

Appendix B: Survey Instrument

HEALTHY RELATIONSHIPS SURVEY: DATING AND CONFLICT

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SECTION 1

In order to create a code for your answers, WITHOUT asking for your name or any other information that would identify you, we are going to start by asking a few general questions about you.

- B1. How old are you?
- 13 years or younger 18 years old
 14 years old 19 years old
 15 years old 20 years old
 16 years old 21 years or older
 17 years old
- B2. Are you?
- Female
 Male
- B3. Are you currently:
- Working part-time
 Working full-time
 Not working
- B4. What grade are you in?
- 9th 11th
 10th 12th
 Other grade
- B5. Are you of Latino descent or background?
- Yes
 No
- B5a. If yes, which Latino group(s) do you most identify with (or belong to)? (*Choose ALL that apply*)
- I am: Dominican
 Puerto Rican
 Cuban
 Mexican
 Another Latino group
- B6. Which racial group(s) do you identify with (or belong to)? (*Choose ALL that apply*)
- I am: Black (including African American, African, and Caribbean)
 White
 Asian
 Another racial group
- B7. Were you born in the U.S.?
- Yes No
- B8. Is English the language you speak at home most of the time?
- Yes (*If yes, GO TO Question B9*)
 No
- B8a. If no, what language do you speak at home most of the time?
- Spanish French Hindi
 Chinese Creole Korean
 Other language

- B9. Who do you **currently** live with? (*CHOOSE ALL THAT APPLY.*)
- By myself ONLY Boyfriend or girlfriend
- My child/children Mom/stepmom
- Dad/stepdad Other adult relative
- Mother's boyfriend Other adult (not a relative)
- Roommate(s)/Friend(s)
- Dad's girlfriend Brothers/sisters

Some people start dating or having sexual relationships when they are quite young and others start much later.

- B10. Have you started dating, or had ANY romantic and/or sexual relationships?
- No (*IF NO, PLEASE GO TO PAGE 11, "Section 5"*)
- Yes

- B11. Have you **ever** been married?
- Yes No

- B11a. If yes, are you **now**:
- Still married Divorced
- Separated Widowed

- B12. **If you are female**, have you ever been pregnant (including any abortions or miscarriages)?
- If you are male**, have you ever gotten someone pregnant?
- Yes No (*IF NO, PLEASE GO TO Section 2*)

- a) If yes, how many times have you been pregnant? (**for females only**)

If yes, how many times have you gotten someone pregnant? (**for males only**)

- 1 3
- 2 4 or more

- b) Have you had any babies? (**for females**) / Are you the father of any babies? (**for males**)
- No Yes, 2 babies Yes, 4 or more babies
- Yes, 1 baby Yes, 3 babies

SECTION 2

In this section, we're going to ask you more in-depth questions about your dating and sex life, both now and in the past.

When we ask about your "partners," we mean anyone who you have a romantic or sexual interest in. So a "partner" could be your boyfriend or girlfriend, your man or woman, your sex partner, or someone who you have just gone out with. You could have a serious romantic interest in this person, a sexual interest, or maybe both. You could be committed to this person, or you two could have an "open" relationship, where you date other people.

- R1. First, how do you think of yourself privately?
- I am: straight
- gay/lesbian
- bisexual
- I'm not sure

- R2. I have dated or gone out with males:
- in the past currently
- in the past and currently
- not at all

- R3. I have dated or gone out with females:
- in the past currently
- in the past and currently
- not at all

- R4. I have dated or gone out with more than one person at a time:
- in the past currently in the past and currently
- not at all

- R5. Did you have sex in the last year?
- No
- Yes

- R6. During the past 12 months, did a boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- No (*IF NO, GO TO Question R7*)
- Yes

R6a. If yes, during the past 12 months, did a boyfriend/ girlfriend hurt you so bad that you had to be treated by a doctor or nurse?

- 0 times
- 1 time
- 2 or 3 times
- 4 or more times

R7. Have you ever been physically forced to have sexual intercourse when you did not want to?

- No *(If NO, GO TO Question R8)*
- Yes

R7a. If yes, did you see a doctor at that time because of this unwanted sexual experience?

- No
- Yes

Now we are going to ask you a lot of question about your **current or most recent** partner in more detail on pages 5-9. Again, when we ask about your “partners,” we mean anyone who you have a romantic or sexual interest in. A “partner” could be your boyfriend or girlfriend, your man or woman, your sex partner, or someone who you have just gone out with. You could have a serious romantic interest in this person, a sexual interest, or maybe both. You could be committed to this person, or you two could have an “open” relationship, where you date other people.

R8. Do you **currently** have a partner OR have you had a partner **within the last year**?

- No *(IF NO, PLEASE GO TO PAGE 10, “Section 4”)*
- Yes

R9. Is this partner:

- male
- female

R10. Please choose which statement describes your relationship with this person:

- I am thinking of somebody who is my partner **right now**.
- I am thinking of someone I dated **within the past 3 months**.
- I am thinking of a partner I dated more than 3 months ago but **within the past year**.

R11. How long have you dated or did you date this person?

- less than a month
- more than a month, less than 3 months
- more than 3 months, less than 6 months
- more than 6 months, less than 1 year
- 1 year
- 1 to 2 years
- more than 2 years

R12. How old is this person now? _____

R13. How important is/was this relationship to you? *(Choose one of the responses below.)*

- Not at all important
- Somewhat important
- Important
- Very important

R14. Please check which one of the following six answers BEST describes your relationship to this person:

- We are/were dating other people as well.
- I am/was dating this person without any definite commitment.
- I am/was dating this person exclusively.
- We are/were living together, but not engaged.
- We are/were engaged.
- We are/were married.

R15. Please check which one of the following BEST describes your **sexual** relationship with this person:

- We have not had sex with one another.
- We only have sex with each other
- We allow each other to have sex with other people
- I am having sex with other people without telling my partner.
- I suspect my partner is having sex with others without telling me.

SECTION 3

All dating couples have disagreements. The following questions ask you about things that may have happened to you with your partner while you were having an argument. Put a check in the box that is your best estimate of how often these things have happened with your current or ex-partner **within the past year** (this should be the same partner you just described). Please remember that all answers are completely anonymous. As a guide, use the following scale:

- Never:** This has never happened in my relationship.
Seldom: This has happened only 1-2 times in my relationship.
Sometimes: This has happened about 3-5 times in my relationship.
Often: This has happened 6 times or more in my relationship.

During a conflict or argument with my partner in the past year: Put an "X" in appropriate box

	Never	Seldom	Sometimes	Often
RS1. I threatened to hit him/her or throw something at him/her.				
S/he threatened to hit me or throw something at me.				
RS2. I touched him/her sexually when s/he didn't want me to.				
S/he touched me sexually when I didn't want him/her to.				
RS3. I threatened to end the relationship.				
S/he threatened to end the relationship.				
RS4. I did something to make him/her feel jealous.				
S/he did something to make me feel jealous.				
RS5. I destroyed or threatened to destroy something s/he valued.				
S/he destroyed or threatened to destroy something I valued.				

During a conflict or argument with my partner in the past year: *Put an "X" in appropriate box*

	Never	Seldom	Sometimes	Often
RS6. I told him/her that I was partly to blame.				
S/he told me that s/he was partly to blame.				
RS7. I brought up something bad that s/he had done in the past.				
S/he brought up something bad that I had done in the past.				
RS8. I threw something at him/her.				
S/he threw something at me.				
RS9. I said things just to make him/her angry.				
S/he said things just to make me angry.				
RS10. I gave reasons why I thought s/he was wrong.				
S/he gave reasons why s/he thought I was wrong.				

During a conflict or argument with my partner in the past year: *Put an "X" in appropriate box*

	Never	Seldom	Sometimes	Often
RS11. I agreed that s/he was partly right.				
S/he agreed that I was partly right.				
RS12. I spoke to him/her in a hostile or mean tone of voice.				
S/he spoke to me in a hostile or mean tone of voice.				
RS13. I forced him/her to have sex when s/he didn't want to.				
S/he forced me to have sex when I didn't want to.				
RS14. I offered a solution that I thought would make us both happy.				
S/he offered a solution that s/he thought would make us both happy.				
RS15. I threatened him/her in an attempt to have sex with him/her.				
S/he threatened me in an attempt to have sex with me.				

During a conflict or argument with my partner in the past year: *Put an "X" in appropriate box*

	Never	Seldom	Sometimes	Often
RS16. I put off talking until we calmed down.				
S/he put off talking until we calmed down.				
RS17. I insulted him/her with put-downs.				
S/he insulted me with put-downs.				
RS18. I discussed the issue calmly.				
S/he discussed the issue calmly.				
RS19. I kissed him/her when s/he didn't want me to.				
S/he kissed me when I didn't want him/her to.				
RS20. I threatened to hurt him/her.				
S/he threatened to hurt me.				

During a conflict or argument with my partner in the past year: *Put an "X" in appropriate box*

	Never	Seldom	Sometimes	Often
RS21. I ridiculed or made fun of him/her in front of others.				
S/he ridiculed or made fun of me in front of others.				
RS22. I told him/her how upset I was.				
S/he told me how upset s/he was.				
RS23. I kept track of who s/he was with and where s/he was.				
S/he kept track of who I was with and where I was.				
RS24. I blamed him/her for the problem.				
S/he blamed me for the problem.				
RS25. I kicked, hit or punched him/her.				
S/he kicked, hit, or punched me.				

During a conflict or argument with my partner in the past year: Put an "X" in appropriate box

	Never	Seldom	Sometimes	Often
RS26. I left the room to cool down.				
S/he left the room to cool down.				
RS27. I pushed, shoved, or shook him/her.				
S/he pushed, shoved, or shook me.				
RS28. I accused him/her of flirting with someone else.				
S/he accused me of flirting with someone else.				
RS29. I deliberately tried to frighten him/her.				
S/he deliberately tried to frighten me.				
RS30. I slapped him/her or pulled his/her hair.				
S/he slapped me or pulled my hair.				

Thinking about the same partner, *how often* would you say:

	Never	Seldom	Sometimes	Often
RS31. S/he tries to keep me from seeing my friends.				
I try to keep him/her from seeing his/her friends.				
RS32. S/he tries to restrict contact with my family.				
I try to restrict contact with his/her family.				
RS33. S/he insists on knowing where I am at all times.				
I insist on knowing where he/she is at all times.				
RS34. S/he ignores me and treats me indifferently.				
I ignore him/her and treat him/her indifferently.				
RS35. S/he gets angry if I speak with another man/woman.				
I get angry if he/she speaks to another man/woman.				
RS36. S/he is often suspicious that I am unfaithful.				
I am suspicious that he/she is unfaithful.				
RS37. S/he checks my cell phone to see who I call. I don't have a cell phone <input type="checkbox"/>				
I check his/her cell phone to see who he/she calls. S/he does not have a cell phone <input type="checkbox"/>				
RS38. S/he checks my e-mail. I don't have email <input type="checkbox"/>				
I check his/her email. S/he does not have email <input type="checkbox"/>				

RS39. My partner and I are/were having sex.

- No (IF NO, go to question RS40a.)
- Yes

RS39a. I have refused to have sex with a condom even when my partner asked me to.

- Never
- Seldom
- Sometimes
- Often
- My partner has never asked me to use a condom

RS39b. My partner refused to have sex with a condom even when I asked him/her to.

- Never
- Seldom
- Sometimes
- Often
- I have never asked my partner to use a condom

RS40a. Some people are afraid that their partner will hurt them if they argue or do something their partner doesn't like. How much would you say you are afraid of him/her?

- not at all
- a little
- quite a bit
- very afraid

RS40b. Some people are afraid that their partner will hurt them if they argue or do something their partner doesn't like. How much would you say your partner is afraid of you?

- not at all
- a little
- quite a bit
- very afraid

SECTION 4

Now we would like you to think back over **ALL** the romantic or sexual relationships that you have **EVER** had in your life, and answer the following questions.

We are going to ask whether you have **EVER** experienced violence in your relationships, current and past. Again, when we ask about your relationship or your "partners," we mean anyone who you have or had a romantic or sexual interest in. So a "partner" could be your boyfriend or girlfriend, the person you call your "man" or "woman," your sex partner, or someone who you have just gone out with. You could have a long-term interest in this person, a sexual interest, or maybe both. You could be committed to this person, or you two could have an "open" or "casual" relationship, where you date other people.

How often in your life has ANY (current or previous) partner EVER: Put an "X" in appropriate box

	Never	Once	Twice	3 times	4 or more times
D1. Pushed or shoved you?					
D2. Held you to keep you from leaving?					
D3. Slapped or hit you?					
D4. Punched you?					
D5. Choked you?					
D6. Threw objects at you?					
D7. Subjected you to reckless driving?					

D8. Threatened to hurt you?					
D9. Threatened to hurt you with a weapon?					
D10. Hurt you with an object or a weapon?					
D11. Tried to force you into sexual activity?					
D12. Raped you?					
D13. Ignored your feelings?					
D14. Criticized you?					
D15. Ridiculed your ideas?					
D16. Shouted at you?					
D17. Called you names?					
D18. Insulted your family?					
D19. Insulted your friends?					
D20. Humiliated you in private?					
D21. Humiliated you in public?					
D22. Made decisions for you?					
D23. Acted extremely jealous?					

SECTION 5

Many people experience sexual violence outside of dating relationships, both by people they know and by strangers. This section asks what types of sexual violence you may have experienced in your life. When we ask about “sexual abuse,” we mean any sexual fondling, touching, oral sex or intercourse (penetration of the vagina or anus with a penis, fingers or object).

How often in your life has: *Put an “X” in appropriate box*

	Never	Once	Twice	3 times	4 or more times
F1. Your parent sexually abused you or forced you to have sex?					
F2. A family member other than a parent sexually abused you or forced you to have sex?					
F3. An older acquaintance (such as a family friend, teacher, minister, neighbor, etc.) sexually abused you or forced you to have sex?					
F4. Someone else your age who you knew but was not your partner sexually abused you or forced you to have sex?					
F5. A stranger sexually abused you or forced you to have sex?					

SECTION 6

N1. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

N2. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

N3. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

N4. During the past 12 months, how many times were you in a physical fight?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

N5. At any time during the past 12 months, have you been a member of a gang?

- Yes
- No

SECTION 7

M1. Did you ever tell anyone about EXPERIENCING ANY physical and sexual violence from a partner?

- Never happened to me (GO TO QUESTION M2)
- Never told anyone (GO TO QUESTION M2)
- Yes, I have told someone about the physical violence from a partner
- Yes, I have told someone about the sexual violence from a partner
- Yes, I have told someone about both the physical and sexual violence from a partner

If yes,

a) How much time passed before you told someone about the physical and/or sexual violence from a partner?

- I never told anyone
- one week
- 6 months
- less than one day
- 2-3 weeks
- 7-12 months
- 1-2 days
- 1 month
- 13-24 months
- 3-6 days
- 2-5 months
- more than 2 years

b) How many different people have you told about this experience(s)? _____

c) Who did you tell first? (CHOOSE only ONE)

- parent doctor or health professional
 friend minister, priest, or rabbi
 therapist or counselor other adult _____

d) Who else did you tell? (CHOOSE all that apply)

- parent doctor or health professional
 friend minister, priest, or rabbi
 therapist or counselor other adult _____

e) Did you seek help from a health professional, teacher, or guidance counselor because of this experience(s)?

- No
 Yes, I sought help from _____

M2. Have you received any **information or education** about dating violence?

- No (go to next question) Yes

If yes, was this information or education about dating violence from (choose all that apply):

- school
 TV
 a friend
 a doctor or nurse
 magazine
 Advertisement
 Family member
 Brother or sister
 Other _____

M3. Have you received any information or education about sexual violence (sexual assault, rape, sexual abuse)?

- No (go to Question M4) Yes

If yes, was this information or education about sexual violence from (choose all that apply):

- school
 TV
 a friend
 a doctor or nurse
 magazine
 Advertisement
 Family member
 Brother or sister
 Other _____

M4. Do you have a friend in a violent relationship?

- No (go to next question) Yes

If yes:

Have you talked to this friend about the violence?

- _Yes _No

Have you called a hotline to figure out how to help your friend?

- _Yes _No

Have you given this friend advice?

- _Yes _No

Have you told him/her to call a hotline?

- _Yes _No

Have you told him/her to talk to an adult?

- _Yes _No

Have you gone with your friend to get some help like at a clinic?

- _Yes _No

Have you told him/her to leave this partner?

- _Yes _No

Have you talked to the partner directly about his/her violence?

- _Yes _No

Have you talked to an adult about your friend's problem?

- _Yes _No

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YOUR OWN WORDS IN THE SPACE PROVIDED

M5. How has dating violence or sexual violence affected you?

M6. What do you think would reduce sexual or dating violence in the lives of teens?

M7. What should the schools do to reduce or prevent sexual or dating violence?

M8. Is there anything else you want to tell us about dating and violence?

Section 8

We have asked you many questions about your dating and personal relationships. Now we would like to ask you some general questions about your health.

For the next 10 statements, check the box to show if you **completely agree, mostly agree, agree a little, or do not agree** with the statement.

	Completely agree	Mostly agree	Agree a little	Do not agree
Q1. I am full of energy				
Q2. When I get sick, I usually recover quickly				
Q3. I am well coordinated				
Q4. I have a lot of good qualities				
Q5. I am very physically fit				
Q6. I have much to be proud about				
Q7. I like being the way I am				
Q8. I am satisfied with how I live my life				
Q9. My muscle strength is really good				
Q10. I feel socially accepted				

Q11. How is your health in general?

- Excellent
- Very good
- Good
- Fair
- Poor

These questions are about how you have been feeling over the **PAST 4 WEEKS**. Please check the box to indicate your answer to each question.

In the PAST 4 WEEKS, on how many days...

	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
C1. Did you feel really sick?					
C2. Did you wake up feeling tired?					
C3. Did you tire easily or feel like you had no energy?					
C4. Did you have watery or itchy eyes?					
C5. Did you have a cough?					
C6. Did you have fever or chills?					
C7. Were you dizzy?					
C8. Did you have wheezing or trouble breathing (when you weren't exercising)?					
C9. Did you have chest pain?					
C10. Did you have a headache?					
C11. Did you have aches, pains or soreness in your muscles or joints?					
C12. Did you have a stomach ache?					
C13. Did you have pain that really bothered you?					
C14. Did you vomit or feel like vomiting?					
C15. Did you have trouble eating or have a poor appetite?					
C16. Did you have trouble falling asleep or staying asleep?					
C17. Did you have trouble relaxing?					
C18. Were you nervous or uptight?					
C19. Were you moody?					
C20. Were you irritable or grouchy?					
C21. Did you wake up feeling refreshed?					
C22. Did you feel really healthy?					
C23. Did you feel like you were doing everything just right?					

In the PAST 4 WEEKS, on how many days did a health or emotional problem cause you to...

	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
C24. Stay in bed more than half a day, but not miss school?					
C25. Cut down on other things you usually do, but not miss school or stay in bed?					
C26. Have trouble walking?					
C27. Have trouble running?					
C28. Have trouble bending, lifting, stooping or reaching?					
C29. Have trouble using your hands or fingers, like writing with a pencil, tying your shoelaces, or buttoning clothing?					

C30. In the PAST 4 WEEKS, have you lost weight without trying?

- No
- Yes, 1 to 4 pounds
- Yes, 5 to 9 pounds
- Yes, 10 to 14 pounds
- Yes, more than 15 pounds

C31. In the PAST 4 WEEKS, on how many days did you exercise or play sports hard enough to make you breathe hard, make your heart beat fast, or make you sweat for 20 minutes or more?

- No days
- 1 to 9 days 14 to 20 days
- 10 to 13 days 21 or more days

C32. In the PAST 4 WEEKS, how many sit-ups did you do the last time you did them?

- No sit-ups
- 1-10 sit-ups
- 11-20 sit-ups
- 21-50 sit-ups
- 51 or more sit-ups

C33. In the PAST 4 WEEKS, how far did you walk at any one time without resting and without getting tired?

- I didn't walk at all
- Less than a quarter of a mile (less than 2 blocks)
- A quarter mile to one half mile (3 to 6 blocks)
- One half mile to one mile (6 to 12 blocks)
- More than one mile (more than 12 blocks)

C34. In the PAST 4 WEEKS, what is the longest time you ran without stopping?

- I didn't run
- 1 to 10 minutes
- 11 to 19 minutes
- 20 to 29 minutes
- 30 minutes or more

C35. In the PAST 12 MONTHS, how often did you play on a team that has a coach, other than in gym class?

- Never
- Once or twice
- Several times

C36. In the PAST 4 WEEKS, about how many hours did you usually watch TV or videos on an average school day?

- None
- Less than 1 hour
- 1 to 2 hours
- 3 to 4 hours
- 4 or more hours

When was the last time you did this?

	Never	More than a year ago	In the past year	In the past month	In the past week
C37. Rode a bicycle?					
C38. Wore a helmet when riding a bicycle?					
C39. Rode a motorbike (motorcycle, minibike or ATV – all terrain vehicle)?					
C40. Wore a helmet when riding a motorbike?					
C41. Drove a car?					
C42. Wore a seat belt in a car or truck?					

Thinking about your home environment...

	No	Yes	Don't know
C43. Is there a working smoke detector or smoke alarm in your home?			
C44. Does anyone in your home smoke cigarettes?			
C45. Is there a working fire extinguisher in your home?			

- C46. In general, is there a certain time of night when you have to be home on SCHOOL NIGHTS?
- Not usually permitted to go out on school nights
 - Have to be in by 8:00 pm

- Have to be in by 9:00 pm
- Have to be in by 10:00 pm
- No particular time

In the PAST 4 WEEKS, how often did you eat the following types of foods...

	Rarely or never	A few days a month	Several days a week	About every day	More than once a day
C47. Fruits or vegetables?					
C48. Meat, chicken or fish that was not fried?					
C49. 2% or skim milk, or yogurt?					
C50. Grains and cereals like whole-wheat bread, bran cereals, or beans?					
C51. Fast foods, such as fried chicken, French fries, onion rings, and hamburgers?					
C52. Salty foods, such as salted pretzels, chips, or pickles?					
C53. Sweets such as regular soda, doughnuts, candy bars?					

This section is about health problems that you had in the **PAST 12 MONTHS**.

In the PAST 12 MONTHS, how many times did you have...

	None	Once	2 times	3 times	4 or more times
C54. A cold or flu?					
C55. Sinus trouble or sinusitis?					
C56. A sore throat or tonsillitis?					
C57. An ear infection?					
C58. Upset stomach with vomiting or diarrhea or fever?					
C59. Bronchitis?					
C60. A skin infection?					
C61. Pneumonia?					
C62. Infectious mononucleosis (mono)?					

Do you NOW have. . .

	No	Yes
C63. A vision problem?		
C64. A hearing problem?		

C65. About how many tooth cavities have you ever had?

- None
- 1 or 2 cavities
- 3 or 4 cavities
- 5 or more cavities
- Don't know

In the PAST 12 MONTHS, did you have any of the following injuries...

	No, never	Yes, but I DID NOT see a doctor or a nurse	Yes, and I DID see a doctor or a nurse
C66. A bad cut or sprain?			
C67. A bad sprain or torn ligament?			
C68. A broken bone, dislocated joint, or broken nose?			
C69. A bad head injury or concussion?			
C70. A bad burn?			

Thinking about your family, about how many days in the PAST 4 WEEKS did your parents or other adults in your family...

	No days	1 to 3 days	4 to 6 days	7 to 14 days	15 to 28 days
C71. Spend time with you doing something fun?					
C72. Talk with you or listen to your opinions and ideas?					
C73. Eat meals with you?					

REMEMBER, you can ask the Research Assistant, the Guidance Counselor, or the health care provider in the school clinic confidentially for help if you would like to.

You can also call any number in the brochure we will give to you to talk to someone about these issues.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!