

ICPSR 37888

**National Transgender
Discrimination Survey, [United
States], 2008-2009**

Questionnaire

Inter-university Consortium for
Political and Social Research
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National Transgender Discrimination Survey, [United States], 2008-2009

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National Survey on Transgender Experiences of Discrimination in the U.S.

Purpose

You are invited to participate in a research project regarding transgender and gender non-conforming people in the United States. Your responses will be part of an important report on transgender people's experiences of discrimination in housing, employment, health care and education.

Procedures

You will be asked to complete the attached survey. Your participation and responses are confidential. Please answer the questions as openly and honestly as possible. You may skip questions. The survey will take about 20 minutes to complete. You must be 18 years of age or older to participate. When you have completed the survey, please return it in the enclosed envelope directly to:

Susan Rankin, Ph.D
Research Associate, Center for the Study of Higher Education
Pennsylvania State University
University Park, PA 16802
814-863-2655

Comments provided will be analyzed using content analysis and submitted as an appendix to the survey report. Quotes from submitted comments will also be used throughout the report to give "voice" to the quantitative data.

Discomforts and Risks

There are no risks in participating in this research beyond those experienced in everyday life. Some of the questions are personal and might cause discomfort. In the event that any questions asked are disturbing, you may stop responding to the survey at any time. Participants who experience discomfort are encouraged to contact:

The Trevor Project

866-4-U-TREVOR

The Trevor Helpline is the only national crisis and suicide prevention helpline for gay, lesbian, bisexual, transgender and questioning youth; the Helpline can also help transgender and gender non-conforming adults. The Helpline is a free and confidential service that offers hope and someone to talk to, 24/7. Trained counselors listen and understand without judgment.

Benefits

The results of the survey will be part of an important report on discrimination against transgender people by the National Center for Transgender Equality and the National Gay and Lesbian Task Force to help create better opportunities for transgender and gender non-conforming people. We are grateful to Penn State University's Center for the Study of Higher Education for hosting the survey and maintaining the integrity of our data.

Statement of Confidentiality

You will not be asked to provide any identifying information, such as your name, and information you provide on the survey will remain confidential. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared. Please also remember that you do not have to answer any question or questions about which you are uncomfortable.

Voluntary Participation

Participation in this research is voluntary. If you decide to participate, you do not have to answer any questions on the survey that you do not wish to answer. **Individuals will not be identified and only group data will be reported** (e.g., the analysis will include only aggregate data). By completing the survey, your informed consent will be implied. Please note that you can choose to withdraw your responses at any time before you submit your answers. Refusal to take part in this research study will involve no consequences.

Right to Ask Questions

You can ask questions about this research.

Questions concerning this project should be directed to:

Justin Tanis
National Center for Transgender Equality
1325 Massachusetts Avenue, NW Suite 700
Washington, DC 20005
202-903-0112
jtanis@nctequality.org

OR

Susan Rankin, Ph.D
Research Associate, Center for the Study of Higher Education
Pennsylvania State University
University Park, PA 16802
814-863-2655
sxr2@psu.edu

Completion of the survey indicates your consent to participate in this study. It is recommended that you keep this statement for your records.

Directions

Please read and answer each question carefully. For each answer, darken the appropriate oval completely. If you want to change an answer, erase your first answer completely and darken the oval of your new answer. You may decline to answer specific questions.

“Transgender/gender non-conforming” describes people whose gender identity or expression is different, at least part of the time, from the sex assigned to them at birth.

1. Do you consider yourself to be transgender/gender non-conforming in any way?

- ☐ Yes
- ☐ No. If no, do NOT continue.

2. What sex were you assigned at birth, on your original birth certificate?

- ☐ Male
- ☐ Female

3. What is your primary gender identity today?

- ☐ Male/Man
- ☐ Female/Woman
- ☐ Part time as one gender, part time as another
- ☐ A gender not listed here, please specify _____

4. For each term listed, please select to what degree it applies to you.

	Not at all	Somewhat	Strongly
Transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transsexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FTM (female to male)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MTF (male to female)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intersex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender non-conforming or gender variant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genderqueer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Androgynous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feminine male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Masculine female or butch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.G. or Aggressive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross dresser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drag performer (King/Queen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Two-spirit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. People can tell I'm transgender/gender non-conforming even if I don't tell them.

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Occasionally
- ☐ Never

6. I tell people that I'm transgender/gender non-conforming. (Mark all that apply.)

- ☐ Never
- ☐ People who are close friends
- ☐ Casual friends
- ☐ Work colleagues
- ☐ Family
- ☐ Everyone

7. How many people know or believe you are transgender/gender non-conforming in each of the following settings? Mark all that apply.

	None	A few	Some	Most	All	Not applicable
At home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In private social settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In public social settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When seeking medial care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. To the best of your ability, please estimate the following ages, if they apply to you. Mark "N.A." if not applicable or if you have no desire to transition. Please mark each line.

	Age in years	Not applicable
Age you first recognized that you were "different" in terms of your gender.	_____	<input type="radio"/>
Age you first recognized your transgender/gender-non-conforming identity	_____	<input type="radio"/>
Age you began to live part time as a transgender/gender non-conforming person.	_____	<input type="radio"/>
Age you began to live full time as a transgender/gender non-conforming person.	_____	<input type="radio"/>
Age that you first got any kind of transgender-related medical treatment.	_____	<input type="radio"/>
Your current age	_____	

9. Do you or do you want to live full-time in a gender that is different from you gender at birth?

- ☐ Yes, I currently live full-time in a gender different from my birth gender.
- ☐ Not full-time yet, but someday I want to.
- ☐ No, I do not want to live full-time.

10. What is your zip code?

ZIP _____

11. What is your race/ethnicity? (Mark all that apply.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (enrolled or principal tribe) _____
- ☐ Hispanic or Latino
- ☐ Asian or Pacific Islander
- ☐ Arab or Middle Eastern
- ☐ Multiracial or mixed race

12. What is the highest degree or level of school you have completed? Mark ONE box. If you are currently enrolled, please mark the previous grade or highest degree received.

- ☐ Elementary and/or junior high
- ☐ Some high school to 12th grade
- ☐ High school graduate - high school Diploma or the equivalent (*for example: GED*)
- ☐ Some college credit, but less than 1 year
- ☐ Technical school degree (such as cosmetology or computer technician)
- ☐ One or more years of college, no degree
- ☐ Associate degree (*for example: AA, AS*)
- ☐ Bachelor's degree (*for example: BA, AB, BS*)
- ☐ Master's degree (*for example: MA, MS, MEng, MEd, MSW, MBA*)
- ☐ Professional degree (*for example: MD, DDS, DVM, LLB, JD*)
- ☐ Doctorate degree (*for example: PhD, EdD*)

13. What is your current gross annual **household** income (before taxes)?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$19,999
- ☐ \$20,000 to \$29,999
- ☐ \$30,000 to \$39,999
- ☐ \$40,000 to \$49,999
- ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$69,999
- ☐ \$70,000 to \$79,999
- ☐ \$80,000 to \$89,999
- ☐ \$90,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 to \$250,000
- ☐ More than \$250,000

14. How many people live in your household?

Number _____

15. How many children currently rely on your income?

Number _____

16. What is your relationship status?

- ☐ Single
- ☐ Partnered
- ☐ Civil union
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Important Note: When we say: "Because you are transgender/gender non-conforming, has one or two of these things happened to you," we do not mean that your gender identity or expression is **causing** bad or abusive things to happen. We are trying to find out if people are **treating you differently** because you are transgender or gender non-conforming.

17. Because I am transgender/gender non-conforming, life in general is:

- ☐ Much improved
- ☐ Somewhat improved
- ☐ The same
- ☐ Somewhat worse
- ☐ Much worse
- ☐ In some ways better, in some ways worse

18. Because I am transgender/gender non-conforming, my housing situation is:

- ☐ Much improved
- ☐ Somewhat improved
- ☐ The same
- ☐ Somewhat worse
- ☐ Much worse
- ☐ In some ways better, in some ways worse

19. If you are or were employed, how has the fact that you are transgender/ gender non-conforming changed your employment situation?

- ☐ Much improved
- ☐ Somewhat improved
- ☐ Stayed the same
- ☐ Somewhat worse
- ☐ Much worse
- ☐ In some ways better, in some ways worse
- ☐ Not applicable. I was never employed

20. Because you are transgender/gender non-conforming, how has your situation changed as a parent?

- ☐ Much improved
- ☐ Somewhat improved
- ☐ Stayed the same
- ☐ Somewhat worse
- ☐ Much worse
- ☐ In some ways better, in some ways worse
- ☐ Not Applicable. I am not a parent.

21. What are your current living arrangements?

- ☐ Homeless
- ☐ Living in a shelter
- ☐ Living in a group home facility or other foster care situation
- ☐ Living in a nursing/adult care facility
- ☐ Living in campus/university housing
- ☐ Still living with parents or family you grew up with
- ☐ Staying with friends or family temporarily
- ☐ Living with a partner, spouse or other person who pays for the housing
- ☐ Living in house/apartment/condo I RENT alone or with others
- ☐ Living in house/apartment/condo I OWN alone or with others

22. Because you are transgender/gender non-conforming, have you experienced any of the following housing situations? Please mark "Not applicable" if you were never in a position to experience such a housing situation. For example, if you have always owned your home as a transgender/gender non-conforming person, you could not have been evicted.

	Yes	No	Not applicable
I moved into a less expensive home/apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I became homeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been evicted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was denied a home/apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to move back in with family members or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to find different places to sleep for short periods of time, such as on a friend's couch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had sex with people to sleep in their bed/at their homes or to pay rent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to use equity in my home to pay for living expenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. If you have experienced homelessness, did you go to a shelter?
- ☐ Yes
 - ☐ No [Go to Question 25]
 - ☐ Not applicable, I never experienced homelessness [Go to Question 25]

	Yes	No
I was denied access to a shelter.	<input type="radio"/>	<input type="radio"/>
I was thrown out after they learned I was transgender.	<input type="radio"/>	<input type="radio"/>
I was harassed by residents or staff.	<input type="radio"/>	<input type="radio"/>
I was physically assaulted/attacked by residents or staff.	<input type="radio"/>	<input type="radio"/>
I was sexually assaulted/attacked by residents or staff.	<input type="radio"/>	<input type="radio"/>
I was forced to live as the wrong gender in order to be allowed to stay in a shelter.	<input type="radio"/>	<input type="radio"/>
I was forced to live as the wrong gender in order to be/feel safe in a shelter.	<input type="radio"/>	<input type="radio"/>
I decided to leave a shelter even though I had no place to go because of poor treatment/unsafe conditions.	<input type="radio"/>	<input type="radio"/>

25. What is your current employment status? **(Mark all that apply.)**
- ☐ Full-time
 - ☐ Part-time
 - ☐ More than one job
 - ☐ Self-employed, own your business
 - ☐ Self-employed, contract worker
 - ☐ Unemployed but looking
 - ☐ Unemployed and stopped looking
 - ☐ On disability
 - ☐ Student
 - ☐ Retired
 - ☐ Homemaker or full-time parent
 - ☐ Other, please specify _____

26. Have you done any of the following to avoid discrimination because you are transgender or gender non-conforming? If you are/were not employed, mark not applicable.

	Yes	No	Not applicable
Stayed in a job I'd prefer to leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didn't seek a promotion or a raise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changed jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delayed my gender transition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hid my gender or gender transition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not done anything to avoid discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Because of being transgender/gender non-conforming, which of the following experiences have you had at work? Please mark each row.

	Yes	No	Not applicable
I feel more comfortable and my performance has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not get a job I applied for because of being transgender or gender non-conforming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am or have been under-employed, that is working in the field I should not be in or a position for which I am over-qualified.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was removed from direct contact with clients, customers or patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was denied a promotion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lost my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was harassed by someone at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was the victim of physical violence by someone at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was the victim of sexual assault by someone at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was forced to present in the wrong gender to keep my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not able to work out a suitable bathroom situation with my employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was denied access to appropriate bathrooms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was asked inappropriate questions about my transgender or surgical status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was referred to by the wrong pronoun, repeatedly and on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisors or coworkers shared information about me that they should not have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Because of being transgender or gender non-conforming, have any of the following people close to you faced any kind of job discrimination?

	Yes	No	Not applicable
Spouse or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children or other family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. If you have ever worked for pay in the street economy, please check all activities in which you have engaged.

- ☐ Sex work/sex industry
- ☐ Drug sales
- ☐ Other, please specify _____
- ☐ Not applicable. I have never worked for pay in the street economy.

30. Based on being transgender/gender non-conforming, please check whether you have experienced any of the following in these public spaces. **(Mark all that apply.)**

	Denied equal treatment or service	Verbally harassed or disrespected	Physically attacked or assaulted	Not applicable. I have not tried to access this.	Not applicable. I do not present as transgender here.	Not applicable. I did not experience these negative outcomes.
Retail store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel or restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus, train, or taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airplane or airport staff/TSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's office or hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape crisis center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence shelter/program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug treatment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance or EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Govt. agency/official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judge or court official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Have you ever interacted with the police as a transgender/gender non-conforming person?

- ☐ Yes [Go to Question 32]
- ☐ No [Go to Question 33]

32. Because of being transgender/gender non-conforming, which of the following experiences have you had in your interaction with the police? **(Mark all that apply.)**

- ☐ Officers generally have treated me with respect
- ☐ Officers generally have treated me with disrespect
- ☐ Officers have harassed me
- ☐ Officers have physically assaulted me
- ☐ Officers have sexually assaulted me

33. As a transgender/gender non-conforming person, how comfortable do you feel seeking help from the police?

- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Neutral
- ☐ Somewhat uncomfortable
- ☐ Very uncomfortable

34. Because of being transgender/gender non-conforming, have you ever been arrested or held in a cell?

- ☐ Yes
- ☐ No

35. Have you ever been sent to jail or prison for any reason?

- ☐ Yes [Go to Question 36]
- ☐ No [Go to Question 38]

36. How long were you in jail or prison, total?

- ☐ Under six months
- ☐ Six months to a year
- ☐ One to three years
- ☐ Three to five years
- ☐ Five to ten years
- ☐ Ten or more years

37. If you were jailed or in prison, have you ever experienced any of the following because of being transgender/gender non-conforming? (Mark all that apply in each category.)

	Harassed	Physically assaulted or attacked	Sexually assaulted or attacked	Denied hormones	Denied regular medical care
From other inmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From correctional officers or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Have you attended school at any level (elementary school or higher) as a transgender/gender non-conforming person?

☐ Yes [Go to Question 39]

☐ No [Go to Question 41]

39. Because you are transgender/gender non-conforming, have you been a target of harassment, discrimination or violence at school? (Mark all that apply.)

	Did not attend such a school	Not out as transgender or gender non-conforming at that point	Harassed or bullied by students	Harassed or bullied by teachers or staff	Physically assaulted or attacked by students	Physically assaulted or attacked by teachers or staff	Sexually assaulted or attacked by students	Sexually assaulted or attacked by teachers or staff	Expelled, thrown out, or denied enrollment	Not applicable. I did not experience these negative outcomes.
Elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior high/middle school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate or professional school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Because I am/was transgender/gender non-conforming, which of the following statements are true?

	Yes	No	Not applicable
I had to leave school because the harassment was so bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to leave school for financial reasons related to my transition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lost or could not get financial aid or scholarships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not allowed to have any housing on campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not allowed gender appropriate housing on campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not allowed to use the appropriate bathrooms or other facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. What type of health insurance do you have? If you have more than one type of coverage, check the ONE that you usually use to cover doctor and hospital bills.

- ☐ I have NO health insurance coverage
- ☐ Insurance through a current or former employer (employee health plan, COBRA, retiree benefits)
- ☐ Insurance through someone else's employer (spouse, partner, parents, etc.)
- ☐ Insurance you or someone in your family purchased
- ☐ Medicare
- ☐ Medicaid
- ☐ Military health care/Champus/Veterans Administration/Tri-Care
- ☐ Student insurance through college or university
- ☐ Other public (such as state or county level health plans, etc.)
- ☐ Other, please specify _____

42. What kind of place do you go to most often when you are sick or need advice about your health? (check one)

- ☐ Emergency room
- ☐ Doctor's office
- ☐ Health clinic or health center that I or my insurance pays for
- ☐ Free health clinic
- ☐ V.A. (veteran's) clinic or hospital
- ☐ Alternative medicine provider (acupuncture, herbalist)
- ☐ Not applicable. I do not use any health care providers

43. Because you are transgender/gender non-conforming, have you had any of the following experiences? (Please check an answer for each row. If you have NEVER needed medical care, please check "Not applicable")

	Yes	No	Not applicable
I have postponed or not tried to get needed medical care when I was sick or injured because I could not afford it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have postponed or not tried to get checkups or other preventive medical care because I could not afford it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have postponed or not tried to get needed medical care when I was sick or injured because of disrespect or discrimination from doctors or other healthcare providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have postponed or not tried to get checkups or other preventive medical care because of disrespect or discrimination from doctors or other healthcare providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A doctor or other provider refused to treat me because I am transgender/gender non-conforming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to teach my doctor or other provider about transgender/gender non-conforming people in order to get appropriate care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Please mark below if you received health care related to being transgender/ gender non-conforming.

	Do not want it	Want it someday	Have had it	Not applicable
Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Top/chest/breast surgery (chest reduction, enlargement, or reconstruction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male-to-female removal of the testes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male-to-female genital surgery (removal of penis and creation of a vagina, labia, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female-to-male hysterectomy (removal of the uterus and/or ovaries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female-to-male genital surgery (clitoral release/metoidioplasty/creation of testes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female-to-male phalloplasty (creation of a penis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. Please tell us how much the following procedures have cost if you have had them, or mark the box that says I have NOT had this procedure.

	My insurance paid for some or all of this and my out of pocket cost was:	My insurance did NOT pay for this and my out of pocket cost was:	I have NOT had this procedure	Don't know
Hormone treatment , average MONTHLY cost	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Visits to the doctor to monitor hormone levels, average YEARLY cost	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Chest/breast/top surgeries and reconstructions/reductions/enhancements TOTAL cost	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Genital/bottom surgeries TOTAL cost	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Facial surgeries TOTAL cost	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Other transition-related health care TOTAL cost. Please describe type of care here. Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

46. Have you ever received a gender-related mental health diagnosis?
☐ No
☐ Yes. My diagnosis:

47. Not including any gender-related mental health diagnosis, do you have a disability (physical, learning, mental health) that substantially affects a major life activity?
☐ Yes
☐ No [Go to Question 49]

48. What is your disability? (Mark all that apply.)
☐ Physical condition
☐ Learning disability
☐ Mental health condition

49. What is your HIV status?
☐ HIV negative
☐ HIV positive
☐ Don't know

50. I drink or misuse drugs to cope with the mistreatment I face or faced as a transgender or gender non-conforming person.

- ☐ Yes
- ☐ Yes, but not currently
- ☐ No
- ☐ Not applicable. I face no mistreatment.

51. Have you ever smoked 100 cigarettes in your life?

- ☐ Yes
- ☐ No

52. Do you now smoke daily, occasionally, or not at all?

- ☐ Daily
- ☐ Occasionally
- ☐ Not at all

53. If you now smoke, would you like to quit?

- ☐ Yes
- ☐ No
- ☐ Not applicable, I do not smoke now

54. Have you ever attempted suicide?

- ☐ Yes
- ☐ No

55. Because of being transgender/gender non-conforming, have you lived through any of the following family issues? If a situation does not apply to you, please mark "Not applicable."

	Yes	No	Not applicable
My family is as strong today as before I came out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family relationships are slowly improving after coming out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with my spouse or partner ended.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ex limited or stopped my relationship with my children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A court/judge limited or stopped my relationship with my children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My children chose not to speak with me or spend time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents or family chose not to speak with me or spend time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was a victim of domestic violence by a family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lost close friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. Please mark the appropriate response about adoption and foster parenting as a transgender/gender non-conforming person.

	Yes, my partner's child or children	A child related to me	Yes, a child previously unknown to me	No, I have not tried
I have successfully adopted or fostered a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tried to adopt or foster a child and was rejected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. For each of the following documents, please check whether or not you have been able (allowed) to change the documents or records to reflect your current gender. Mark “Not applicable” if you have no desire to change the gender on the document listed.

	Yes, changes allowed	No, changes denied	Not tried	Not applicable
Birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drivers license and/or state issued non-driver ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military discharge papers (DD214 or DD215)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional licenses or credentials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. Have you or your employer ever received notice that the gender your employer has listed for you does not match the gender the government has listed for you?

- ☐ Yes
- ☐ No
- ☐ Not applicable

59. Have you ever received notice from your state motor vehicle agency that the gender on your driver’s license does not match the gender the federal government has listed for you with Social Security?

- ☐ Yes
- ☐ No
- ☐ Not applicable

60. Thinking about all of your IDs and records, which of the following statements is most true?

- ☐ All of my IDs and records list the gender I prefer.
- ☐ Some of my IDs and records list the gender I prefer.
- ☐ None of my IDs and records list the gender I prefer.

61. When I present documents with my name and gender (like a driver’s license or a passport) that do not match the gender I present as: **(Mark all that apply.)**

- ☐ I have been harassed.
- ☐ I have been assaulted/attacked.
- ☐ I have been asked to leave.
- ☐ I have had no problems.
- ☐ Not applicable. I have only presented documents that match.

62. Please check what you believe are the **four** most important policy priorities affecting transgender/gender non-conforming people in the U.S.

- ☐ HIV prevention, education and treatment
- ☐ Better policies on gender and identity documents and other records
- ☐ Passing anti-bullying laws that make schools safer
- ☐ Transgender/gender non-conforming prisoner’s rights
- ☐ Immigration policy reform (such as asylum or partner recognition)
- ☐ Allowing transgender/gender non-conforming people to serve in the military
- ☐ Access to transgender-sensitive health care
- ☐ Getting transgender-related health care covered by insurance
- ☐ Protecting trans/gender non-conforming people from discrimination in hiring and at work
- ☐ Protecting transgender/gender non-conforming people from discrimination in housing
- ☐ Passing laws that address hate crimes against transgender/gender non-conforming people
- ☐ The right of transgender/gender non-conforming people to parent, including adoption
- ☐ The right to equal recognition of marriages involving transgender partners

63. What is your U.S. citizenship status?

☐ U.S. citizen

☐ Documented non-citizen

☐ Undocumented non-citizen
64. Are you registered to vote?

☐ Yes

☐ No
65. Have you ever been a member of the armed forces?

☐ Yes [Go to Question 66]

☐ No [Go to Question 67]

☐ I was denied entry because I am transgender/gender non-conforming [Go to Question 67]
66. Were you discharged from the service because of being transgender/gender non-conforming?

☐ Yes

☐ No or still in the military
67. What are your household’s current sources of income? **(Mark all that apply.)**

☐ Paycheck from a your or your partner’s job

☐ Money from a business, fees, dividends or rental income

☐ Aid such as TANF; welfare; WIC; public assistance; general assistance; food stamps or SSI

☐ Unemployment benefits

☐ Child support or alimony

☐ Social security, workers comp, disability, veteran’s benefits or pensions

☐ Inherited wealth

☐ Pay from street economies (sex work, other sales)

☐ Other, please specify _____
69. What is your sexual orientation?

☐ Gay/Lesbian/Same-gender attraction

☐ Bisexual

☐ Queer

☐ Heterosexual

☐ Asexual

☐ Other, please specify _____
70. Anything else you’d like to tell us about your experiences of acceptance or discrimination as a transgender/gender non-conforming person?
