

ICPSR 31721

Virginia Transgender Health Initiative Study (THIS), 2005-2006

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Questionnaire

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Appendix II: Survey Questionnaire

Questionnaire #

THIS IS IT!

Virginia Transgender Health Initiative Survey

Sponsored by the Virginia Department of Health and the
Virginia HIV Community Planning Committee

2005

The purpose of this study is to learn about the health needs and concerns of transgender people living in Virginia. This statewide survey includes questions about your health status and ability to get health care, and life experiences such as violence, substance abuse, housing, employment, and HIV/AIDS. The survey results will be used to train providers, increase access to information regarding services, and increase community-based services for the transgender community in Virginia. We assure you that your identity will be protected and that the information you provide will not be linked to you in any way. The questionnaire will take approximately 30-40 minutes to complete. Your participation is completely voluntary. As you go through the questionnaire, you can skip questions you do not want to answer.

You can be paid \$15 for your time to complete this questionnaire. To be paid, it is necessary for you to provide personal information, in order for us to account for the funds. Complete the enclosed Incentive Payment Information Form, put it in the smaller Business Reply Envelope, and mail it at the same time as your questionnaire.

Thank you for taking time to complete and return this questionnaire – results will be put to good use for developing transgender sensitive services.

If you have already completed this questionnaire, please do not complete it again. Completing the questionnaire more than once will jeopardize the validity of the findings.

ELIGIBILITY: For the purposes of this study, we consider you to be transgender if you :

- have lived or want to live full-time in a gender opposite your birth or physical sex;
- have or want to physically modify your body to match who you feel you really are inside; or,
- have or want to wear the clothing of the opposite sex, in order to express an inner, cross-gender identity.

Now, using the above definition, answer each of the following questions:

- ♦ Do you consider yourself to be a transgender person? Yes _____ No _____
- ♦ Are you 18 years old or older? Yes _____ No _____
- ♦ Do you live in, or attend school in, Virginia? Yes _____ No _____

If you answered **YES** to **all three of the questions above**, please continue.

If you answered **NO** to one or more of the questions above, please return the survey unanswered in the enclosed business reply envelope.

Dear Study Participant,

The Virginia Department of Health and their HIV Community Planning Committee commissioned this study to learn about the health needs and concerns of transgender people in Virginia. This statewide survey includes questions about your health status and ability to get health care, and about life experiences such as violence, substance abuse, housing, employment, and HIV/AIDS. Survey results will be used to train providers, increase access to information regarding services, and increase community-based services for the transgender community in Virginia. We assure you that your identity will be protected and that the information you provide will not be linked to you in any way. It will take you approximately 30-40 minutes to complete this questionnaire. Your participation is completely voluntary. As you go through it, you can skip questions you do not want to answer.

When you have completed this questionnaire, place it in the attached large business-reply envelope and drop it in the mail. There is no need to put a stamp on it. You may also return it directly to a Regional Coordinator or the Survey Administrator that you received it from.

You will be paid \$15 for your time to complete this questionnaire. To be paid, it is necessary for you to provide personal information in order for us to account for the funds. First, complete the questionnaire and then the separate Incentive Payment Information form included in your packet. Mail the form and the questionnaire at the same time but in the **separate** envelopes provided, so that your personal information will not be connected to your survey responses. Once we receive the form and confirm that we have received your completed questionnaire (matched by the ID# on the front cover), we will mail you a money order for \$15.

If you are concerned about your privacy, you need not provide your name and mailing address – you can still participate – but we cannot pay you without that information.

Thank you for your participation in this important study. The more people that respond, the more beneficial the information will be to Virginia's transgender community. If you have any questions about the study, please call Judy Bradford, Principal Investigator at 1-800-304-9402 or e-mail the Field Manager, Jessica Xavier at jmxavier@vcu.edu.

SECTION I:

1. Where did you FIRST hear about this study? Check **ONE** only:

- | | | |
|---|--|---|
| <input type="checkbox"/> ¹ A spouse or partner | <input type="checkbox"/> ⁵ A stranger | <input type="checkbox"/> ⁹ The Internet |
| <input type="checkbox"/> ² A friend | <input type="checkbox"/> ⁶ My counselor/psychotherapist | <input type="checkbox"/> ¹⁰ A flyer/poster |
| <input type="checkbox"/> ³ A family member | <input type="checkbox"/> ⁷ My health care provider | <input type="checkbox"/> ¹¹ My support group |
| <input type="checkbox"/> ⁴ An acquaintance | <input type="checkbox"/> ⁸ A newsletter | <input type="checkbox"/> ¹² My church |

2. How many transgender people have you personally encountered at least once in the last 6 months? Please do NOT include those you've communicated with ONLY through the Internet.

_____ (write #)

3. What was your physical, assigned sex at birth? Check **ONE** only:

- ☐¹ Male ☐² Female

4. Have you been diagnosed with a medically-recognized intersex condition?

- ☐¹ Yes ☐² No

5. What is your present gender identity? Check **ONE** only:

- | | | |
|---|---|--|
| <input type="checkbox"/> ¹ Man | <input type="checkbox"/> ³ Transgender | <input type="checkbox"/> ⁵ Questioning |
| <input type="checkbox"/> ² Woman | <input type="checkbox"/> ⁴ Androgynous | <input type="checkbox"/> ⁶ Gender Queer |
| <input type="checkbox"/> ⁷ Other (please specify): _____ | | |

6. What is your sexual orientation? Check **ONE** only:

- | | | |
|--|---|--|
| <input type="checkbox"/> ¹ Heterosexual | <input type="checkbox"/> ⁴ Bisexual | <input type="checkbox"/> ⁷ Asexual (I'm not interested in sex) |
| <input type="checkbox"/> ² Gay | <input type="checkbox"/> ⁵ Questioning | <input type="checkbox"/> ⁸ I do not label my sexual orientation |
| <input type="checkbox"/> ³ Lesbian | <input type="checkbox"/> ⁶ Queer | <input type="checkbox"/> ⁹ Other (please specify): _____ |

7. What is your racial/ethnic background? Check **ALL** that apply:

- | | |
|---|---|
| <input type="checkbox"/> ^a African American (Black) | <input type="checkbox"/> ^e Asian or Pacific Islander |
| <input type="checkbox"/> ^b White (Caucasian) | <input type="checkbox"/> ^f Caribbean |
| <input type="checkbox"/> ^c Hispanic or Latino/Latina | <input type="checkbox"/> ^g Other (please specify): _____ |
| <input type="checkbox"/> ^d Native American/American Indian | |

8. What is the language you speak most often? Check **ONE**:

- | | |
|---|--|
| <input type="checkbox"/> ¹ English | <input type="checkbox"/> ⁵ American Sign Language |
| <input type="checkbox"/> ² Spanish | <input type="checkbox"/> ⁶ I'm bilingual in English and _____ (specify) |
| <input type="checkbox"/> ³ An Asian language | <input type="checkbox"/> ⁷ Other (please specify): _____ |
| <input type="checkbox"/> ⁴ An African language | |

9. Please check the box that represents your age category:

- | | |
|---|---|
| <input type="checkbox"/> ¹ 18-24 | <input type="checkbox"/> ⁴ 45-54 |
| <input type="checkbox"/> ² 25-34 | <input type="checkbox"/> ⁵ 55-64 |
| <input type="checkbox"/> ³ 35-44 | <input type="checkbox"/> ⁶ 65 or older |

10. What is the month and year in which you were born?

_____ / _____ (month/year)

11. Were you born in the United States?

- ☐¹ Yes (Go to question #12)
☐² No (Answer **a, b, & c** below)

a. What is your country of origin? _____

b. How many years have you lived in the US? _____ (# of years)

c. In your country of origin, did you live mainly in: (Check **ONE** only)

- ☐¹ An urban area ☐³ A suburban area
☐² A rural area ☐⁴ Equally in urban and rural areas

12. Are you a US Citizen?

- ☐¹ Yes (Go to question #13)
☐² No (Answer **a** below)

a. What is your residency status? Check **ONE** only:

- ☐¹ I have a temporary working permit ☐⁴ I have been granted political asylum
☐² I have a permanent visa ☐⁵ I am in the process of getting my legal status documents
☐³ I have a student visa ☐⁶ I have no documents

13. Do you currently live in Virginia? (If you are a full-time, out of state student attending college or university in Virginia, you are considered to be a Virginia resident for the purposes of this study).

- ☐¹ Yes (Answer **a** below)
☐² No (STOP! You are not eligible to complete this survey)

a. What is the name of the county or city in Virginia where you live or attend school?

14. How would you describe the area in which you live?

- ☐¹ Rural ☐² Urban ☐³ Suburban

15. How much education have you completed? Check **ONE** only:

- ☐¹ 8th grade or less ☐⁵ Some college (no degree)
☐² Some high school (no diploma) ☐⁶ College graduate
☐³ High school graduate/ GED ☐⁷ Some graduate school (no degree)
☐⁴ Technical certificate/Associate's degree (incl. cosmetology) ☐⁸ Graduate or professional degree

16. What is your current employment status? Check **ONE** only:

- ☐¹ Full time (35 hours or more per week) ☐⁵ Out of work, on disability
☐² Part time (fewer than 35 hours per week) ☐⁶ Currently unemployed (not a student, retired, or disabled)
☐³ Student ☐⁷ Other (please specify):
☐⁴ Retired

17. Which of the following categories best describes your **individual** income in 2004 from all sources before taxes? Check **ONE** only:

<input type="checkbox"/> ¹ I had no source of income	<input type="checkbox"/> ⁵ \$17,000 to \$23,999	<input type="checkbox"/> ⁹ \$50,000 to \$69,999
<input type="checkbox"/> ² \$1 to \$4,999	<input type="checkbox"/> ⁶ \$24,000 to \$29,999	<input type="checkbox"/> ¹⁰ \$70,000 to \$99,999
<input type="checkbox"/> ³ \$5,000 to \$9,999	<input type="checkbox"/> ⁷ \$30,000 to \$39,999	<input type="checkbox"/> ¹¹ \$100,000 or more
<input type="checkbox"/> ⁴ \$10,000 to \$16,999	<input type="checkbox"/> ⁸ \$40,000 to \$49,999	

18. Which of the following categories best describes your **household** income in 2004 from all sources before taxes? Check **ONE** only:

<input type="checkbox"/> ¹ I had no source of income	<input type="checkbox"/> ⁵ \$17,000 to \$23,999	<input type="checkbox"/> ⁹ \$50,000 to \$69,999
<input type="checkbox"/> ² \$1 to \$4,999	<input type="checkbox"/> ⁶ \$24,000 to \$29,999	<input type="checkbox"/> ¹⁰ \$70,000 to \$99,999
<input type="checkbox"/> ³ \$5,000 to \$9,999	<input type="checkbox"/> ⁷ \$30,000 to \$39,999	<input type="checkbox"/> ¹¹ \$100,000 or more
<input type="checkbox"/> ⁴ \$10,000 to \$16,999	<input type="checkbox"/> ⁸ \$40,000 to \$49,999	

19. Do you have any biological or adopted children?

☐ ¹ Yes (Answer a below)
☐ ² No (Go to question #20)

- a. Are any of them living with you?

☐ ¹ Yes ☐ ² No

20. What is your current living arrangement? Check **ONE** only:

☐ ¹ I live in a house, condominium or co-op that I own/co-own
☐ ² I live in a house or apartment that I rent/share
☐ ³ I live rent-free in a house or apartment
☐ ⁴ I live in assisted housing through a religious group, private agency, or state/county agency
☐ ⁵ I live in temporary/transitional housing or a halfway house
☐ ⁶ I live in a hospice
☐ ⁷ I am homeless and live in a shelter
☐ ⁸ I am homeless and live on the street
☐ ⁹ Other: _____

21. Who else shares your living space? Check **ALL** that apply:

☐ ^a I live alone
☐ ^b I live with transgendered roommate(s)
☐ ^c I live with gay, lesbian or bisexual roommate(s)
☐ ^d I live with straight roommates (not gay, lesbian, bisexual or transgendered)
☐ ^e I live with my spouse (husband or wife through marriage)
☐ ^f I live with my significant other (partner, lover, etc.)
☐ ^g I live with my immediate birth family
☐ ^h I live with other birth family members
☐ ⁱ I live with strangers (shelter)
☐ ^j I live with others (please specify) _____

22. Including yourself, how many adults (18 years old or older) live in your household?

_____ (write #)

23. How many children (17 years old or younger) live in your household?

_____ (write #)

SECTION II:

24. Do you currently have health insurance?

- ☐¹ Yes (Answer **a** below) ☐² No (Go to question #25)

a. Which of the following do you have? Check **ALL** that apply:

- ☐¹ Medicare
☐² Medicaid
☐³ Private health insurance through my employer
☐⁴ Private health insurance I pay for directly
☐⁵ Private health insurance through my parents or family
☐⁶ Other: _____

25. Have you ever been denied enrollment in a health insurance plan because of your transgender status?

- ☐¹ Yes ☐² No

26. Do you have a doctor you see regularly for routine care?

- ☐¹ Yes (Answer **a** and **b** below)
☐² Not at the present time (Go to question #27)
☐³ I've never had a regular doctor (Go to question #27)

a. How important is it for you to discuss your transgender status and transgender-specific health care needs with your doctor?

- ☐¹ Not important at all
☐² Somewhat important
☐³ Important
☐⁴ Very important

b. Are you out to your doctor?

- ☐¹ Yes (Answer **c, d, & e** below)
☐² No (Go to question #27)

c. How comfortable are you discussing your transgender status and transgender-specific health care needs with your doctor? Check **ONE** only:

- ☐¹ Very uncomfortable
☐² Uncomfortable
☐³ Comfortable
☐⁴ Very comfortable

d. How knowledgeable is your doctor about transgender health care issues? Check **ONE** only:

- ☐¹ Not at all knowledgeable
☐² Somewhat knowledgeable
☐³ Knowledgeable
☐⁴ Very knowledgeable

e. Have you ever had to educate your doctor about your health care needs as a transgender person?

- ☐¹ Yes
☐² No

27. How comfortable would you be discussing your transgender status and/or transgender-related health care needs with a doctor you did not know? Check **ONE** only:

- ☐¹ Very uncomfortable (Answer a below)
☐² Uncomfortable (Answer a below)
☐³ Comfortable (Go to question #28)
☐⁵ Very comfortable (Go to question #28)

- a. If you answered EITHER Very uncomfortable OR Uncomfortable, why do you feel that way? Check **ALL** that apply:

- ☐¹ Fear of a hostile reaction
☐² Fear of an insensitive reaction
☐³ Fear of being denied treatment
☐⁴ Fear of ridicule
☐⁵ Other (please specify): _____

28. Have you ever experienced discrimination by a doctor or other health care provider due to your transgender status or gender expression?

- ☐¹ Yes
☐² No
☐³ Don't know/unsure

29. Has the lack of appropriate restroom facilities ever prevented you from seeing a doctor or getting regular health care?

- ☐¹ Yes
☐² No
☐³ Don't know/unsure

SECTION III:

30. How old were you when you first became aware that your internal sense of your gender did not match your body or physical appearance?

_____ years old

31. How important is changing your body to become who you feel you really are? Check **ONE** only:

- ☐¹ It will never be important to me (Go to question #32)
☐² It is not important to me at this time (Go to question #32)
☐³ It is somewhat important to me (Answer a below)
☐⁴ It is very important to me (Answer a below)

- a. Why is changing your body somewhat or very important to you? Check **ALL** that apply:

- ☐^a A physically passing appearance is important for my self-esteem
☐^b A physically passing appearance is important for my safety
☐^c A physically passing appearance is important for secure employment
☐^d A physically passing appearance is important for my sex work clients
☐^e I just want to be comfortable in my own body
☐^f Other (please specify): _____

32. Have you found any information about transgender-related health care?

- ☐¹ Yes (Answer a below)
☐² No (Go to question #33)

a. Where did you find the information? Check **ALL** that apply:

- | | |
|---|--|
| <input type="checkbox"/> ^a Word of mouth | <input type="checkbox"/> ^g My doctor |
| <input type="checkbox"/> ^b Phone book | <input type="checkbox"/> ^h Health clinic/Comm.-based org. |
| <input type="checkbox"/> ^c Gay newspapers | <input type="checkbox"/> ⁱ Counselor/psychotherapist |
| <input type="checkbox"/> ^d Transgender newsletters/magazines | <input type="checkbox"/> ^j Internet |
| <input type="checkbox"/> ^e Transgender support groups | <input type="checkbox"/> ^k Other (please specify): |
| <input type="checkbox"/> ^f Transgender outreach worker(s) | |

33. For each transgender-related service in Column 1, please indicate if you have ever received it in Column 2. If you have received it, **thinking about your most recent visit**, please rate the Quality of the care you received and the Sensitivity of the provider to you as a transgender person by circling the most appropriate number in both Column 3 and Column 4.

Column 1	Column 2	Column 3	Column 4
Transgender-Related Service	Have you ever received this service?	Quality of care you received at your most recent visit	Transgender sensitivity of the service provider at your most recent visit
		1=Extremely Poor, 2=Poor, 3=Fair, 4=Good, 5=Excellent	
a. Counseling or psychotherapy	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	1 2 3 4 5	1 2 3 4 5
b. Transgender hormonal therapy	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	1 2 3 4 5	1 2 3 4 5
c. Transgender-related surgery of any kind	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	1 2 3 4 5	1 2 3 4 5
d. Transgender-related gynecological care	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	1 2 3 4 5	1 2 3 4 5
e. Transgender-related electrolysis	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	1 2 3 4 5	1 2 3 4 5
f. Transgender-related speech therapy	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	1 2 3 4 5	1 2 3 4 5

34. For each transgender-related service listed in Column 1, please indicate if you have needed the service **in the past year** but were unable to obtain it, for any reason. If you check 'Yes' for any service in Column 2, choose the main reason why you were not able to obtain it from the list of reasons located under the table. Write the reason number in the space provided in Column 3.

Column 1	Column 2	Column 3
Transgender-Related Service	Have you needed this service in the past year, but were unable to obtain it, for any reason?	Use the <u>list below</u> to indicate the MAIN reason you were unable to obtain this service
a. Counseling or psychotherapy	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	_____ (# from list below)
b. Transgender hormonal therapy	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	_____ (# from list below)
c. Transgender-related surgery of any kind	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	_____ (# from list below)
d. Transgender-sensitive gynecological care	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	_____ (# from list below)
e. Transgender-related electrolysis	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	_____ (# from list below)
f. Transgender-related speech therapy	<input type="checkbox"/> ² No <input type="checkbox"/> ¹ Yes →	_____ (# from list below)

List of MAIN reasons for being unable to receive each service:

- | | |
|--|---|
| 1. I don't know if this service is available in my area | 8. Lack of appropriate bathrooms in the healthcare setting. |
| 2. I know that the service is not available in my area | 9. Fear of my immigration status being revealed |
| 3. I cannot afford/obtain transportation to this service | 10. I was denied this service while in jail |
| 4. My health insurance plan doesn't cover it | 11. My HIV+ status |
| 5. I cannot afford to pay for it | 12. Lack of bilingual services |
| 6. Problems with self-acceptance of my transgender status | 13. Other (please specify): |
| 7. Doctor, nurse, or staff insensitivity/hostility to transgender people | _____ |

35. Have you ever taken hormones (estrogen or testosterone) for transgender-related purposes?

☐¹ Yes (Go to question #36)
☐² No (Go to question #40)

36. Taking hormones can involve periodic blood tests to monitor the hormones' effects on your body. Which one of the following statements applies best to you? (Check **ONE** only):

☐¹ The doctor who gave me the hormones did blood tests
☐² Another doctor did blood tests
☐³ There were no blood tests done

37. Have you ever gotten hormones from someone other than a doctor (i.e., from friends, via the internet, or on the street?)

☐¹ Yes
☐² No

38. Have you ever injected yourself with hormones, or received a hormone injection from someone else who wasn't a doctor or nurse?

☐¹ Yes (Answer a below) ☐² No (Go to question #39)

a. Have you ever shared a hormone syringe with someone else?

☐¹ Yes (Answer b below) ☐² No (Go to question #39)

b. Did you or they clean the syringe after each use?

☐¹ Yes ☐² No

39. Are you taking hormones for transgender-related purposes now?

☐¹ Yes (Go to question #41)

☐² No (Go to question #40)

40. Do you plan to take hormones for transgender-related purposes at some point in the future?

☐¹ Yes ☐² No ☐³ Unsure

41. Have you ever gotten silicone injections (Sil)?

☐¹ Yes (Answer a below)

☐² No (Go to question #42)

a. Did you get the injections from the same needle/injector that other people were using?

☐¹ Yes ☐² No

42. Have you ever had surgery to modify your chest including FTM chest surgery or MTF breast augmentation (not including silicone injections)?

☐¹ Yes ☐² No

43. Have you ever had surgery to modify your genitalia (sex reassignment or genital reassignment surgery)?

☐¹ Yes ☐² No

44. Have you ever had any type of cosmetic surgery or procedure for transgender-related purposes?

☐¹ Yes ☐² No

45. How old were you when you first sought out any form of transgender-related treatment?
(Please write in your age **OR** check the box indicating you have not sought such treatment.)

_____ years old

- or -

☐ I have not sought any transgender-related treatment.

SECTION IV:

46. Which best describes your current employment status?

- ☐¹ Employed by someone else (Answer a below)
- ☐² Self-employed (Go to question #47)
- ☐³ Unemployed (Go to question #47)

a. Is your current employer aware of your transgender status?

- ☐¹ Yes (Answer b below)
- ☐² No (Go to question #47)
- ☐³ Don't know/unsure (Go to question #47)

b. Has your employer's awareness had a negative impact on your employment?

- ☐¹ Yes (Answer c below)
- ☐² No (Go to question #47)

c. Please describe the negative impact on your current employment?
Check **ALL** that apply:

- ☐^a My direct supervisor is hostile or insensitive toward me.
- ☐^b My supervisor's superiors (management, owner) are hostile or insensitive towards me.
- ☐^c My co-workers are hostile or insensitive towards me.
- ☐^d I have been denied promotion.
- ☐^e I have been threatened with firing.
- ☐^f I have been moved to another job with no contact with customers or clients.
- ☐^g I have trouble using the restrooms at work.
- ☐^h Other: _____

47. What are your current, or most recent, sources of income? Check **ALL** that apply:

- ☐^a Service industry worker (sales clerk, waitress, cook, beautician, childcare, etc.)
- ☐^b Private sector office worker (clerk, secretary, word processor, data entry, etc.)
- ☐^c Government worker/civil servant
- ☐^d Non-profit community-based organization worker
- ☐^e Sex worker
- ☐^f Skilled laborer (construction worker, truck driver, mechanic, etc.)
- ☐^g Factory or manufacturing work (assembly line worker, etc.)
- ☐^h Private sector professional (doctor, lawyer, nurse, computer technician, etc.)
- ☐ⁱ Teacher
- ☐^j Creative artist (musician, performer, painter, writer, etc.)
- ☐^k Public or private assistance (SSDI, TANF, or another form of public assistance)
- ☐^l Other (please specify) _____

48. Have you ever been denied a job you applied for due to your transgender status and/or gender expression?

- ☐¹ Yes (Answer a below)
- ☐² No (go to question 49)
- ☐³ Unsure (go to question 49)

a. How old were you when this first happened?

_____ years old

49. Have you ever been fired from a job due to your employer's reaction to your transgender status and/or gender expression?

- ☐¹ Yes (Answer a below)
☐² No (go to question 50)
☐³ Unsure (go to question 50)

a. How old were you when this first happened?

_____ years old

SECTION V:

50. Have you ever been homeless?

- ☐¹ Yes (Answer a below)
☐² No (Go to question #51)

a. Are you currently homeless?

- ☐¹ Yes (Answer b & c below)
☐² No (Answer c below)

b. What is preventing you from having your own living space? Check **ALL** that apply:

- | | |
|---|---|
| <input type="checkbox"/> ^a My estrangement from my birth family | <input type="checkbox"/> ^g Discrimination due to my disability status |
| <input type="checkbox"/> ^b Lack of affordable housing in my area | <input type="checkbox"/> ^h Discrimination due to gender identity or transgender status |
| <input type="checkbox"/> ^c My economic situation | <input type="checkbox"/> ⁱ Racial discrimination |
| <input type="checkbox"/> ^d My lack of employment | <input type="checkbox"/> ^j My immigration status |
| <input type="checkbox"/> ^e Discrimination due to HIV/AIDS status | <input type="checkbox"/> ^k Other (please specify): |
| <input type="checkbox"/> ^f Problems with drugs or alcohol | _____ |

c. Have you ever been denied a bed in a homeless shelter due to your transgender status and/or gender expression?

- ☐¹ Yes
☐² No
☐³ Did not seek a bed in a shelter

51. Have you ever been evicted?

- ☐¹ Yes (Answer a below)
☐² No (Go to question #52)

a. Why were you evicted? Check **ALL** that apply:

- | | |
|---|---|
| <input type="checkbox"/> ^a I could not pay the rent | <input type="checkbox"/> ^e Because of my disability status |
| <input type="checkbox"/> ^b I could not get financial assistance to pay the rent | <input type="checkbox"/> ^f Because of my race |
| <input type="checkbox"/> ^c Because of my transgender status and/or gender expression | <input type="checkbox"/> ^g Because of drug or alcohol issues |
| <input type="checkbox"/> ^d Because of my HIV/AIDS status | <input type="checkbox"/> ^h Other (please specify): |
- _____

52. Have you ever lost housing or a housing opportunity due to your transgender status and/or gender expression?

☐¹ Yes (Answer a below) ☐² No ☐³ Unsure

a. How old were you when this first happened?

_____ years old

SECTION VI:

53. Since the time you were 13 years old, have you ever been forced to engage in unwanted sexual activity?

☐¹ Yes (Answer a through e below)

☐² No (Go to question #54)

a. How many times? _____ (# of incidents)

(i) In how many of these cases was your transgender status, gender identity or expression the **primary reason** for the forced engagement in unwanted sexual activity?

_____ (write #)

(ii) In how many of these cases did the person who forced you to engage in unwanted sexual activity live in your household (at the time of the incident)?

_____ (write #)

(iii) How many of the incidents did you report to the police?

_____ (write #)

b. Consider all incidents in which you were forced to engage in unwanted sexual activity. **Who** forced you to have sex? Check **ALL** that apply:

☐^a My spouse or primary partner

☐^b My ex-spouse or ex-partner

☐^c My father/stepfather

☐^d My mother/stepmother

☐^e My brother and/or sister

☐^f Member of my spouse's/partner's family

☐^g My children/stepchildren

☐^o Other: _____

☐^h A roommate/ex-roommate

☐ⁱ A sex work client

☐^j A police officer

☐^k A health care worker

☐^l A complete stranger

☐^m A co-worker

☐ⁿ An acquaintance

c. How old were you when the **first** incident occurred?

_____ years old

d. When did the **most recent** incident occur?

____ / ____ (month/year)

e. Did you report the most recent incident to the police?

☐¹ Yes

☐² No

54. **Other than any incidents already mentioned above**, since the time you were 13 years old, have you ever been physically attacked? A physical attack includes being grabbed, punched, choked, stabbed with a sharp object, (including knives), being hit with an object (like a rock, etc.), and being shot with any type of weapon.

- ☐¹ Yes (Answer **a through e** below)
☐² No (Go to question #55)

- a. How many times? _____ (# of incidents)
- (i) In how many of these cases was your transgender status, gender identity or expression the primary reason for the physical attack(s)? _____ (write #)
- (ii) In how many of these cases did the person who physically attacked you live in your household (at the time of the attack)? _____ (write #)
- (iii) How many of the incidents did you report to the police? _____ (write #)

- b. Consider all incidents in which you were physically attacked. Who attacked you? Check **ALL** that apply:

- | | |
|--|--|
| <input type="checkbox"/> ^a My spouse or primary partner | <input type="checkbox"/> ^h A roommate/ex-roommate |
| <input type="checkbox"/> ^b My ex-spouse or ex-partner | <input type="checkbox"/> ⁱ A sex work client |
| <input type="checkbox"/> ^c My father/stepfather | <input type="checkbox"/> ^j A police officer |
| <input type="checkbox"/> ^d My mother/stepmother | <input type="checkbox"/> ^k A health care worker |
| <input type="checkbox"/> ^e My brother and/or sister | <input type="checkbox"/> ^l A complete stranger |
| <input type="checkbox"/> ^f Member of my spouses/partners family | <input type="checkbox"/> ^m A co-worker |
| <input type="checkbox"/> ^g My children/stepchildren | <input type="checkbox"/> ⁿ An acquaintance |
| <input type="checkbox"/> ^o Other: _____ | |

- c. How old were you when the first incident occurred? _____ years old

- d. When did the most recent incident occur?
_____ / _____ (month/year)

- e. Did you report the most recent incident to the police?

- ☐¹ Yes ☐² No

SECTION VII:

55. Have you transitioned? (Are you living full-time in your gender of choice?)

- ☐¹ Yes (Answer **a** below)
☐² I am planning to transition (Answer **b** below)
☐³ I am **not** planning to transition (Go to Question #56)

- a. At what age did you begin living full-time in your gender of choice?

_____ years old

- b. How many years from now do you think you will transition?

_____ years

56. In general, how supportive of your gender identity or expression are the following people?
Check **ONE** for each:

	Not at all supportive	Not very supportive	Somewhat supportive	Very supportive	Not applicable to me
a. My birth family	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁹
b. My family by marriage	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁹
c. My transgender friends	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁹
d. My non-transgender friends	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁹
e. My transgender support group	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁹
f. My church/ temple/mosque	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁹
g. My co-workers	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁹
h. Others : (specify) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁹

57. Did you attend high school?

☐¹ Yes (Answer **a** below)
☐² No (Go to question #58)

- a. Did you experience hostility or insensitivity as a result of your gender identity or expression from other students, your teachers, or the school administrators?

☐¹ Yes (Answer **b** below)
☐² No (Go to question #58)

- b. What impact did this hostility or insensitivity have on your ability to finish high school?
Check **ONE** only:

☐¹ I **did NOT finish** high school and the hostility or insensitivity was the main reason
☐² I **did NOT finish** high school and the hostility or insensitivity contributed to it
☐³ I **did NOT finish** high school and the hostility or insensitivity was not a factor in it
☐⁴ I **DID finish** high school in spite of the hostility or insensitivity

58. Have you ever thought about killing yourself?

☐¹ Yes (Answer **a & b** below) ☐² No (Go to question #59)

- a. How much did your issues with your gender identity or expression cause these thoughts?
Check **ONE** only:

☐¹ Not at all
☐² Some
☐³ Most
☐⁴ The main reason

- b. Have you ever tried to kill yourself?

☐¹ Yes (Answer **c, d & e** below) ☐² No (Go to question #59)

- c. How many times have you tried to kill yourself? _____ times
d. How old were you when you first tried to kill yourself? _____ years old
e. How old were you the last time you tried to kill yourself? _____ years old

59. Have you **EVER** drunk alcohol?

- ☐¹ Yes (Answer **a** below)
☐² No (Go to question #60)

a. Has drinking **EVER** been a problem for you?

- ☐¹ Yes (Answer **b and c** below)
☐² No (Go to question #60)

b. How old were you when you first noticed that drinking was a problem for you?

_____ years old

c. Do you **CURRENTLY** drink alcohol?

- ☐¹ Yes (Answer **d** below)
☐² No (Go to question #60)

d. Is your current drinking a problem for you?

- ☐¹ Yes (Answer item **e** below)
☐² No (Go to question #60)

e. With regard to your **CURRENT** alcohol use, please check **All** of the following statements that apply:

- ☐^a I am not looking for a treatment program at this time
☐^b I have been successful in finding a treatment program
☐^c I found a treatment provider but all the treatment slots were full, so I am on a waiting list
☐^d I have looked for a treatment program but there wasn't one in my area
☐^e I am afraid to join a treatment program because my transgender status will be revealed
☐^f I found a treatment program and didn't join it because the program staff were insensitive or hostile to my transgender status or gender expression
☐^g I found a treatment program but the program staff could not place me into an inpatient program for my chosen gender
☐^h I found a program but didn't enter it because of another reason
(please specify): _____

60. Have you **EVER** used tobacco?

☐¹ Yes (Answer **a** below)

☐² No (Go to question #61)

a. Has tobacco use **EVER** been a problem for you?

☐¹ Yes (Answer **b and c** below)

☐² No (Go to question #61)

b. How old were you when you first noticed that using tobacco was a problem for you?

_____ years old

c. Do you **CURRENTLY** use tobacco?

☐¹ Yes (Answer **d** below)

☐² No (Go to question #61)

d. Is your current tobacco use a problem for you?

☐¹ Yes (Answer item **e** below)

☐² No (Go to question #61)

e. With regard to your **CURRENT** tobacco use, please check all of the following statements that apply:

☐^a I am not looking for a smoking cessation program at this time

☐^b I have been successful in finding a smoking cessation program

☐^c I have looked for a smoking cessation program but there wasn't one in my area

☐^d I am afraid to join a smoking cessation program because my transgender status will be revealed

☐^e I found a smoking cessation program and didn't join it because the program staff were insensitive or hostile to my transgender status or gender expression

☐^f I found a program but didn't enter it because of another reason
(please specify): _____

61. For each substance listed below, please indicate if you have **ever** used it.

Substance	Ever used	
a. Marijuana (Pot)	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
b. Heroin	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
c. Cocaine (powder)	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
d. Crack Cocaine	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
e. Hallucinogens (LSD, Peyote, Mushrooms, etc.)	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
f. Club Drugs (Ecstasy, GHB, Liquid X, Ketamine, etc.)	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
g. Methamphetamine (Meth, Tina, Crystal, Speed)	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
h. PCP (Dipper, Angel Dust)	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
i. Poppers (amyl nitrate, butyl nitrate)	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
j. Downers (Valium, Ativan, Xanax, etc.)	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
k. Painkillers (Oxycontin, Vicodin, Percocet, etc.)	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No
l. Other drug (please specify): _____	<input type="checkbox"/> ¹ Yes	<input type="checkbox"/> ² No

Please answer **a** if you have **ever** used **any** of the drugs listed above: (otherwise go to the next question # 62.)

a. How old were you when you first used **any** of the drugs listed above?

_____ years old

62. For each substance listed below, please indicate if you are **currently** using it.

Substance	Currently Use
m. Marijuana (Pot)	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
n. Heroin	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
o. Cocaine (powder)	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
p. Crack Cocaine	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
q. Hallucinogens (LSD, Peyote, Mushrooms, etc.)	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
r. Club Drugs (Ecstasy, GHB, Liquid X, Ketamine, etc.)	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
s. Methamphetamine (Meth, Tina, Crystal, Speed)	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
t. PCP (Dipper, Angel Dust)	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
u. Poppers (amyl nitrate, butyl nitrate)	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
v. Downers (Valium, Ativan, Xanax, etc.)	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
w. Painkillers (Oxycontin, Vicodin, Percocet, etc.)	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No
x. Other drug (please specify):	<input type="checkbox"/> ¹ Yes <input type="checkbox"/> ² No

Please answer **a** below if you **currently** use **any** of the drugs listed above. If you have never used any of the drugs listed above, go to question #63.

a. Is your **current** drug use a problem for you?

☐¹ Yes (Answer **b** below) ☐² No (go to question 63)

b. With regard to your **current** drug use, please check **all** of the following statements that apply:

- ☐¹ I am not looking for a treatment program at this time.
- ☐² I have been successful in finding a treatment program.
- ☐³ I found a treatment provider but all the treatment slots were full, so I am on a waiting list.
- ☐⁴ I have looked for a treatment program but there wasn't one in my area.
- ☐⁵ I am afraid to join a treatment program because my transgender status will be revealed.
- ☐⁶ I found a treatment program and didn't join it because the program staff was insensitive or hostile to my transgender status or gender expression.
- ☐⁷ I found a treatment program and didn't join it because the program staff regarded my hormone use as continuing drug use and would not accept me into their program.
- ☐⁸ I found a treatment program but the program staff could not place me into an inpatient program for my chosen gender.
- ☐⁹ I found a program but didn't enter it because of another reason
(please specify): _____

63. Have you ever injected drugs (**not** including hormones)?

- ☐¹ Yes (Answer **a** & **b** below)
- ☐² No (Go to question #64)

a. How old were you when you first injected drugs?

_____ years old

b. Have you ever shared a syringe with someone else?

- ☐¹ Yes (Answer **c** below)
- ☐² No (Go to question #64)

c. Did you or they clean the syringe after each use?

- ☐¹ Yes
- ☐² No
- ☐³ Don't know/unsure

64. Indicate the extent to which you agree with each of the following statements by checking the appropriate box.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
a. Whether I get HIV or not is mostly a matter of luck	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
b. You have to have sex with a lot of different people to get HIV	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
c. Information about HIV and AIDS is so depressing that I tend to avoid it	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
d. Every time I get sick I am afraid it might be AIDS	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
e. Safer sex is too difficult to practice every time I have sex	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
f. The only risky sex is anal sex	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
g. If someone looks really healthy, they probably don't have HIV	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
h. Because of new treatments available, AIDS is no longer such a big deal	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
i. Cleaning syringes that are shared to inject drugs greatly reduces chances of getting HIV	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
j. Cleaning syringes that are shared to inject hormones greatly reduces chances of getting HIV	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
k. Transgender people are much less at risk for getting HIV/AIDS than are gay people	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

65. Where have you gotten your information about HIV & AIDS? Check **ALL** that apply,

- | | | |
|--|--|---|
| <input type="checkbox"/> ¹ My doctor's office | <input type="checkbox"/> ⁷ Church | <input type="checkbox"/> ¹³ Seminar, workshop, focus group |
| <input type="checkbox"/> ² Hospital | <input type="checkbox"/> ⁸ Internet searches | <input type="checkbox"/> ¹⁴ From my peers (including those who are HIV+) |
| <input type="checkbox"/> ³ Other health care facility | <input type="checkbox"/> ⁹ Internet chat rooms | <input type="checkbox"/> ¹⁵ Health Department |
| <input type="checkbox"/> ⁴ Counseling sessions | <input type="checkbox"/> ¹⁰ Outreach workers | <input type="checkbox"/> ¹⁶ Other (please specify): |
| <input type="checkbox"/> ⁵ Support group | <input type="checkbox"/> ¹¹ TV/radio/magazines | |
| <input type="checkbox"/> ⁶ School | <input type="checkbox"/> ¹² Gay/lesbian bar or club | |

66. Please check the **ONE** source which gave you the most information:

- | | | |
|--|---|---|
| <input type="checkbox"/> ¹ My doctor's office | <input type="checkbox"/> ⁷ Church | <input type="checkbox"/> ¹³ Seminar, workshop, focus group |
| <input type="checkbox"/> ² Hospital | <input type="checkbox"/> ⁸ Internet searches | <input type="checkbox"/> ¹⁴ From my peers (including those who are HIV+) |
| <input type="checkbox"/> ³ Other health care facility | <input type="checkbox"/> ⁹ Internet chat rooms | <input type="checkbox"/> ¹⁵ Health Department |
| <input type="checkbox"/> ⁴ Counseling sessions | <input type="checkbox"/> ¹⁰ Outreach workers | <input type="checkbox"/> ¹⁶ Other (please specify): |
| <input type="checkbox"/> ⁵ Support group | <input type="checkbox"/> ¹¹ TV/radio/magazines | |
| <input type="checkbox"/> ⁶ School | <input type="checkbox"/> ¹² Gay/lesbian bar/club | |

SECTION IX:

67. In your lifetime, have you ever had sex?

- ☐¹ Yes (Answer a below) ☐² No (Go to question #73)

a. In your lifetime, with whom have you had sex? Check **ALL** that apply:

- ☐¹ Non-transgender man or men (Answer i below)
☐² Non-transgender woman or women (Answer ii below)
☐³ Transgender man or men (FTM) (go to #68)
☐⁴ Transgender woman or women (MTF) (go to #68)
☐⁵ Other (please specify): _____

i) Do you agree with this statement? "I feel more real when I have sex with a non-transgender man"

- ☐¹ Yes ☐² No

ii) Do you agree with this statement? "I feel more real when I have sex with a non-transgender woman"

- ☐¹ Yes ☐² No

68. Have you had sex in the past 6 months?

- ☐¹ Yes (Answer a below)
☐² No (Go to question #69)

a. In the past six months, with whom have you had sex? Check **ALL** that apply:

- ☐¹ Non-transgender man or men
☐² Non-transgender woman or women
☐³ Transgender man or men (FTM)
☐⁴ Transgender woman or women (MTF)
☐⁵ Other (please specify): _____

69. How would you describe your **CURRENT** relationship status? Check **ONE** only:

- ☐¹ Monogamous relationship (only one partner)
☐² Non-monogamous relationship (one primary sexual partner and one or both of us has other sexual partners)
☐³ I'm not in a relationship, but I'm looking (Go to question #72)
☐⁴ I'm not in a relationship, and I'm not looking (Go to question #72)

70. If you have a primary partner, how would you describe the **FREQUENCY** of your use of condoms (male or female) or other protective barriers with your primary partner? Check **ONE** only:

- ☐¹ Always ☐² Most of the time ☐³ Sometimes ☐⁴ Rarely ☐⁵ Never

71. If you have partners other than a primary partner, how would you describe the **FREQUENCY** of your use of condoms (male or female) or other protective barriers with your other partners? Check **ONE** only:

- ☐¹ Always ☐² Most of the time ☐³ Sometimes ☐⁴ Rarely ☐⁵ Never ☐⁹ Not applicable

72. When you have sex, who decides whether to use protection or not? Check **ONE** only:

- ☐¹ I always decide
☐² I usually decide
☐³ Sometimes I decide, sometimes my partner(s) decides
☐⁴ Usually we decide together
☐⁵ I usually let my partner(s) decide
☐⁶ I always let my partner(s) decide

73. Are you currently abstaining from sex?

- ☐¹ Yes (Answer **a** below)
☐² No (Go to question #74)

a. Why are you currently abstaining from sex? Check **ALL** that apply:

- ☐¹ I don't like the way my body looks.
☐² I am HIV positive.
☐³ I have not found a partner who I want to have sex with.
☐⁴ Other (please specify): _____

SECTION X:

74. Have you ever had an HIV test?

- ☐¹ Yes (Answer **a** below) ☐² No (Answer **b** below)

a) When was your most recent HIV test? Check **ONE** only (then go to question 75):

- ☐¹ Less than 6 months ago
☐² 6 months to almost 1 year ago
☐³ 1 to almost 2 years ago
☐⁴ 2 or more years ago

b) Why have you not had an HIV test? Check **ALL** that apply

- ☐¹ It is not important to me to get tested.
☐² I've never had sex, so I don't believe I need to get tested.
☐³ I always have safer sex, so I don't believe I need to get tested.
☐⁴ I feel healthy, so I don't believe I need to get tested.
☐⁵ I don't know where to get free testing.
☐⁶ I don't know where to get anonymous testing.

I'm afraid to get tested because:

- ☐⁷ I don't want my partner to know I got tested.
☐⁸ I don't want people other than my partner to know I got tested.
☐⁹ I don't want my health insurance company to know my HIV status.
☐¹⁰ I am afraid I might be HIV positive.
☐¹¹ The HIV testing staff are/have been hostile or insensitive to me.
☐¹² Other (please specify): _____

SKIP to question #81 if you have never had an HIV test

75. Since your last HIV test, have you done any of the following? Check **ALL** that apply:

- ☐^a Had unprotected sex (including assault) ☐^c Shared syringes with others
☐^b Gotten a tattoo and/or piercing(s) ☐^d Used intravenous (IV) drugs

76. What was the result of your most recent HIV test? Check **ONE** only:

- ☐¹ I don't know the results of my most recent test (Go to question #81)
☐² HIV negative (Go to question #81)
☐³ HIV positive

77. How long ago did you find out that you are HIV positive? Check **ONE** only:

- | | |
|---|---|
| <input type="checkbox"/> ¹ Less than 6 months ago | <input type="checkbox"/> ³ 1 to almost 2 years ago |
| <input type="checkbox"/> ² 6 months to almost 1 year ago | <input type="checkbox"/> ⁴ 2 or more years ago |

78. How do you think you became HIV positive? Check **ALL** that may apply:

- | | |
|---|--|
| <input type="checkbox"/> ^a I don't know | <input type="checkbox"/> ^h Received tainted blood product |
| <input type="checkbox"/> ^b Unprotected sex w/a non-transgender man | <input type="checkbox"/> ⁱ Sexually assaulted or raped |
| <input type="checkbox"/> ^c Unprotected sex w/a non-transgender woman | <input type="checkbox"/> ^j Needle stick as a health care worker |
| <input type="checkbox"/> ^d Unprotected sex w/a transgender man (FTM) | <input type="checkbox"/> ^k Tattoos or piercing(s) |
| <input type="checkbox"/> ^e Unprotected sex w/a transgender woman (MTF) | <input type="checkbox"/> ^l Infected parent |
| <input type="checkbox"/> ^f Sharing needles while injecting drugs | <input type="checkbox"/> ^m Other (please specify): |
| <input type="checkbox"/> ^g Sharing needles while injecting hormones | |
-

79. Now, please check the **ONE** response that is the **most likely way** you became HIV positive?

- | | |
|---|---|
| <input type="checkbox"/> ¹ I don't know | <input type="checkbox"/> ⁸ Received tainted blood product |
| <input type="checkbox"/> ² Unprotected sex w/a non-transgender man | <input type="checkbox"/> ⁹ Sexually assaulted or raped |
| <input type="checkbox"/> ³ Unprotected sex w/a non-transgender woman | <input type="checkbox"/> ¹⁰ Needle stick as a health care worker |
| <input type="checkbox"/> ⁴ Unprotected sex w/a transgender man (FTM) | <input type="checkbox"/> ¹¹ Tattoos or piercing(s) |
| <input type="checkbox"/> ⁵ Unprotected sex w/a transgender woman (MTF) | <input type="checkbox"/> ¹² Infected parent |
| <input type="checkbox"/> ⁶ Sharing needles while injecting drugs | <input type="checkbox"/> ¹³ Other (please specify): |
| <input type="checkbox"/> ⁷ Sharing needles while injecting hormones | |
-

80. Are you currently taking any medications to treat HIV/AIDS?

- ☐¹ Yes (Answer **a** below)
☐² No (Go to question #81)

a. Are you also currently taking transgender-related hormones with your HIV medications?

- ☐¹ Yes (Answer **b** below)
☐² No (Go to question #81)

b. Does the doctor who prescribed your HIV medications know you also take hormones?

- ☐¹ Yes (Answer **c** below)
☐² No (Go to question #81)

c. Did the doctor discuss any possible interactions between the hormones and the HIV medications, or the effects of HIV on hormonal levels in your body?

- ☐¹ Yes
☐² No

81. For each HIV-related service, please indicate if you have ever received the service. If you have received it, please rate the Quality of the service and/or care that you most recently received in column 3 and the Sensitivity of the provider to you as a transgender person in column 4 by circling the appropriate number.

COMPLETE THE FOLLOWING TABLE **REGARDLESS OF YOUR HIV STATUS.**

Column 1	Column 2	Column 3	Column 4
HIV-Related Service	Have you ever received this service?	Quality of the service and/or care that you received most recently	Transgender sensitivity of the service provider
		1=Extremely Poor, 2=Poor, 3=Fair, 4=Good, 5=Excellent	
a. Printed HIV-related prevention and education materials	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
b. HIV-related outreach services	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
c. HIV crisis intervention/hotline	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
d. HIV prevention group/Workshop	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5

COMPLETE THE FOLLOWING TABLE **ONLY IF YOU ARE HIV POSITIVE.**
OTHERWISE, GO TO QUESTION #82.

Column 1	Column 2	Column 3	Column 4
HIV-Related Treatment and Support Services	Have you ever received this service?	Quality of the service and/or care that you received most recently	Transgender sensitivity of the service provider
		1=Extremely Poor, 2=Poor, 3=Fair, 4=Good, 5=Excellent	
e. HIV-related emergency room visits	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
f. HIV-related hospitalization	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
g. HIV-related outpatient clinical care	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
h. HIV-related medications	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
i. HIV-related testing, resource & referral information	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
j. HIV-related case management	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
k. HIV-related counseling/therapy	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
l. HIV-related support groups	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
m. HIV-related substance abuse treatment	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
n. HIV-related home health care	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
o. HIV-related food services	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
p. HIV-related legal services	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
q. HIV-related financial assistance	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5
r. HIV-related transportation services	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes →	1 2 3 4 5	1 2 3 4 5

82. For each HIV-related service listed, please indicate if you currently need it but are unable to obtain it, for any reason. If you check 'Yes' for any service in column 2, select the main reason why you cannot obtain it from the list of reasons located under the table and write the corresponding number into column 3.

COMPLETE THE FOLLOWING TABLE REGARDLESS OF YOUR HIV STATUS.

Column 1	Column 2	Column 3
HIV-Related Service	Do you currently need this service but are unable to obtain it, for any reason?	Use the list below to indicate the MAIN reason you were unable to obtain this service
a. Printed HIV-related prevention and education materials	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
b. HIV-related outreach services	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
c. HIV-related crisis intervention/hotline	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
d. HIV prevention group/workshop	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
List of MAIN reasons why you have been unable to receive <u>each</u> of these services.		
1. I don't know if these services are available in my area	9. Lack of transgender staff/outreach workers	
2. I know that the services are not available in my area	10. Doctors', nurses' or staff transgender insensitivity/hostility	
3. I cannot afford/obtain transportation to these services	11. Lack of appropriate bathrooms in the healthcare setting	
4. I cannot afford to pay for them	12. I was denied them while in jail	
5. I've been unable to receive assistance to pay for them	13. Lack of bilingual services	
6. Fear of my transgender status being revealed	14. Waiting List	
7. Fear of my HIV+ status being revealed	15. Other reason (please specify) :	
8. Fear of my immigration status being revealed	_____	

If you are HIV+, please complete the next question.

If not, please skip the next page and go on to question # 84.

83. For each HIV-related treatment service listed, please indicate if you currently need it but are unable to obtain it, for any reason. If you check 'Yes' for any service in column 2, select the main reason why you cannot obtain it from the list of reasons located under the table and write the corresponding number into column 3.

**COMPLETE THE FOLLOWING TABLE ONLY IF YOU ARE HIV POSITIVE.
OTHERWISE, GO TO QUESTION #84.**

Column 1	Column 2	Column 3
HIV-Related Treatment Service	Do you currently need this treatment service but are unable to obtain it, for any reason?	Use the list below to indicate the MAIN reason you were unable to obtain this treatment service
e. HIV-related emergency room visits	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
f. HIV-related hospitalization	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
g. HIV-related outpatient clinical care	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
h. HIV-related medications	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
i. HIV-related testing, resource & referral info	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
j. HIV-related case management	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
k. HIV-related counseling/therapy	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
l. HIV support groups	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
m. HIV-related substance abuse treatment	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
n. HIV-related home health care	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
o. HIV-related food services	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
p. HIV-related legal services	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
q. HIV-related financial assistance	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)
r. HIV-related transportation services	<input type="checkbox"/> ¹ No <input type="checkbox"/> ² Yes	_____ (# from list below)

List of **MAIN** reasons why you have been unable to receive each of these services.

- | | |
|--|--|
| 1. I don't know if these services are available in my area | 8. Fear of my immigration status being revealed |
| 2. I know that the services are not available in my area | 9. Lack of transgender staff/outreach workers |
| 3. I cannot afford/obtain transportation to these services | 10. Doctors', nurses' or staff transgender insensitivity/hostility |
| 4. I cannot afford to pay for them | 11. Lack of appropriate bathrooms in the healthcare setting |
| 5. I've been unable to receive assistance to pay for them | 12. I was denied them while in jail |
| 6. Fear of my transgender status being revealed | 13. Lack of bilingual services |
| 7. Fear of my HIV+ status being revealed | 14. Waiting List |
| | 15. Other reason (please specify) : _____ |

YOUR INPUT IS VALUABLE !

84. **OPTIONAL:** Use this space to provide input on topics not covered or questions not asked on this questionnaire. Also, if you would like to elaborate on certain answers you provided, please do so here. Use a separate sheet of paper if necessary.

85. **OPTIONAL:** Use this space to provide feedback on the questionnaire itself. Use a separate sheet of paper if necessary.

Thank you for taking the time to complete this questionnaire and for contributing to our understanding of the health issues and needs of transgender people living in Virginia.

