPT AND MINISTRY INVOLVEMENT

26. Now let me ask about some specific motivations for change that may or may not have been a motivation for you to seek help for change. I will state a possible reason, and you tell me how important this was to you on this 5-point scale:

HAND CARD G

	Not Important		Somewhat Important		Very Important
FEEL HOMOSEXUALITY IS UNNATURAL OR ABNORMAL	1	2	3	4	5
PERSONAL CONSCIENCE	1	2	3	4	5
FEAR OF AIDS	1	2	3	4	5
TEACHING OF THE BIBLE	1	2	3	4	5
DISAPROVAL OF THE CHURCH	1	2	3	4	5
WANTING TO BE MARRIED AND HAVE CHILDREN	1	2	3	4	5
UNHAPPY WITH GAY LIFESTYLE	1	2	3	4	5
FEEL VERY UNHAPPY AS A HOMOSEXUAL	1	2	3	4	5
PEER GROUP DISAPPROVAL	1	2	3	4	5
JOB DISCRIMINATION AGAINST HOMOSEXUALS	1	2	3	4	5
CONCERN OVER SOCIETAL DISAPROVAL; NEVER FIT IN.	1	2	3	4	5
OTHER, PLEASE SPECIFY	1	2	3	4	5

27. Do you believe that the attempt to change homosexual orientation or feelings can be successful?

_____ NO _____ YES ____UNCERTAIN

28. Do you have particular reasons for believing this? <OR What leads you to believe this?>

29. What type methods are used in your _____<current Exodus group> to help you to change? <OR What does the program involve?>

31. What is the duration of your _____<current Exodus group> program in weeks or years?
_____(WEEKS) _____(YEARS)

32. How long have you been in the program in weeks/months/years?
_____ (WEEKS/MONTHS/YEARS)

33. <QUALITATIVE> In your own words, could you please tell us how helpful or successful this ministry has been so far in helping you achieve your main goals for change as you described them earlier?

<FOLLOWUP> Please describe any areas where your involvement in this ministry has begun to produce what you feel in real change in your life.

<FOLLOWUP #2> Please describe any major areas where you hoped that your involvement in this ministry would help you to change, but where you feel that you have not yet begun to experience any real change in your life. In other words, tell us the areas where you are still waiting to experience change.

34. At present, on the scale of 0 to 10 on Hand Card H, how would you rate your commitment to the program? _____

HAND CARD H

35. At present, on the scale of 0 to 10 found on Hand Card H, how would you rate the helpfulness of this program in helping you attain your most important goals?
_____

HAND CARD H

36. At present, on the scale of 0 to 10 found on Hand Card H, how would you rate the successfulness of this program in helping you attain your most important goals?
_____

37. As well as receiving services from this ministry, are you involved in any church groups that are directly or indirectly aimed at helping you with the problems that brought you to Exodus?
___NO _____ YES

38. What groups are these? _____

39. As well as receiving services from this ministry, are you involved in any other form of therapy or counseling along side it?
___NO _____ YES

40. What are these?_____

SECTION 3: RELIGIOUS EXPERIENCE

ID NO. _____

<NOTE: TOTAL TIME 6 to 8 minutes. Goal is to get description of CURRENT FAITH and of DEVELOPMENTAL PATH of faith. If person gives BOTH to first question, then expand time frame to full 6 to 8 minutes.>

We want to ask some questions to help us understand your religious faith and journey. We want to begin by asking you to describe your religious life in your own words. Could you begin by describing, in about 3 or 4 minutes, your current religious beliefs or spiritual life? Another way of asking this question would be to ask how, in a few brief minutes, you would describe yourself to me, someone who really does not know you, if you wanted me to understand who you are as a person of faith.

Could you now describe, again in about 3 or 4 minutes, the major phases you have been through in your life as your religious experience has changed? In other words, please tell us in your own words the major stops along the path of your faith journey. <SKIP IF COVERED IN PREVIOUS QUESTION>

Now we will move on to some structured questions that have been asked in many other surveys and research studies:

1. In what major religion were you raised? (PROBE IF NECESSARY: Was it Protestant, Roman Catholic, Jewish, Orthodox--such as Greek or Russian, Hindu, Muslim, some other religion or no religion at all) (PROBE: IF MORE THAN ONE ANSWER, ASK FOR THE ONE RELIGION THEY FELT CLOSEST TO AT AGE 14.)

____NONE
____PROTESTANT CHRISTIAN*
____ROMAN CATHOLIC
____JEWISH
____HINDU
____REFUSED
____CHRISTIAN*
____GREEK OR RUSSIAN ORTHODOX
____BUDDHIST
____MUSLIM
____OTHER RELIGION
____DON'T KNOW

Coded Other, Specify, follow:

11 Agnostic
12 Atheist
13 Christian Science
14 Eastern
15 Eclectic/Many/All/Mixture
16 Emerson Transcendentalism
17 Jehovah's Witness
18 Lucumi
19 Mormon/LDS
20 Native American Spirituality
21 New Thought
22 Non-organized Religion
23 Pagan
24 Religious Science
25 Saints
26 Scientology
27 Secular Humanism
28 Undecided
29 Unity
30 Yoga

* Specify Christian (Protestant) denomination on next page

IF NOT CHRISTIAN OR PROTESTANT, GO TO Q3

2. Specify Protestant Christian denomination if possible.

____NO SPECIFIC DENOMINATION/NONDENOMINATIONAL
____BAPTIST
_____PRESBYTERIAN
___METHODIST
_____EPISCOPALIAN
____LUTHERAN
_____UNITED CHURCH OF CHRIST (UCC)
____CONGREGATIONAL
____AFRICAN METHODIST EPISCOPAL (AME)
____REFUSED
____DON'T KNOW
____OTHER,SPECIFY _____

3. Is your current religious preference the same as when you were growing up?

____YES (GO to Q4) ____ REFUSED (GO to Q4) ____ DON'T KNOW (GO to Q4)
____NO (Ask Q3a/b)

3a. What is your current religious preference? (PROBE IF NECESSARY: Is it Protestant, Roman Catholic, Jewish, Orthodox -- such as Greek or Russian, Hindu, Muslim or some other religion or no religion at all)?

____NONE
____CHRISTIAN
____PROTESTANT CHRISTIAN
____GREEK OR RUSSIAN ORTHODOX
____ROMAN CATHOLIC
____BUDDHIST
____JEWISH
____MUSLIM
____HINDU
____OTHER RELIGION
____REFUSED
____DON'T KNOW

3b. What specific denomination is that, if any?

____NO SPECIFIC DENOMINATION/NONDENOMINATIONAL
____BAPTIST
_____PRESBYTERIAN
___METHODIST
_____EPISCOPALIAN
____LUTHERAN
_____UNITED CHURCH OF CHRIST (UCC)
____CONGREGATIONAL
____AFRICAN METHODIST EPISCOPAL (AME)
____REFUSED
____DON'T KNOW
____OTHER,SPECIFY _____

4. How often do you attend religious services?

_____Never
_____Weekly or nearly every week
_____Less than once a year
_____More than once a week
_____Several times a year
_____REFUSED
_____About once a month
_____DON'T KNOW
_____2-3 times a month

5. Would you say you have been "born again" or have had a "born again" experience – that is a turning point in your life when you committed yourself to Christ?

_____NO _____REFUSED _____DON'T KNOW

_____YES (Ask Q5a)→

5a. How old were you when this occurred? AGE _____

_____DON'T KNOW _____REFUSED

Stop Tape Recorder Now!!!!

And now I have two brief questionnaires about religious faith for you to fill out, and then we get to take our first break.

Break for RELIGIOUS FAITH INVENTORIES #1 & 2

And now we can take a break! <5-7 minutes maximum>

SECTION 4: SEXUAL ORIENTATION

Start Tape Recorder Now!!!!

Check here ➜➜❒
to note that you started the tape!

ID NO. _____

I begin the next section by starting the tape recorder. Thank you so much for bearing with us so far; you've been very helpful and courageous.

In this section we cover issues of sexual orientation, and we will be forced to ask you what will seem to you to be the same questions over and over again in slightly different variations. We want to assure you that we are doing this because the credibility of our research depends on asking questions in the precise format that other researchers have asked them. The complication is that very few researchers have asked these questions in the same way, and so we have to ask these questions in all of their variations. We assure you again of our commitment to the protection of your confidentiality, and ask you to please cooperate with us by being as absolutely honest as possible.

<TIME FOR THIS QUALITATIVE SECTION: 5 to 7 minutes>
In a moment, we will ask you a number of specific questions about your sexual feelings. We want to begin, however, by asking you to describe in your own words your sexual orientation. <Listen and probe; is homosexual inclination exclusive? USE PERSON'S CATEGORIES>

Why do you think that you have these feelings? <<OR What is your personal understanding of the cause of your sexual orientation? OR Why do you think you are the way that you are?>> <<PROBE—Are there other factors that may have contributed to the development of your sexual orientation?>>

When do you first remember being aware of your sexual orientation <or problematic sexual feelings>?

Were there any special circumstances under which you first became aware of your sexual orientation <or problematic sexual feelings>?

Now to the formal questions about sexual orientation. We will start with some more questions about your childhood.

1. Did you feel different from other children of the same gender, growing up?
_____NO _____YES

2. As a child between about ages 6 and 12, did you prefer to play with boys or girls?
____Boys ____Girls ____Both about equally ____Preferred not to play with other children

3. As a child between about ages 6 and 12, did you like sports
____ Very Much ____Somewhat ____Not at all

4. What sports did you prefer? <Write down answer>

<<from Hamer, 1994>>

5. As a child between about ages 6 and 12, did you prefer
____Games like cops and robbers, soldiers, war, etc
____Games like dolls, cooking, playing house, sewing, etc
____Both equally

6. What were your favorite play activities as a child between about ages 6 and 12?
<Write down answer>

7. As a child between about ages 6 and 12, did you get into physical fights
____ Often ____Occasionally ____Rarely

MALES:

8. As a child between about ages 6 and 12, did you feel you were as "boyish" or "masculine" as the other boys your age?
____ More masculine than others ____About as masculine ____Less masculine
____Don't know

9. As a boy between about 6 and 12, were you considered a "sissy" more than other boys your age? ____No ____Yes ____Don't Know

10. As a child or adolescent, were you ever called a "fag" or "queer" or other term related to homosexuality?
____No ____Yes (go to 10a&b) ____Don't Know

10a. If yes, how often did this happen?
____Rarely ____Occasionally ____Often ____Very Often

10b. If yes, why did you think you were called these names?

11. Did you ever think you would prefer to be a girl rather than a boy?
____No ____Yes ____Don't Know
<<GO TO Q16>>

FEMALES:

12. As a child between about ages 6 and 12, did you feel you were as "girlish" or "feminine" as the other girls your age?
____ More feminine than others ____About as feminine ____Less feminine
____Don't know

13. As a girl between about 6 and 12, were you considered "tomboy" more than other girls your age? ____No ____Yes ____Don't Know

14. As a child or adolescent, were you ever called "butch" or a "dyke" or other term related to homosexuality?
____No ____Yes (go to 14a&b) ____Don't Know

14a. If yes, how often did this happen?
____Rarely ____Occasionally ____Often ____Very Often

14b. If yes, why did you think you were called these names?

15. Did you ever think you would prefer to be a boy rather than a girl?
____No ____Yes ____Don't Know

16. Were you raised in a home where being Gay or Homosexual was considered morally wrong?
_____No _____YES _____REFUSED _____DON'T KNOW

Before we continue on to questions related to your adulthood, I want to ask you to fill out a Self-Administered Questionnaire about some of your childhood experiences related to the questions I have just been asking you.

Stop Tape Recorder Now!!!!

Break for **GENDER CONFORMITY SCALE**

Start Tape Recorder Now!!!!

Check here ➜➜❒
to note that you started the tape!

Now I will start the tape recorder again so we can continue with questions related to your adult experience of sexual attraction.

HAND CARD I

17. In general, are you sexually attracted to . . . .

FOR FEMALES:	**FOR MALES:**
___only men	___only women
___mostly men	___mostly women
___both men and women	___both women and men
___mostly women	___mostly men
___only women	___only men

18. Do you think of yourself as . . . .
___heterosexual (straight)
___homosexual (gay, lesbian)
___bisexual
___something else (specify)_____
___DON'T KNOW

19. Some people would use a different word to describe their sexual orientation than they would use to describe "themselves." How would you describe your sexual orientation? We mean here not what you desire to become through change, but the sexual orientation you were before you began to attempt to change
___heterosexual (straight)
___homosexual (gay, lesbian)
___bisexual
___something else (specify)_____
___DON'T KNOW

20. Have you ever been sexually intimate with another person? Our term "sexually intimate" means sexual intercourse between you and another person, whether your partner was a man or a woman, where there was genital contact between the partners such that at least one of you had an orgasm. *<<IF queried, this definition would include such activities as mutual erotic touching or "mutual masturbation," one-way erotic touching, oral sex, vaginal sex, and anal sex.>>*

_____Yes ____No (IF "No," go to #22)

21. How would you describe the gender of the persons with whom you have been sexually intimate physically? <<Repeat if needed: Our term "sexually intimate" means sexual intercourse between you and another person, whether your partner was a man or a woman, where there was genital contact between the partners such that at least one of you had an orgasm.>>

HAND CARD J

____Exclusively heterosexual.
____Largely heterosexual, but incidental homosexual.
____Largely heterosexual, but more than incidental homosexual.
____Equal amounts of heterosexual and homosexual.
____Largely homosexual, but more than incidental heterosexual.
____Largely homosexual, but incidental heterosexual.
____Exclusively homosexual.

22. How would you describe the gender of the persons to whom you are sexually attracted (meaning the gender of the people who you tend to find arousing or who tend to "turn you on sexually")? **SEE HAND CARD J**

____Exclusively heterosexual.
____Largely heterosexual, but incidental homosexual.
____Largely heterosexual, but more than incidental homosexual.
____Equal amounts of heterosexual and homosexual.
____Largely homosexual, but more than incidental heterosexual.
____Largely homosexual, but incidental heterosexual.
____Exclusively homosexual.

23. How would you describe the gender of the persons with whom you have tended to be infatuated with or have a "crush" on or to "fall in love" with? By these terms, we mean the people with whom you have tended to develop intense emotional attachments. **SEE HAND CARD J**

____Exclusively heterosexual.
____Largely heterosexual, but incidental homosexual.
____Largely heterosexual, but more than incidental homosexual.
____Equal amounts of heterosexual and homosexual.
____Largely homosexual, but more than incidental heterosexual.
____Largely homosexual, but incidental heterosexual.
____Exclusively homosexual.

24. How would you describe the gender of the persons about whom you have tended to fantasize sexually or to have sexual dreams about? In your unguarded moments, what is the gender of the people who come to mind involuntarily as the ones you are sexually attracted to? **SEE HAND CARD J**

____Exclusively heterosexual.
____Largely heterosexual, but incidental homosexual.
____Largely heterosexual, but more than incidental homosexual.
____Equal amounts of heterosexual and homosexual.
____Largely homosexual, but more than incidental heterosexual.
____Largely homosexual, but incidental heterosexual.
____Exclusively homosexual.

25. Please rate the degree to which you are sexually attracted at a physical level to the opposite sex: CODE WHOLE NUMBERS ONLY

HAND CARD K

1	2	3	4	5
Not at all Attracted Heterosexually		Somewhat Attracted Heterosexually		Very Attracted Heterosexually

26. Please rate the degree to which you are sexually attracted at a physical level to the same sex: **SEE HAND CARD K** CODE WHOLE NUMBERS ONLY

1	2	3	4	5
Not at all Attracted Homosexually		Somewhat Attracted Homosexually		Very Attracted Homosexually

27. Please rate the degree to which you are emotionally attracted to the opposite sex; the degree to which you tend to become infatuated with or "fall in love" with people of the opposite sex: **SEE HAND CARD K**

1	2	3	4	5
Not at all Attracted Heterosexually		Somewhat Attracted Heterosexually		Very Attracted Heterosexually

28. Please rate the degree to which you are emotionally attracted to the same sex; the degree to which you tend to become infatuated with or "fall in love" with people of the same sex: **SEE HAND CARD K**

1	2	3	4	5
Not at all Attracted Homosexually		Somewhat Attracted Homosexually		Very Attracted Homosexually

29. Please rate the frequency with which you feel sexually attracted to men.

HAND CARD L

1	2	3	4	5
Never		Sometimes		Daily or More Very Often

30. Using the same scale, please rate the frequency with which you feel sexually attracted to women.

1	2	3	4	5
Never		Sometimes		Daily or More Very Often

31. Please rate the intensity with which you can be sexually attracted to a man**.** Think of the time when you felt the strongest sexual attraction to a man in the last several years, and rate that experience: **SEE HAND CARD L**

1	2	3	4	5
Completely Unaroused "Cold"		Somewhat Aroused "Excited"		Totally Aroused "Consumed"

32. Please rate the intensity with which you can be sexually attracted to a woman**.** Think of the time when you felt the strongest sexual attraction to a woman in the last several years, and rate that experience:

1	2	3	4	5
Completely Unaroused "Cold"		Somewhat Aroused "Excited"		Totally Aroused "Consumed"

Now we are going to ask you to fill out two of the very hardest questionnaires in our study. Each asks yet more questions about sexual orientation. These questions will seem very repetitive and frustrating, but we ask that you bear with us and answer all of these questions as best you can. We have found that people especially get frustrated with the concept on this first scale of a general rating of your "past" attractions "up until about one year ago." We just ask that you do your best on these ratings.

Stop Tape Recording Now!!!

Break for KLEIN SEXUAL ORIENTATION GRID

<<When done with Klein>> Now, we want you to fill out the other questionnaire on sexual orientation.

Break for SEXUAL ORIENTATION SURVEY

Start Tape Recorder Now!!!!

Check here ➜➜❒
to note that you started the tape!

Now after starting the tape recorder again, I need to ask you a few more questions about sexual orientation. Again, I may have to ask the same questions over in a slightly different way because of other research; please be patient.

33. At what age did you first begin to consider yourself to be homosexual, gay, lesbian or bisexual?
___AGE _____Never did

34. Think about the people you know -- your friends, co-workers, classmates and other people you see regularly. As far as you know, are they:
_____All heterosexual or straight people
_____Mostly heterosexual or straight people with a few lesbians, gays or bisexuals
_____Equal numbers of heterosexual or straight and lesbian, gay or bisexual people
_____Mostly lesbians, gays or bisexuals with a few heterosexual or straight people
_____All lesbian, gay or bisexual people

35. At work (if employed), do all, most, some or none of your co-workers know about your sexual orientation?
____ALL _____MOST ____SOME _____NONE
____NO COWORKERS ____UNEMPLOYED _____DON'T KNOW
_____REFUSED

36. At school (if a student), do all, most, some or none of your friends know about your sexual orientation/feelings?
____ALL _____MOST ____SOME _____NONE

37. Who in your immediate family knows about your sexual orientation/feelings?
<CHECK ALL THAT APPLY>
_____SPOUSE _____CHILDREN
_____MOTHER _____FATHER _____SISTER(S) _____BROTHERS
_____OTHER RELATIVES

38. Do all, most, some or none of your friends know about your sexual orientation/feelings?
____ALL _____MOST ____SOME _____NONE

39. From whom have you received the most support in your quest to change your sexual orientation/feelings?
_____MOTHER _____FATHER _____SISTER(S) _____BROTHERS
_____SPOUSE _____OTHER RELATIVES _____FRIENDS
_____CHURCH _____OTHER, PLEASE SPECIFY_____
_____NO ONE

40. In the past 12 months, how often have you gone to a gay bar or club? <DO NOT GIVE CATEGORIES; CODE NUMBER REPORTED AND THEN MARK CATEGORY>

_____Times <CONVERT ANSWER: e.g., "once per week" = 52 = #5>

1 Never
2 Once or twice
3 Three to ten times
4 Eleven to 24 times
5 25 or more times

41. In the past 12 months, how often have you gone to a gay bath house or sex club? <DO NOT GIVE CATEGORIES; CODE NUMBER REPORTED AND THEN MARK CATEGORY>
_____Times

1 Never
2 Once or twice
3 Three to ten times
4 Eleven to 24 times
5 25 or more times

42. Have you ever moved to a neighborhood because there is a large number of gay or lesbian people living in that area?

0 NO (GO TO QUESTION 43)
1 YES (GO TO QUESTION42a)

42a. Where was this?_____

42b. When did you do this?_____(year and month)

42c. And do you still live there? _____NO _____YES

43. Do you belong to any gay or lesbian organizations or groups, or attend any of their meetings?
_____NO _____YES (GO TO QUESTION 43a & b)

43a. What are these/is this organization(s)? _____
_____
_____

43b. What did you hear in these groups about ministries like your Exodus ministry?

44. Do you belong to any *religious* gay or lesbian organizations or groups, or attend any of their meetings?
_____NO _____YES (GO TO QUESTION 44a & b)

44a. What are these/is this organization(s)? _____
_____
_____

<<check for Evangelicals Concerned, Lamda Fellowship, Metropolitan Community Church>>

44b. What did you hear in these groups about ministries like your Exodus ministry?

45. Now I am going to name a number of different "groups" of people who may have an impact on your life in terms of the emotional and personal support that they may or may not offer to you as you struggle to change and to grow. I want you to rate each group first in terms of how much support each offers you, using the scale on HAND CARD M. By support we mean how much encouragement you feel, how much you feel they are on your side. Then, I want you to rate each in terms of how harmful or helpful each group is to you, using the scales on HAND CARD M. By harmful or helpful, we are thinking of the concrete actions that help you or hinder you in achieving your goals:

	HAND CARD M	
	(Rating 0-3)	(Rating 1-10)
Family	_____Support Rating	_____Help Rating
Close personal friends	_____Support Rating	_____Help Rating
Church & Christian groups	_____Support Rating	_____Help Rating
Exodus group	_____Support Rating	_____Help Rating
Work peers	_____Support Rating	_____Help Rating
Gay/lesbian friends	_____Support Rating	_____Help Rating
Civic or social organizations	_____Support Rating	_____Help Rating
Other?_____	_____Support Rating	_____Help Rating

46. Are there any members of your extended biological family who are homosexual or bisexual? I do not want their names, but could you tell me their relationship to you? <FOR EACH REPORT, ASK HOW HE/SHE KNOWS, AND HOW CERTAIN THEY ARE.>

SECTION 5: EMOTIONAL HEALTH #1

We now move into the section where we look into measures of "emotional health." We will have some specific questions to ask you on this topic later. For now, we are going to ask you to fill out a test that will take about 30 to 45 minutes. It is called the Millon Clinical Multiaxial Inventory, and it is one of the most widely used and accurate tests in use today. It is a self-explanatory test that just asks you about 175 True-False questions. We ask you to answer these questions truthfully.

Break for MILLON CLINICAL MULTIAXIAL INVENTORY

Stop Tape Recorder Now!!!!

And now we can take a break! <5-7 minutes maximum>

SECTION 6: SEXUAL BEHAVIOR AND EXPERIENCES

ID NO. _____

Start Tape Recorder Now!!!!

Check here ➜➜❒
to note that you started the tape!

I begin the "home stretch" of our interview by again starting the tape recorder. Again, thanks for hanging in there and answering these very difficult questions. We now need to ask you some questions about your actual sexual experiences and attitudes.

1. Please look at this card and identify all of the major sources from which you learned about sexual matters. (CIRCLE ALL THAT R SAYS APPLY; IF R CHOOSES MORE THAN ONE, ASK **From which one of these sources did you learn the most?** AND PUT BOX AROUND MOST IMPORTANT.)

HAND CARD N

Mother	Father	Brother
Sister	Other Relative(s)	Lessons at school
Friends (about your age)	Television	Radio
Doctor, Nurse or Clinic	Books	Magazines or Newspapers
First Romantic or Sexual Partner of the Opposite Sex		
First Romantic or Sexual Partner of the Same Sex		Other

2. How would you describe the atmosphere or attitudes toward sexuality in the home in which you grew up?

HAND CARD O

1	2	3	4	5
Closed/secretive "Sex never talked about"				Open/accepting "sex is normal; let's talk"
Negative "sex is bad"		Neutral		Positive "sex is good/gift"
Rigid rules "closed; punitive"		Balanced		Permissive "liberal; free sex; do it"
Hyper-modest "secrecy; keep hidden"		Appropriate		Immodest "open nudity; exposure is fine"

In the next Self Administered Questionnaire we are going to continue to ask you about your sexual experiences. Thousands of other people have answered these very same questions. They are from a standardized interview that was part of the most respected sexuality study ever done. When you are done, you will put this questionnaire into the Privacy envelope so that I will not see your answers. For the sake of this research, we ask that you answer honestly. If you have any questions about this survey at any point, I will be glad to try to answer your questions.

Continue Tape Recording

Break for
SEXUAL BEHAVIOR AND EXPERIENCES SURVEY

NOTE TO INTERVIEWERS: Question 1 of Inventory: If participant asks what qualifies as a "sexual partner," please return to the definition used earlier for the question "Have you ever been sexually intimate with another person?" We responded: "Our term "sexually intimate" means **sexual intercourse [meaning interaction] between you and another person, whether your partner was a man or a woman, where there was genital contact between the partners such that at least one of you had an orgasm**. *<<IF queried, this definition would include such activities as mutual erotic touching or "mutual masturbation," one-way erotic touching, oral sex, vaginal sex, and anal sex.>>"*

SECTION 7: EMOTIONAL HEALTH #2

ID NO. _____

Continue Tape Recording

We now move back onto the topic of "emotional health." Last time we were on this subject, the only thing we asked you to do was to fill out the Millon Clinical Multiaxial Inventory. Now we want to have you answer some briefer questionnaires and a few questions. We begin with a Quality of Life Inventory.

Stop Tape Recorder Now!!!!

Break for HAPPINESS/QUALITY OF LIFE INVENTORY

Start Tape Recorder Now!!!!

Check here ➜➜❒
to note that you started the tape!

MENTAL HEALTH CONCERNS

Now I am going to ask about a series of specific problems, and we will record your answers <check tape>. In each area, I will ask you if you currently have a significant problem in this area; in other words, if you have a problem in this area right now. Then I will ask you if you have had a significant problem with this in the last year, and then if you have ever had a significant problem in this area.

NOTE: WHENEVER RESPONDENT ANSWERS "YES," GET A SEVERITY RATING FROM HAND CARD P. AFTER GETTING THAT SEVERITY RATING, GO TO NEXT QUESTION ON NEXT GENERAL AREA.

HAND CARD P

1. First let me ask you about Depression.

   A. Do you currently have a significant problem with depression? ____YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

   B. Have you had a significant problem with depression in the last year? __YES __NO

      IF YES, how severe would you rate this problem at its worst?_____

   C. Have you ever had a significant problem with depression in your lifetime?
      ____YES ___NO
      IF YES, how severe would you rate this problem at its worst?_____

2. Now let me ask you about Anxiety.

   A. Do you currently have a significant problem with anxiety? ____YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

   B. Have you had a significant problem with anxiety in the last year? ___YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

   C. Have you ever had a significant problem with anxiety in your lifetime?
      ____YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

3. Now let me ask you about Alcohol Abuse.

   A. Do you currently have a significant problem with alcohol abuse? ___YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

   B. Have you had a significant problem with alcohol abuse in the last year?
      ____YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

   C. Have you ever had a significant problem with alcohol abuse in your lifetime?
      ____YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

4. Now let me ask you about Drug Abuse.

   A. Do you currently have a significant problem with drug abuse? ____YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

   B. Have you had a significant problem with drug abuse in the last year? __YES __NO

      IF YES, how severe would you rate this problem at its worst?_____

   C. Have you ever had a significant problem with drug abuse in your lifetime?
      ____YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

5. Now let me ask you about Mental Illness.

   A. Do you currently have a significant problem with mental illness? ___YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

   B. Have you had a significant problem with mental illness in the last year?
      ____YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

   C. Have you ever had a significant problem with mental illness in your lifetime?
      ____YES ___NO

      IF YES, how severe would you rate this problem at its worst?_____

6. Have you ever tried to commit suicide at any time in your life?
_____ NO (IF NO, SKIP TO SCL-90 SECTION) _____ YES (GO TO Q6a)

6a. How many times have you tried to commit suicide? _____
IF "1" GO TO Q6b & 6c, IF "2" OR MORE GO TO 6d & 6e &6f.

6b. How old were you at the time you tried to commit suicide? _____(AGE)

6c. What was your reason or reasons for trying to commit suicide?

6d. How old were you the first time you tried to commit suicide? And how old were you the most recent time you tried to commit suicide?
_____(AGE 1ST TIME)
_____(AGE MOST RECENT TIME)

6e. What was your reason for trying to commit suicide the 1st time?

6f. What was your reason for trying to commit suicide the most recent time?

We have just finished talking about some very serious burdens and concerns that many people have to face. Next, I want to ask you next to fill out another survey that asks how a person's religious faith comes into coping with a problem, or how it is useful in how you cope with difficulties in your life. <HAND RELIGIOUS COPING SAQ> Look with me at the instructions; they ask for you to rate how often each of 29 "coping activities" were involved in your facing "the event." We would ask you to answer this survey by thinking of "the event" as your struggles with the sexual troubles that have brought you to the Exodus ministry for help and support in the last few months. In other words, answer about how often these religious coping experiences were involved in coping with your sexual feelings and struggles.

Stop Tape Recorder Now!!!!

BREAK FOR **RELIGIOUS COPING ACTIVITIES SCALE**

Now I need to ask you to fill out another psychological inventory that looks at the issue of your emotional health. This instrument is much shorter than the MCMI that you filled out an hour ago; this one will only take about 15 minutes, and asks straightforward questions about how much you are distressed by 90 different experiences that can be seen as "symptoms" of distress. When you are done with this survey, we will be almost done.

Break for SYMPTOM CHECKLIST-90

SECTION 8: DEBRIEFING

Start Tape Recorder Now!!!!

Check here ➜➜❒
to note that you started the tape!

Thank you very much for taking part in this study, it has been much appreciated. Before we come to a close, we would like to ask you to fill out an evaluation of this interview experience. I am starting the tape recorder one final time to make sure this is recorded.

Break for Debriefing Questionnaire

DISTRESS AND CRISIS SERVICES

Now a couple of final questions. Has this interview and the questionnaires you have filled out made you significantly distressed or upset? <<**if yes, do 1 AND 2 below**>>

1. Do you have a support system in your connection to your Exodus ministry, in a counseling relationship, or in some other relationship where you can have someone help you to resolve this distress?" <<if yes, urge that person to use that relationship.>>

2. <<Offer the ***referral document***, saying>> This is a list we have of crisis services in this area. We want to encourage anyone experiencing significant distress at any time to contact somebody and talk it through. Don't suffer alone without seeking out someone to whom to talk. Will you consider seeking out your existing contacts or someone on this list?

IF NO SIGNIFICANT DISTRESS:

We have covered a tremendous amount of ground in this interview. Is there anything that stands out that would be vital for us to have inquired about but that we overlooked?

Are there any concerns or issues you have concerning the interview, that you'd like to talk about with me? Please freely ask anything you wish.

CONCLUSION:

1. Give the payment of $30 to participant.

2. Have participant sign the receipt and place our copy of the receipt in the Identifying Documents envelope (WHITE HALF-SIZE ENVELOPE). SEAL the envelope and INVITE PARTICIPANT TO INITIAL OR PUT DATE ON SEAL FOR SECURITY.

3. Seal the Interview schedule and tape in the BROWN BUBBLE-PADDED envelope.

4. SAQs and MCMI/SCL are sealed in GRAY envelope.

I will be dropping these envelopes in the nearest mailbox after leaving this building. You are welcome to accompany me for mailing these if you should so choose in order to assure the confidentiality of the materials. Note that the WHITE envelope with the identifying information is being mailed to a different address than the other materials in order that this information be kept separate and secure.

THANKS!