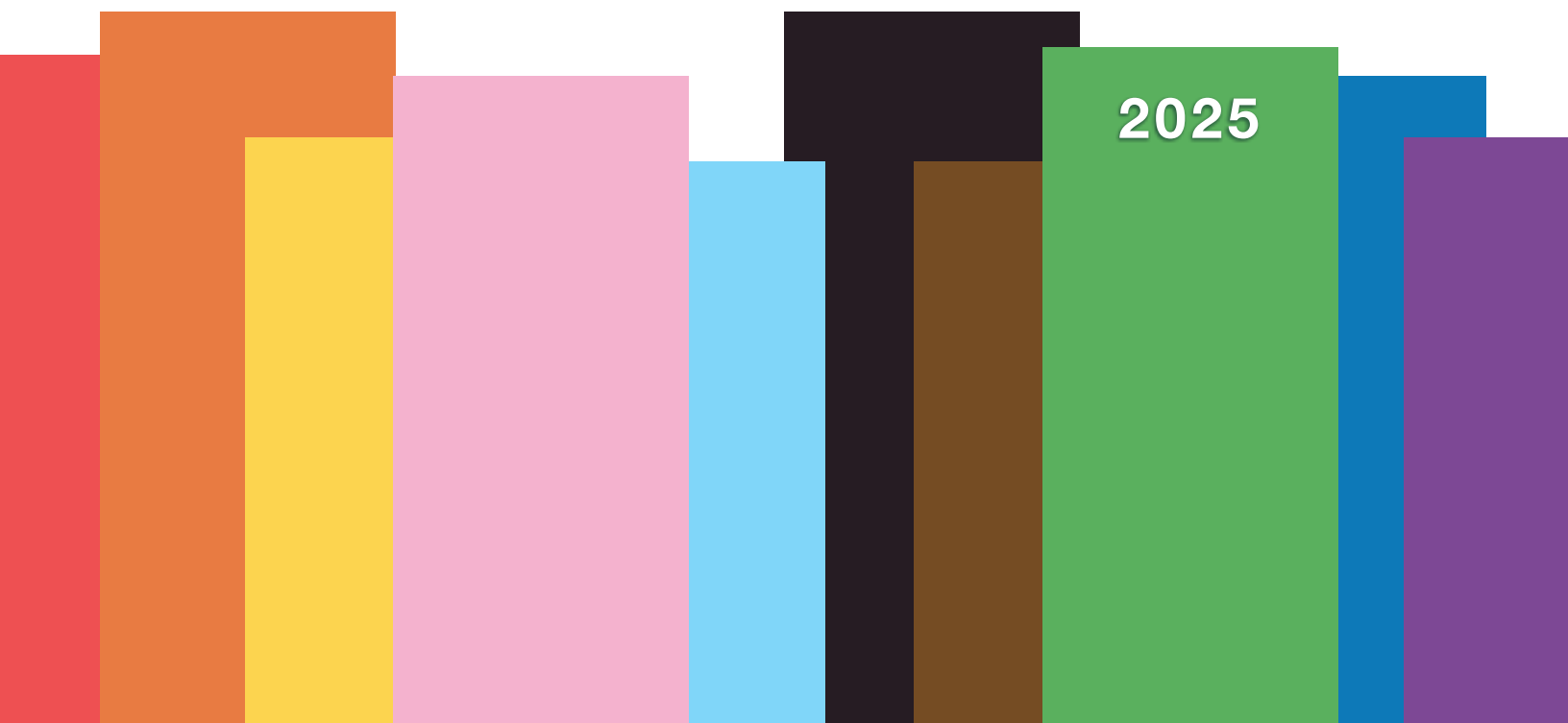




*Commonly***WELL**

Relationships, Place, and Mental Health in Oregon

Attitudes and observations about relationships,
mental health, and the 2SLGBTQIA+ community.





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Commonly Well, PBC and Northwest Treatment, LLC would like to acknowledge the communities and respondents that made this report and the learning from it possible.



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This survey and report were a collaboration between Commonly Well and Northwest Treatment, a mental health provider that specializes in relationship therapy and counseling for individuals with substance use and legal issues in Oregon City, OR. Northwest Treatment has a deep commitment to serving the community, especially 2SLGBTQIA+ individuals. The results of this survey are based on a regionally representative sample of 419 individuals, aged 18 or older, conducted from June 2025 to September 2025.

Introduction

Relationships and community shape mental health and substance use. In Oregon, this is especially true for people who identify as 2SLGBTQIA+. To understand these connections, **Northwest Treatment (NWT)** and **Commonly Well** fielded a public, two-part survey pairing questions about **relationships, belonging, and service use** with the **Recovery Capital Index (RCI)** — an assessment that captures the personal, social, and cultural resources that sustain well-being and recovery from substance use and mental health conditions. Analyses emphasize **population-weighted estimates** for Oregon adults (age–sex ranking); a **linked RCI subset** provides additional depth.

This report summarizes findings from **419** Oregonians who completed the relationships portion **between June 12 and Aug. 15, 2025**. A **linked subset (n=126)** was matched to RCI assessments via phone number. Unless noted, estimates are weighted to Oregon’s adult age–sex profile.

Here we examine differences by **identity (2SLGBTQIA+ vs. non)**, **rural/low-2SLGBTQIA+ context**, and **relationship structure** (monogamy vs. non-monogamy).

The totality of the data point to **meaningful differences by identity and place** and show that relationship conflict is associated with lower recovery capital — insights that can inform program design, referral pathways, and community partnerships across Oregon.

Snapshot: Who Participated in Our Survey?

CHART 1

Map of Responses by County in Oregon

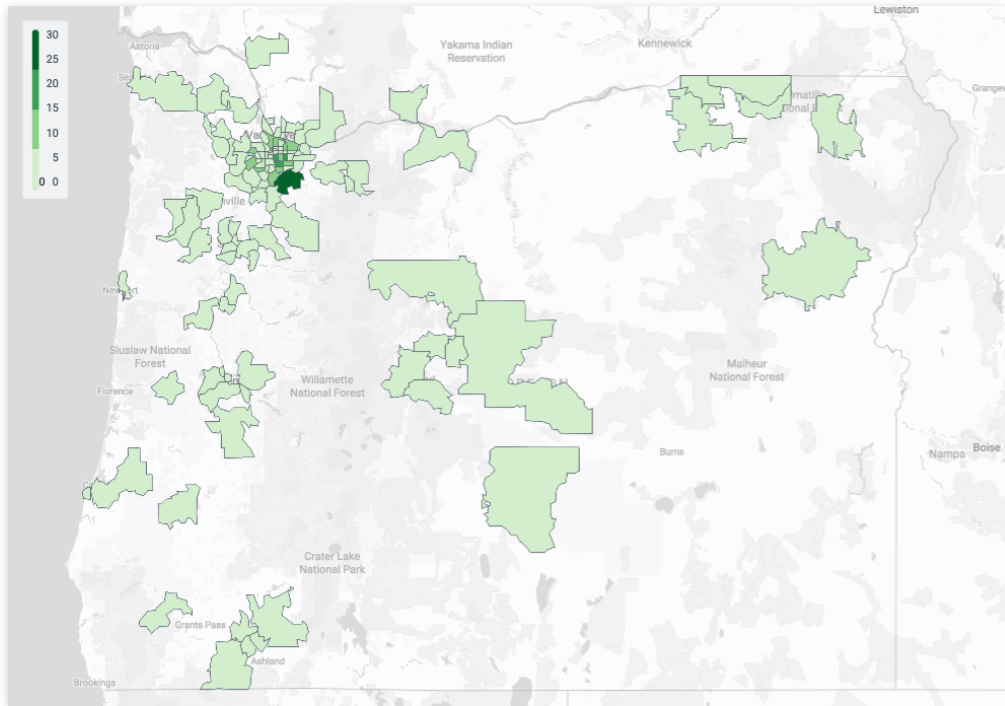
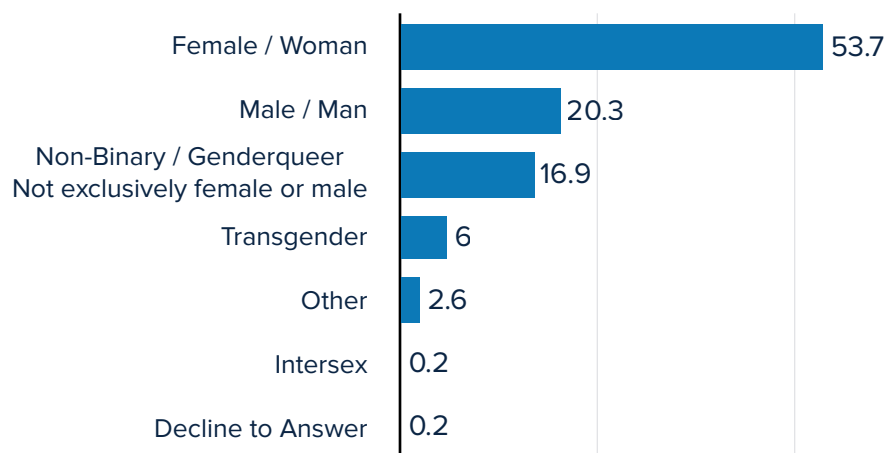


CHART 2

Gender Identity Breakdown of Respondents (%)



Snapshot: Relationships, Belonging, and Care in Oregon

Although Portland and Oregon City are welcoming and open to the 2SLGBTQIA+ community, this isn't the case everywhere in Oregon. Understanding bridges and hurdles is still necessary.

Rural but a sense of belonging. Twenty-five percent of respondents report living in a rural area or a community with limited 2SLGBTQIA+ presence. But, sixty-seven percent report moderate-to-high community belonging.

Relationship structures vary. Monogamy is the most common structure amongst our respondents (53%), with polyamory (21%) and other non-monogamy (9%) relationship types reported.

A sense of engaging in help. In the prior 12 months, respondents engaged behavioral health care (57%), while emergency/acute mental health or overdose visits were rare (3%).

Relationship conflict on overall quality of life. Respondents show with high relationship conflict averaged 8.9 points lower RCI scores (62.0 vs 70.9 points), seeing the greatest effect on their personal and social capital.

CHART 3

Intersection of relationship, place, engagement in care, and overall well-being (%)

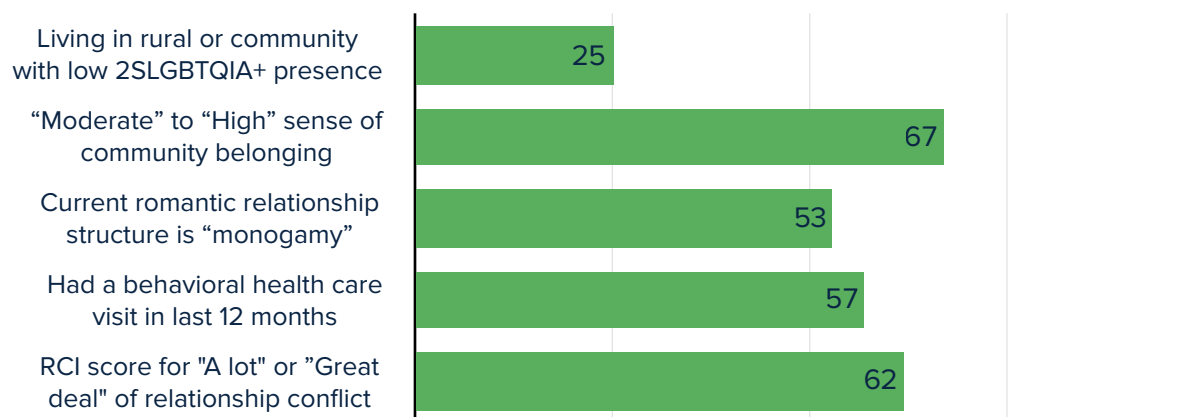
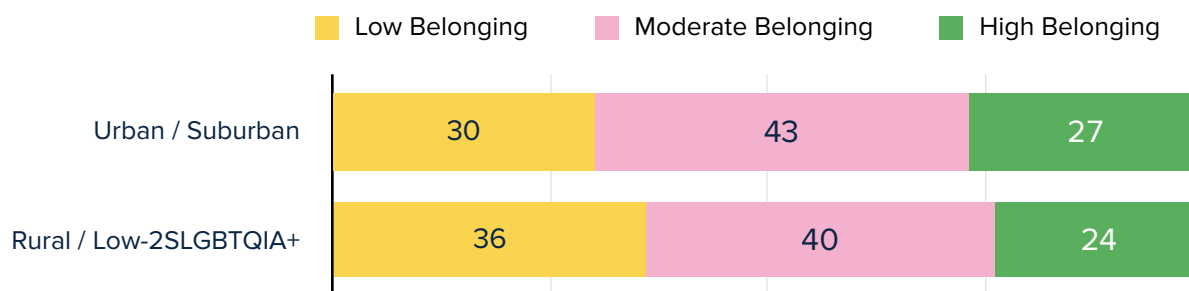


CHART 4

Distribution of belonging by rural context (%)



Survey Questions:

Q3: "Do you live in a rural community or a community lacking a meaningful 2SLGBTQIA+ community?" (Yes or No)

Q4: "What is your level of connectedness or sense of belonging in your community?" (None at all to A great deal).

IN THEIR OWN WORDS: RESPONDENTS SHARE THEIR EXPERIENCES

"I have a lot more baggage around dating people. Because, I came out as trans in the South and I was a teenager and there was a lot of stigma that had a strong impact on my life the way that I saw myself in terms of being desirable to other people." - **ALEX B.**

"I have challenges that I deal with on a regular basis and so that's just like kind of a part of who I am. And so in that way it kind of like influences every relationship that I have." - **CLARITY G.**

"I would like people to be more compassionate. My goal is to one day not be so caught up in my own personal development and growth, but also being able to advocate for others." - **COLTON K.**

"One of the things that I think is missing in our town, having a gathering place where, kind of a bar, but it be non-alcohol." - **MARCI M.**

"It feels like people have lost, I mean, they almost don't know how to talk how to or relate to each other anymore." **TOM B.**

Place and Belonging

Why this matters. Place can buffer or amplify stressors. For 2SLGBTQIA+ Oregonians, the presence or absence of a **meaningful 2SLGBTQIA+ community** shapes day-to-day belonging and help-seeking.

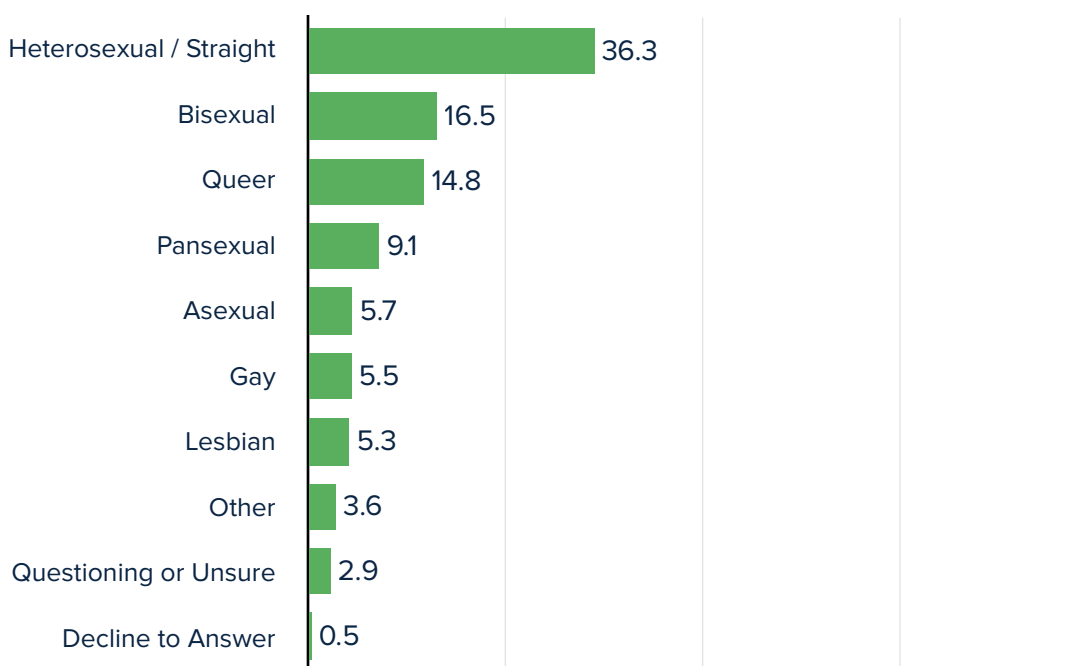
The geography of connection shapes mental health outcomes. Roughly one in four Oregon respondents report living in rural areas or communities with limited 2SLGBTQIA+ presence, creating what is known as "structural isolation". The physical absence of community infrastructure compounds individual experiences of disconnection.


Belonging functions as a protective factor, not just a sentiment. About two-thirds of respondents report moderate-to-high community belonging, yet this share drops notably in rural and low-2SLGBTQIA+ contexts. Respondents that demonstrate higher belonging have higher Personal and Social Capital.

Place-based disparities intersect with identity. Among 2SLGBTQIA+ respondents, high belonging is less common where local 2SLGBTQIA+ presence is limited, revealing how stress compounds in less-affirming geographies. This isn't merely about urban-rural differences, it's about the availability of affirming networks and visible community anchors.

CHART 3

Sexual Orientation or Identity Breakdown of Respondents (%)





The belonging gap has service implications. In rural/low-2SLGBTQIA+ contexts, belonging is lower and help-seeking patterns differ, suggesting that geographic barriers to care are intertwined with social barriers to connectedness. Where people feel they don't belong, they may be less likely to seek or stay engaged with local services.

Investing in place means investing in infrastructure for connection. Community partnerships with 2SLGBTQIA+ and allied groups are key infrastructure for rural areas. The data in our survey point to a number of actionable opportunities:

- 1 Establish recurring 2SLGBTQIA+ community gatherings in partnership with existing trusted spaces.** Work with local libraries, community centers, faith organizations, or coffee shops to host monthly meetups, support circles, or social events specifically for 2SLGBTQIA+ residents and allies, and that embrace low or no alcohol consumption. These low-barrier gathering points create visible, predictable opportunities for connection where isolation is highest. Key is for these to be recurring and not one-offs.
- 2 Train and deploy peer support specialists who reflect the community's diversity.** Recruit and compensate 2SLGBTQIA+ community members — especially those with lived experiences of addiction or mental health issues — to serve as peer navigators who can bridge the gap between residents and formal services. Peers can conduct outreach at community events, offer warm handoffs to behavioral health providers, and maintain regular check-ins with isolated individuals, turning abstract "belonging" into tangible human connection.
- 3 Create a visible online hub that connects rural residents to affirming providers and local resources.** Build a simple, mobile-friendly directory that lists 2SLGBTQIA+ affirming therapists, support groups, tele-health options, crisis resources, and community events across rural Oregon counties. Include photos, bios, and "what to expect" language to reduce uncertainty. Market it through local businesses, health clinics, and social media so that someone searching "LGBTQ+ help near me" finds a clear next step, not a closed loop.

INFO BOX: WHAT IS RECOVERY CAPITAL?

Recovery Capital is the internal and external assets an individual can draw upon to pursue, achieve, sustain, and enhance a life of wellbeing. The concept was coined in 1999 by social scientists to understand the broader factors that influence addiction recovery.

Source: Granfield R, Cloud W. Coming Clean: Overcoming Addiction without Treatment. New York University Press, New York. 1999

CHART 5

Relationship between recovery capital and Oregonian's perceived belonging (%)



The Recovery Capital index scores from 0-100, with scores under 50 being low, 51-70 being moderate, and 71 and over being high.

Relationships and Well-being

Why this matters. Relationships are not peripheral to mental health and recovery — they are often the primary context in which distress emerges and resilience is built. Romantic structure (monogamy vs. non-monogamy), conflict intensity, and the perceived influence of relationships on mood and functioning are salient predictors of both treatment engagement and recovery outcomes. Yet clinical systems often treat relationships as background information rather than active intervention targets. For 2SLGBTQIA+ Oregonians navigating relationship forms that may lack social validation or legal recognition, this oversight can leave critical stressors unaddressed.

Respondents to our survey underscore a simple reality: people do not thrive or recover in isolation from their relational worlds. High conflict erodes the very social capital that supports sustained well-being, while affirming, low-conflict partnerships can buffer against external stressors. Understanding relationship structure and dynamics allows providers and communities to meet people where they are — not where traditional clinical or social frameworks assume they should be.

What we see in Oregon

- **Structure.** Monogamy is most common (53%), but a meaningful minority report polyamory (21%) or other non-monogamy (9%). This diversity suggests different support needs, communication norms, and potential stressors.

Polyamorous and non-monogamous respondents may navigate complex negotiations around **time, insecurities, and boundaries** that require specific relational skills — yet few clinical or support settings acknowledge or address these realities.

- **Conflict & impact.** Where respondents report "a lot" or "great deal" of conflict or strong negative influence from relationships, we see worse well-being signals across the board. For those respondents that completed the RCI, high-conflict respondents show lower Total RCI scores (≈ 62.0) compared to those reporting low or no conflict (≈ 70.9), with notable gaps in Personal and Social domains. This pattern suggests that unresolved relationship distress actively depletes the resources people need for recovery and well-being.
- **Identity.** 2SLGBTQ+ Oregonians are more likely to report relationship patterns that differ from the statewide majority and are more exposed to minority stressors — particularly in less-affirming places where their partnerships may face external judgment, lack legal protections, or operate without visible role models. The intersection of identity, place, and relationship structure creates compounded vulnerability that standard understanding in communities likely overlook.

INFO BOX: PERSONAL VS SOCIAL VS CULTURAL CAPITAL

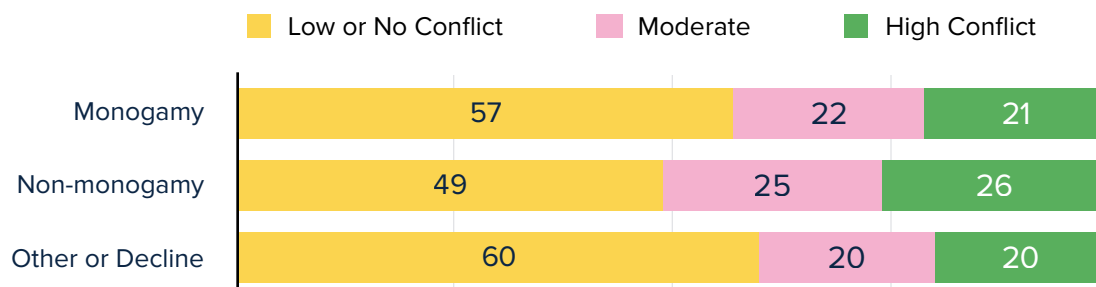
Personal Capital: The tangible set of assets in a person's life we often equate with basic human needs, like nutrition, housing, employment, education, and general and mental health.

Social Capital: The totality of a person's relationship assets, especially family, close social networks, safety, social mobility, and even access to health care.

Cultural Capital: The broader realm of our existence in community through our values, beliefs, purpose, and connectedness to the community.

CHART 5

Relationship between relationship structure and relationship conflict (%)



Implications and Actions

Integrate relationship assessment into standard intake workflows. Service providers should move beyond "relationship status" checkboxes. Screen for relational conflict intensity, perceived partner influence on mood and functioning, and relationship structure. Brief validated measures that take under two minutes can flag high-risk dynamics early. Engage these responses in a way that respects relationship-focused care pathways, not just standard individual therapy models.

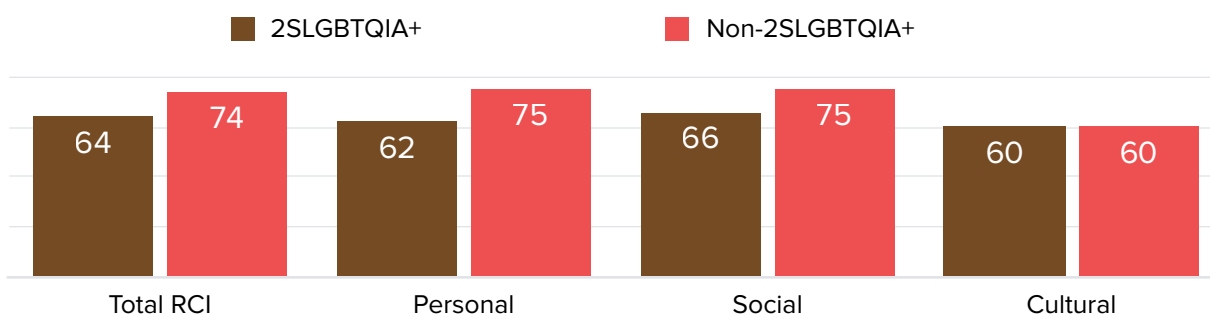
Embed relationship-skills interventions as core programming in clinical services and community supports. Our survey data suggests that all Oregonians could benefit from communication, conflict de-escalation, boundary negotiation, and repair skills. These are universal skills, not "couples therapy." Broadening these skills can reduce stigma and increase belonging. For clients in polyamorous or non-monogamous relationships, specialized resources that understand multi-partner dynamics rather than pathologizing differences could be a great benefit.

Normalize relationship diversity in more forms of media and programming. Although non-monogamous relationships were the minority (30%), the minority was sizable in our survey, suggesting more inclusivity in photographic art and language for more people to see themselves in the world around them. Simple language training can make a difference, for example, asking open-ended questions, such as, "Tell me about your relationship situation" is much better than making assumptions. When individuals see their lives reflected in more spaces (clinical or otherwise), they will be more likely to live in the community more authentically.

Develop and support broader pathways that are more relationship-affirming. Communities need to build vetted networks of therapists, mediators, social supporters, and other activities that are accepting of different relationship types. Our survey respondents told us that many supports and activities were "too segmented". This was especially true for rural respondents who experienced less relationship diversity and more geographic isolation.

CHART 5

Comparative recovery capital or overall well-being between 2SLGBTQIA+ and non (%)



Care and the Well-being Process

Why this matters. Treatment, counseling, and crisis services are where community need meets system capacity and where gaps in access, affirming care, and relational support become most visible. Understanding who uses care, how often, and under what relational and geographic contexts allows providers, policymakers, community members to understand what resources will have the greatest impact for the most people. High rates of behavioral health contact signal both need and engagement; low rates may reflect either wellness or barriers to access.

For 2SLGBTQIA+ Oregonians and those in rural or low-2SLGBTQIA+ contexts, the care system is often the first place where identity, place, and relationship dynamics converge. A clinic visit is not just a clinical encounter — it is a test of whether the system can see and respond to the whole person. When services are affirming, accessible, and relationship-aware, they become assets for recovery capital, resilience, and flourishing. When they are not, they risk deepening isolation, mistrust, and eroding health and importance of affirming access points that meet people where they are, both geographically and culturally.

Care access is high on paper, but friction appears in fit and safety. Nearly all respondents report insurance coverage (96%) and recent routine care (86%), and most have connected with behavioral-health services in the past year (59%). Yet many encounter providers who lack competence with queer and poly relationship contexts (38%), and a sizable minority felt discriminated against in mental-health services (31%). Relationship-related stigma itself keeps some from seeking help (29%). Together, these dynamics help explain why people with clear need still hesitate or disengage—especially when relationship stress is acute.

CHART 7

Respondents experiencing moderate to high friction in mental health care in Oregon (%)

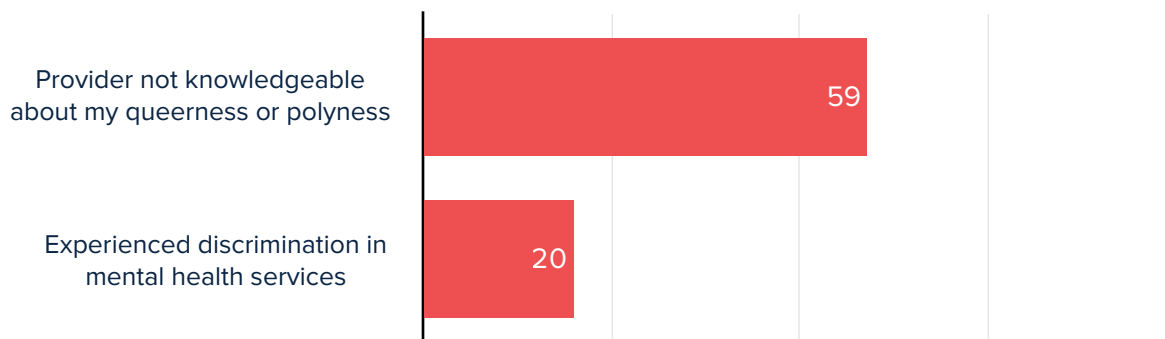
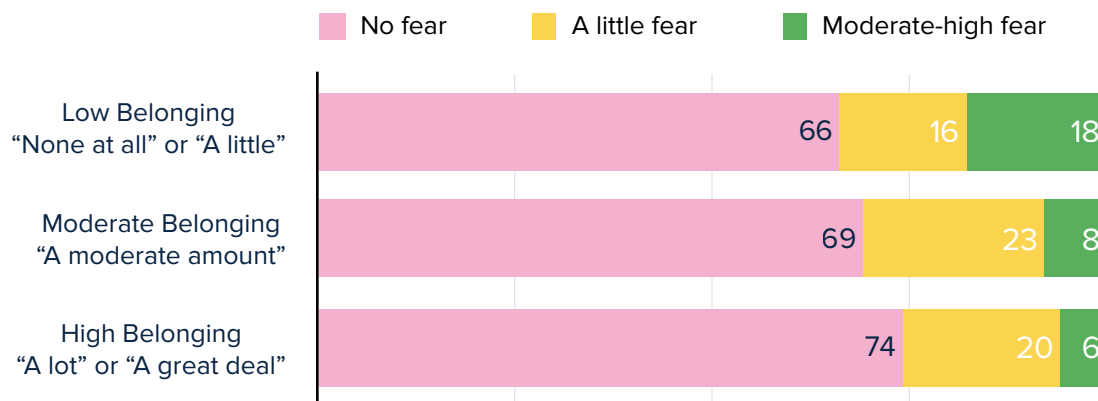


CHART 8

Fear of relationship-related stigma preventing care as related to a sense of belonging (%)



Survey Questions:

Q55: "Fear of relationship stigma or judgement has prevented me from seeking mental health or substance use treatment"

Q4: "What is your level of connectedness or sense of belonging in your community?"


Relational dynamics matter clinically. Relationship stress and conflict are widely reported as contributors to relapse or worsening symptoms (38% "moderate to great deal"). Those with RCI scores indicate that high conflict corresponds to consistently lower recovery capital and elevated service use, including crisis care — underscoring the value of integrating relationship-aware approaches into treatment.

Community context can enable or inhibit care. When people feel less safe in community spaces or experience stigma within 2SLGBTQIA+ communities for being open about their MH/SU status, informal help-seeking and referrals diminish.

Practical scaffolding remains critical. A nontrivial share face financial strain (11%), precarious housing, or thinner social networks (18% with 2 or fewer close friends). Even with coverage, cost/time frictions, housing stability, and thin social networks can reduce care follow-through. Care plans that assume sustained logistics support may falter for these groups in Oregon.

Implications and Actions

Expand affirming behavioral health access pathways in rural counties. Invest in tele-behavioral health infrastructure that connects rural residents to 2SLGBTQIA+-affirming therapists outside their immediate area. Partner with rural health clinics, libraries, and community centers to host secure tele-health kiosks or private spaces for virtual visits. Recruit and train rural navigators who can provide local connection and support. Where in-person care is limited, virtual access plus local peer presence can bridge the gap.



Embed relationship-focused interventions into standard care pathways. Make relationship assessment and intervention a routine part of behavioral health treatment, not an afterthought. Offer evidence-based programs in communication, safety planning, conflict de-escalation, and boundary negotiation as standalone group or integrated community training programs. Train clinicians and social workers to recognize high relationship conflict as a priority that warrants direct intervention, not just empathic listening.


Build a data dashboard for equity monitoring. Aggregate regular recovery capital or quality of life and perception data (with appropriate privacy protections) to create a community-level dashboard showing trends by identity, geography, and relationship context. Share findings with funders, policymakers, and community partners to demonstrate need, track progress, and advocate for sustained investment in the infrastructure that builds capital—affirming care, peer networks, relationship supports, and rural access.

Strengthen the pipeline from crisis to connection. For the small share experiencing emergency/acute mental health or overdose visits, ensure that every crisis encounter includes a warm handoff to affirming follow-up care and peer support. Use crisis contacts as opportunities to assess recovery capital deficits and connect individuals to community-based resources that can address root causes — not just stabilize symptoms. Track re-engagement rates after crisis encounters as a measure of system responsiveness and affirming care quality.

Conclusion: A Path Forward

The findings in this report highlight that belonging and relationship health are keys to accessing care and building healthier lives. Oregon's extensive rurality is a barrier but presents opportunities for collaboration that can produce measurable gains, particularly for 2SLGBTQIA+ residents.

This survey is one of Oregon's first efforts to jointly examine place, belonging, relationship dynamics, care use, and recovery capital in a single snapshot. The findings are clear and consistent: where belonging is lower and relationship conflict is higher, recovery and wellness resources are weaker and care engagement is harder — especially for 2SLGBTQIA+ Oregonians and those in rural or low-2SLGBTQIA+ communities. About one in four respondents live in these contexts, while roughly two in three report moderate-to-high belonging, revealing both significant need and meaningful opportunities for intervention.



The care system is accessible but not always affirming. Nearly six in ten respondents accessed behavioral health services in the past year, indicating strong help-seeking behavior. Yet a meaningful minority report experiencing discrimination in mental health settings or encountering providers unfamiliar with 2SLGBTQIA+ or non-monogamous relationship experiences. Access alone is not enough: fit, safety, and affirming care determine whether people return when they need help most.

Relationships are central to recovery, not peripheral. High relationship conflict consistently aligns with lower recovery capital across all domains. In the RCI subset, 2SLGBTQIA+ respondents show lower total recovery capital, with the largest gaps in Personal and Social Capital resources. Respondents frequently cite relationship conflict and stress as contributors to worsening symptoms or relapse or ongoing mental health symptoms. These patterns underscore a simple reality: clinical care and communities that ignore relationship dynamics misses a primary driver of both distress and resilience.

What can Oregonian communities do?

Build belonging infrastructure where it's weakest. Establish recurring 2SLGBTQIA+ community gatherings in rural areas through partnerships with libraries, community centers, and local businesses. Deploy peer support specialists who can offer local connection and bridge to formal services. Track changes in belonging over time, with a goal of moving more residents from Low to Moderate or High belonging, particularly in rural and low-2SLGBTQIA+ contexts.

Make relationship health a routine part of care. Screen for relationship conflict and structure at intake. Offer accessible skill-building groups focused on communication, conflict de-escalation, and boundary negotiation — open to all clients regardless of relationship type. Build referral pathways to therapists and mediators trained in working with diverse relationship structures and 2SLGBTQIA+ partnerships. Track relationship conflict as a clinical outcome alongside traditional symptom measures.

Close the affirming care gap. Train providers and social care supports on working with non-monogamous relationships. Create and publicize a directory of affirming providers, including tele-health and flexible scheduling options for rural residents.

Measure what matters for equity. Build a simple community dashboard tracking belonging, relationship conflict, recovery capital scores, and care experience markers (discrimination, provider knowledge) with breakouts by identity, place, and relationship structure. Make findings public to maintain accountability and actionability.

For funders and policymakers. Invest in rural-affirming behavioral health infrastructure, including tele-health capacity, transportation supports, community partnerships, and provider competency training. Fund a sustained data dashboard with routine public updates so that communities, advocates, and decision-makers can track progress. Where data show persistent gaps, direct resources accordingly.

Methodology

Survey design and fielding. Northwest Treatment and Commonly Well fielded a public, two-part survey between June 12 and August 15, 2025. The survey was open to all Oregon residents who engaged the survey via weblink or QR code then opted into the Recovery Capital Index via mobile number for deeper analysis of well-being.

Who participated. The analytic sample includes 419 Oregon residents aged 17 and older. Non-Oregon ZIP codes and respondents under age 17 were excluded. A linked subset of approximately 126 respondents completed both the relationship survey and the RCI assessment, allowing us to examine how relationship dynamics and place-based factors relate to recovery capital or overall quality of life.

What we measured. Place was assessed by asking whether respondents lived in a rural area or a community lacking meaningful 2SLGBTQIA+ presence. Belonging was measured on a five-point scale, collapsed into Low, Moderate, and High categories for analysis. Care use captured past-year behavioral health visits and ER/acute mental health or overdose encounters. Relationship items assessed structure (monogamy, polyamory, other non-monogamy), conflict intensity, and perceived influence on mood and functioning. The RCI produces a validated 1–100 total score.

How we weighted the data. To ensure findings reflect Oregon's adult population, we constructed survey weights using iterative raking to match state-level age (18–29, 30–44, 45–64, 65+) and sex (Male/Female) distributions. Weights were trimmed for stability. Respondents who identified as non-binary or declined to specify gender were retained in the analysis but not forced into binary sex categories. Unless otherwise noted, all percentages in the report are weighted with 95% confidence intervals calculated using Wilson methods and effective sample sizes under weighting.

How we analyzed the data. We used descriptive statistics with subgroup breakouts by identity (2SLGBTQIA+ vs. non-2SLGBTQIA+), place (rural/low-2SLGBTQIA+ vs. other), and relationship structure. For the RCI-linked subset, we conducted exploratory tests to examine differences in recovery capital by identity, conflict, and belonging.

What this study cannot tell us. This is a cross-sectional snapshot, so we can identify associations but cannot establish causation. The sample is self-selected and drawn from two segmented surveys, which may introduce bias despite linking and weighting efforts. The RCI subset reflects only those respondents who completed both surveys and were successfully matched, so findings from this subset should be interpreted as contextual evidence that deepens but does not replace insights from the main survey. Longitudinal data would be needed to track how belonging, relationship dynamics, and recovery capital change over time and in response to interventions.



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Appendix

Question by Question Frequency Responses. Sample includes 419 Oregon residents aged 17 and older. Responses were obtained from 12 JUNE 2025 — 15 AUGUST 2025.

QUESTION 1

In what ZIP Code is your home located? (Top 5)

Response	Count	Percentage
97045	27	6.43%
97222	15	3.57%
97202	14	3.33%
97266	14	3.33%
97267	11	2.62%

** 126 unique ZIP Codes reported*

QUESTION 2

How long have you lived at your current residential Zip Code?

Response	Count	Percentage
5+ years	209	49.76%
2-4 years	73	17.38%
1-2 years	54	12.86%
4-5 years	37	8.81%
4-12 months	27	6.43%
0-3 months	18	4.29%
Decline	1	0.24%

Appendix

QUESTION 3

Do you live in a rural community or a community lacking a meaningful 2SLGBTQIA+ community?

Response	Count	Percentage
No Response	303	72.14%
Yes	106	25.24%
No	8	1.9%
Decline	3	0.71%

QUESTION 4

What is your level of connectedness or sense of belonging in your community?

Response	Count	Percentage
A moderate amount	154	36.67%
A little	120	28.57%
A lot	68	16.19%
A great deal	58	13.81%
None at all	17	4.05%
Decline	2	0.48%
No Response	1	0.24%

Appendix

QUESTION 5

What is your Date of Birth?

Response	Count	Percentage
1980s	112	26.67%
1990s	80	19.05%
1970s	61	14.52%
2000s	59	14.05%
1950s and 1960s	52	12.38%

** 420 unique dates reported — birth years range from 1939 to 2012*

QUESTION 6

Which best describes your gender?

Response	Count	Percentage
Female/Woman	225	53.57%
Male/Man	85	20.24%
Non-Binary-Genderqueer-Not Exclusively Female or Male	71	16.9%
Transgender	25	5.95%
Other	11	2.62%
No Response	1	0.24%
Decline	1	0.24%
Intersex	1	0.24%

Appendix

QUESTION 7

Which best describes your sexual orientation or identity?

Response	Count	Percentage
Heterosexual/Straight:	152	36.19%
Bisexual	69	16.43%
Queer	62	14.76%
Pansexual	38	9.05%
Asexual	24	5.71%
Gay	23	5.48%
Lesbian	22	5.24%
Other	15	3.57%
Questioning or Unsure	12	2.86%
Decline	2	0.48%
No Response	1	0.24%

QUESTION 8

What is your race?

Response	Count	Percentage
White or Caucasian	154	36.67%
Hispanic or Latino	120	28.57%
Other	68	16.19%
Asian or Asian American	58	13.81%
Black or African American	17	4.05%
American Indian or Alaska Native	2	0.48%
Decline	1	0.24%
Native Hawaiian or other Pacific Islander		

Appendix

QUESTION 9

What is your highest level of education achieved?

Response	Count	Percentage
Master's Degree	118	28.1%
Bachelor's Degree	117	27.86%
Some College	56	13.33%
Associate's Degree	48	11.43%
High School Diploma	33	7.86%
Doctorate	16	3.81%
GED	11	2.62%
Professional Certificate/Degree	9	2.14%
Less than High School Diploma	8	1.9%
Decline	2	0.48%
No Response	1	0.24%
Tech School	1	0.24%

Appendix

QUESTION 10

What is employment status?

Response	Count	Percentage
Employed	274	65.24%
Self-Employed	46	10.95%
Unemployed	35	8.33%
Retired	28	6.67%
Unable to Work (Disability)	15	3.57%
Student	15	3.57%
Primary Caregiver in Home	5	1.19%
No Response	1	0.24%
Decline	1	0.24%

QUESTION 11

What is the duration of your current employment status?

Response	Count	Percentage
5+ years	168	40%
2-4 years	62	14.76%
1-2 years	56	13.33%
4-12 Months	49	11.67%
0-3 Months	35	8.33%
4-5 years	33	7.86%
Decline	16	3.81%
No Response	1	0.24%

Appendix

QUESTION 12

What is your current household income?

Response	Count	Percentage
Between \$100,000 and \$150,000	89	15.24%
Between \$50,000 and \$74,999	82	19.52%
Over \$150,000	64	15.24%
Between \$75,000 and \$99,999	54	12.86%
Between \$30,000 and \$49,999	50	11.9%
Between \$10,000 and \$29,999	30	7.14%
Decline	26	6.19%
Under \$10,000	15	3.57%
No Income	9	2.14%
No Response	1	0.24%

QUESTION 13

Do you currently support a romantic partner financially in any way?

Response	Count	Percentage
No	262	62.38%
Yes	158	37.62%

Appendix

QUESTION 14

How would you describe your ability to meet your financial needs?

Response	Count	Percentage
Needs met, no discretionary money or savings	144	34.29%
Stable	120	28.57%
Needs met, experiencing financial growth	100	23.81%
No ability, but options	42	10%
Decline	8	1.9%
No ability, hopeless	5	1.19%
No Response	1	2.14%

QUESTION 15

What is your current housing situation?

Response	Count	Percentage
Own	205	48.81%
Rent	175	41.67%
Live with Parents or Guardians	25	5.95%
Other	11	2.62%
No Response	1	0.24%
Student Housing	1	0.24%
Recovery-Transitional-Halfway Housing	1	0.24%
Unhoused	1	0.24%

Appendix

QUESTION 16

What is the duration of your current housing situation?

Response	Count	Percentage
5+ years	222	52.86%
1-2 years	60	14.29%
2-4 years	53	12.62%
4-5 years	34	8.1%
4-12 Months	31	7.38%
0-3 Months	18	4.29%
No Response	1	0.24%
Decline	1	0.24%

Appendix

QUESTION 17

Which best describes your involvement with the legal or criminal justice system?

Response	Count	Percentage
No Involvement	299	71.19%
Separation or Divorce	64	15.24%
Other	13	3.1%
Convicted Misdemeanor	11	2.62%
Decline	10	2.38%
Civil Litigation	8	1.9%
Convicted Felony	6	1.43%
Completed Treatment Court	3	0.71%
On Probation or Parole	2	0.48%
Charged/Pre-Trial Misdemeanor	2	0.48%
No Response	1	0.24%
In Treatment Court	1	0.24%

Appendix

QUESTION 18

Which best describes your romantic partner's involvement with the legal or criminal justice system?

Response	Count	Percentage
No Involvement	267	63.57%
Other	48	11.43%
Decline	45	10.71%
Separation or Divorce	41	9.76%
Convicted Misdemeanor	7	1.67%
Completed Jail or Prison Sentence	4	0.95%
Completed Treatment Court	2	0.48%
Convicted Felony	2	0.48%
Civil Litigation	2	0.48%
No Response	1	0.24%
Active Jail or Prison Sentence	1	0.24%

QUESTION 19

Do you have health insurance or medical coverage (self, employer, public, parents, partner)?

Response	Count	Percentage
Yes	402	95.71%
No	18	4.29%

Appendix

QUESTION 20

Have you visited a health care provider for routine health care not related to substance use or mental health issues in the past 12 months?

Response	Count	Percentage
Yes	364	86.67%
No	56	13.33%

QUESTION 21

Have you visited a behavioral health provider, therapist, counselor, psychiatrist, psychologist, peer specialist, or other professional related to a substance use or mental health issue in the past 12 months?

Response	Count	Percentage
Yes	247	58.81%
No	173	41.19%

QUESTION 22

Have you visited the Emergency Room for a substance use or mental health crisis, including an overdose in the past 12 months?

Response	Count	Percentage
No	406	96.67%
Yes	14	3.33%

Appendix

QUESTION 23

How many close or real friends (non-blood relations) do you have today?

Response	Count	Percentage
10	106	25.24%
6-9	75	17.86%
3	59	14.05%
5	57	13.57%
4	47	11.19%
2	44	10.48%
1	20	4.76%
0	10	2.38%
No Response	1	0.24%
Decline	1	0.24%

Appendix

QUESTION 24

What is your current relationship status?

Response	Count	Percentage
Married	161	38.33%
Single	86	20.48%
Committed Relationship	74	17.62%
Dating	28	6.67%
Domestic Partnership	20	4.76%
Divorced	19	4.52%
Widowed	14	3.33%
Other	9	2.14%
Decline	4	0.95%
Separated	4	0.95%
No Response	1	0.24%

QUESTION 25

What is your current romantic relationship structure?

Response	Count	Percentage
Monogamy	222	52.86%
Polyamory	90	21.43%
Non-Monogamy	39	9.29%
Decline	34	8.10%
Other	34	8.10%
No Response	1	0.24%

Appendix

QUESTION 26

What is the duration of your current relationship status?

Response	Count	Percentage
5+ years	231	55%
2-4 years	48	11.43%
Decline	46	10.95%
1-2 years	31	7.38%
0-3 months	28	6.67%
4-12 months	24	5.71%
4-5 years	11	2.62%
No Response	1	0.24%

QUESTION 27

Which term best describes how you currently identify with or relate to your experience with substance use or mental health conditions?

Response	Count	Percentage
Experiencing Mental Health Symptoms	98	23.33%
Non-Substance User	75	17.86%
Well	57	13.57%
In Recovery	50	11.9%
No Response	27	6.43%
Currently Struggling	24	5.71%
Survivor	23	5.48
Other	21	5%
Active Substance User	15	3.57%
Not Sure	14	3.33%
Recovered	12	2.86%

Appendix

QUESTION 28

My friends or chosen family strongly support me despite any or all mental health or substance use issues I may have.

Response	Count	Percentage
A great deal	189	45%
A lot	96	22.86%
No Response	64	15.2%
A moderate amount	45	10.71%
A little	22	5.24%
Decline	2	0.48%
None at all	2	0.48%

QUESTION 29

I have distanced myself from friends or chosen family due to MY mental health challenges or substance use.

Response	Count	Percentage
A little	119	28.33%
None at all	117	27.86%
No Response	77	18.34%
A moderate amount	57	13.57%
A lot	25	5.95%
A great deal	24	5.71%
Decline	1	0.24%

Appendix

QUESTION 30

I have distanced myself from friends or chosen family due to THEIR mental health challenges or substance use.

Response	Count	Percentage
A little	138	32.86%
None at all	114	27.14%
A moderate amount	64	15.24%
No Response	55	13%
A great deal	30	7.14%
A lot	17	4.05%
Decline	2	0.48%

QUESTION 31

Support from friends or chosen family has been critical for maintaining my mental health stability or abstinence from substances.

Response	Count	Percentage
A great deal	126	30%
A lot	87	20.71%
No Response	72	17.1
A moderate amount	63	15%
A little	49	11.67%
None at all	17	4.05%
Decline	6	1.43%

Appendix

QUESTION 32

Seeking connection and friendship in online spaces is necessary in my life.

Response	Count	Percentage
None at all	105	25%
A little	100	23.81%
A great deal	68	16.19%
A moderate amount	58	13.81%
A lot	45	10.71%
No Response	43	10.24%
Decline	1	0.24%

QUESTION 33

Growing up, did you have positive role models for the following (Select all that apply).

Response	Count	Percentage
No Response	302	71.9%
Boundaries (ability to say No)	104	24.76%
Body autonomy (choices around your own body)	6	1.43
Conflict resolution (handling arguments)	2	0.48%
Decline	2	0.48%
Other	2	0.48%
Self-esteem (believing in yourself)	2	0.48%

Appendix

QUESTION 34

My experiences with non-monogamous or polyamorous relationships have empowered me to be more open with my mental health or substance use challenges.

Response	Count	Percentage
No Response	202	48%
None at all	63	15%
A great deal	50	11.9%
A little	41	9.76%
A moderate amount	32	7.62%
A lot	22	5.24%
Decline	10	2.38%

QUESTION 35

My romantic relationships significantly influence my emotional well-being (e.g., stress, anxiety, self-esteem, confidence, etc.)..

Response	Count	Percentage
A great deal	131	31.91%
A lot	90	21.43%
No Response	77	18.34
A moderate amount	68	16.19%
A little	40	9.52%
None at all	11	2.62%
Decline	3	0.71%

Appendix

QUESTION 36

Romantic relationship conflicts often trigger or worsen my mental health or use of drugs and/or alcohol.

Response	Count	Percentage
No Response	102	24.29%
A little	87	20.71%
None at all	72	17.14%
A moderate amount	68	16.19%
A lot	53	12.62%
A great deal	37	8.81%
Decline	1	0.24%

QUESTION 37

My romantic relationships significantly influence my emotional well-being (e.g., stress, anxiety, self-esteem, confidence, etc.).

Response	Count	Percentage
No Response	269	64.05%
A great deal	47	11.19%
A lot	29	6.90%
A moderate amount	25	5.95%
A little	24	5.71%
None at all	16	3.81%
Decline	10	2.38%

Appendix

QUESTION 38

The intensity of new or multiple romantic relationships have negatively impacted my mental health or relationship to substance use.

Response	Count	Percentage
No Response	208	49.53%
None at all	116	27.62%
A little	55	13.10%
A moderate amount	20	4.76%
A lot	9	2.14%
A great deal	7	1.67%
Decline	5	1.19%

QUESTION 39

My experiences with non-monogamous or polyamorous relationships are complicated or less meaningful because of mental health or substance use challenges.

Response	Count	Percentage
No Response	265	63%
None at all	88	20.95%
A little	25	5.95%
A moderate amount	18	4.29%
Decline	11	2.62%
A lot	8	1.90%
A great deal	5	1.19%

Appendix

QUESTION 40

My mental health or substance use has made me feel less comfortable or safe in LGBTQ+ community spaces.

Response	Count	Percentage
No Response	188	44.76%
None at all	148	35.24%
A little	49	11.67%
A moderate amount	17	4.05%
A lot	8	1.9%
A great deal	7	1.67%
Decline	3	0.71%

QUESTION 41

I have engaged in the past or am currently active in mental health services and have felt or do feel discriminated against for any reason.

Response	Count	Percentage
None at all	162	38.57%
No Response	145	34.53%
A little	54	12.86%
A moderate amount	26	6.19%
A lot	14	3.33%
A great deal	13	3.1%
Decline	5	1.19%
Other	1	0.24%

Appendix

QUESTION 42

I have encountered healthcare professionals who were not knowledgeable about my queerness or polyness.

Response	Count	Percentage
No Response	187	44.53%
A moderate amount	59	14.05%
None at all	50	11.90%
A little	47	11.19%
A great deal	47	11.19%
A lot	24	5.71%
Decline	6	1.43%

QUESTION 43

I have experienced exclusion or stigma within some LGBTQ+ communities due to my openness about personal mental health or substance use conditions.

Response	Count	Percentage
No Response	199	47.38%
None at all	130	30.95%
A little	56	13.33%
A moderate amount	14	3.33%
A lot	9	2.14%
A great deal	8	1.9%
Decline	4	0.95%

Appendix

QUESTION 44

Where you live today, the general community has a positive understanding and respect for people experiencing or having experienced mental health or substance use issues.

Response	Count	Percentage
A moderate amount	127	30.24%
No Response	93	22.14%
A little	85	20.24%
A lot	51	12.14%
A great deal	32	7.62%
None at all	24	5.71%
Decline	8	1.90%

QUESTION 45

I have used AI chat bots to build or have positive romantic relationships.

Response	Count	Percentage
None at all	283	67.38%
No Response	111	26.43%
A little	14	3.33%
A moderate amount	7	1.67%
Decline	2	0.48%
A great deal	2	0.48%
A lot	1	0.24%

Appendix

QUESTION 46

I have found romantic relationships in online gaming spaces.

Response	Count	Percentage
None at all	238	56.67%
No Response	118	28%
A little	31	7.38%
A moderate amount	13	3.1%
A lot	11	2.62%
A great deal	7	1.67%
Decline	2	0.48%

QUESTION 47

Dating apps used (optional):

Response	Count	Percentage
No Response	281	66.9%
Most commonly mentioned apps	138	33%
<ul style="list-style-type: none">- Tinder: Multiple mentions- Hinge: Multiple mentions- Bumble: Multiple mentions- OkCupid/OKC: Multiple mentions- Feeld: Multiple mentions- HER: Multiple mentions- Grindr: Multiple mentions		

Appendix

QUESTION 48

Improvements in my mental health or relationship to drugs and/or alcohol have positively changed how I approach new or existing romantic relationships.

Response	Count	Percentage
No Response	174	41.34%
A great deal	79	18.81%
A moderate amount	54	12.86%
A lot	49	11.67%
A little	41	9.76%
None at all	20	4.76%
Decline	3	0.71%

QUESTION 49

My expectations of friendships and romantic relationships have significantly evolved as I have actively addressed my mental health or substance use issues.

Response	Count	Percentage
No Response	134	31.91%
A great deal	98	23.33%
A lot	72	17.14%
A moderate amount	61	14.52%
A little	45	10.71%
None at all	7	1.67%
Decline	3	0.71%

Appendix

QUESTION 50

I have had a specific relationship experience that deeply changed my understanding of my mental health or relationship with drugs and/or alcohol.

Response	Count	Percentage
No Response	144	34.29%
A great deal	95	22.62%
A lot	57	13.57%
A moderate amount	44	10.48%
A little	44	10.48%
None at all	32	7.62%
Decline	4	0.95%

QUESTION 51

Fear of relationship stigma or judgment has prevented me from seeking mental health or substance use treatment.

Response	Count	Percentage
None at all	190	45.24%
No Response	134	31.91%
A little	55	13.1%
A moderate amount	17	4.05%
A great deal	15	3.57%
A lot	9	2.14%

Appendix

QUESTION 52

Relationship stress or conflicts have directly contributed to a relapse (return to negative use) or worsening of mental health symptoms.

Response	Count	Percentage
No Response	150	35.72%
None at all	74	17.62%
A little	72	17.14%
A moderate amount	59	14.05%
A great deal	33	7.86%
A lot	31	7.38%
Decline	1	0.24%

QUESTION 53

I openly communicate my mental health or sobriety needs within romantic or sexual relationships.

Response	Count	Percentage
No Response	149	35.48%
A moderate amount	80	19.05%
A great deal	72	17.14%
A lot	53	12.62%
A little	51	12.14%
None at all	13	3.10%
Decline	2	0.48%

Appendix

QUESTION 54

I have had romantic or personal relationships that greatly improved my mental health or substance use recovery.

Response	Count	Percentage
No Response	144	34.29%
A great deal	80	19.05%
A moderate amount	60	14.29%
A little	57	13.57%
A lot	49	11.67%
None at all	28	6.67%
Decline	2	0.48%

QUESTION 55

My racial, ethnic, or cultural identity significantly impacts (positively or negatively) my romantic or close personal relationships, especially when mental health or substance use issues exist in the relationship (mine or theirs).

Response	Count	Percentage
No Response	169	40.24%
None at all	141	33.57%
A little	50	11.9%
A moderate amount	29	6.90%
A great deal	12	2.86%
A lot	11	2.62%
Decline	8	1.9%

Appendix

QUESTION 56

My gender identity or expression complicates my romantic or close relationships in ways that impact my mental health or relationship with substances.

Response	Count	Percentage
No Response	166	39.53%
None at all	152	36.19%
A little	41	9.76%
A moderate amount	22	5.24%
A great deal	20	4.76%
A lot	15	3.57%
Decline	4	0.95%

QUESTION 57

2SLGBTQIA+ people in my community need better relationship-focused resources or education to improve mental health or substance use recovery outcomes.

Response	Count	Percentage
No Response	131	31.19%
A great deal	103	24.52%
A moderate amount	76	18.1%
A lot	61	14.52%
A little	21	5%
Decline	21	5%
None at all	7	1.67%