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TransPop, United States, 2016-2018

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Questionnaire for TransPop 1 Data

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www.transpop.org

TransPop 1 Study Questionnaire for Transgender-Identified Adults and Measure Sources

Authors: Meyer, I.H., Bockting, W.O., Herman J.L., Reisner, S.L. & Choi, S.K.

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TransPop Study Measures for Transgender-Identified Adults
Source document

Construct	Question # in Survey	Source
Positive Health		
<i>Cantril Scale</i>	Q1-Q2	Hadley Cantril, 1965/ Gallup Poll. Retrieved from: http://www.gallup.com/poll/122453/Understanding-Gallup-Uses-Cantril-Scale.aspx
<i>Happiness</i>	Q3	PEW Research Center (2013)- <i>A Survey of LGBT Americans</i> . Retrieved from: http://www.pewsocialtrends.org/files/2013/06/SDT_LGBT-Americans_06-2013.pdf
<i>Social Wellbeing</i>	Q4-Q18	Keyes, Corey Lee M. (1998). Social Well-Being. <i>Social Psychology Quarterly</i> , 61 (2) 121-140.
<i>Satisfaction with life</i>	Q218-Q222	Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. <i>Journal of Personality Assessment</i> , 49, 71-75.
Identity		
<i>Sex assigned at birth</i>	Q27	Part one of a two-step approach on gender identity. The GenIUSS Group (2014). <i>Best practices for asking questions to identity transgender and other gender minority respondents on population-based surveys</i> . J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf
<i>Gender identity</i>	Q28	Part two of two-step approach on gender identity. The GenIUSS Group (2014) – see Q27 for full reference. Answer options slightly modified.
<i>Gender identity-write in</i>	Q29	Created by TransPop Study team
<i>Cross-dressing</i>	Q30	Modified from James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). <i>The Report of the 2015 U.S. Transgender Survey</i> . Washington, DC: National Center for Transgender Equality.
<i>Transgender</i>	Q31	The National Center for Transgender Equality. (2015). U.S. Trans Survey.
<i>Sexual orientation identity</i>	Q32	Modified by Generations Study team from SMART (2009). <i>Best practices for asking questions about sexual orientation on surveys</i> . Los Angeles, CA: The Williams Institute. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf
<i>Sexual behavior</i>	Q33	Modified from SMART report (2009)—see Q32 for full reference
<i>Sexual attraction</i>	Q34	Modified from Reisner, S.L., White Hughto, J.M., Pardee, D., & Sevelius, J. (2015). Syndemics and gender affirmation: HIV sexual risk in female-to-male trans masculine adults reporting sexual contact with cisgender males. <i>International Journal of STD & AIDS</i> . Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/26384946
<i>Multi-group Ethnic Identity Measure-Revised</i>	Q21-Q26	Phinney, J.S. & Ong, A.D. (2007). Conceptualization and measurement of ethnic identity: Current status and future directions. <i>Journal of Counseling Psychology</i> , 54(3). Retrieved from: http://isites.harvard.edu/fs/docs/icb.topic1063339.files/Phinney.Ong.2007.pdf
<i>Relationship status</i>	Q35	Meyer, I.H., Dohrenwend, B.P. Schwartz, S. Hunter, J., Kertzner, R.M. (2007). <i>Project Stride Questionnaire</i> . Retrieved from: http://www.columbia.edu/~im15/method/interview.pdf

Construct	Question # in Survey	Source
	Q36-Q38	Modified from Frost, D.M. & Forrester, C. (2013). Closeness discrepancies in romantic relationships: Implications for relational well-being, stability, and mental health. <i>Personality and Social Psychology Bulletin</i> , XX(X). Retrieved from: http://m.psp.sagepub.com/content/early/2013/02/13/0146167213476896.full.pdf
	Q39	Meyer, I.H., Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. (2016). <i>Generations Study Baseline Questionnaire and Measure Sources</i> .
Gender conformity and expression	Q40-Q41	Wylie, S.A., Corliss, H.L., Boulanger, V., Prokop, L.A., & Austin, S.B. (2010). Socially assigned gender nonconformity: a brief measure for use in surveillance and investigation of health disparities. <i>Sex Roles</i> , 63(3-4).
Passing	Q42	Modified from Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., & Keisling, M. (2012). <i>Injustice at Every Turn, A report on the National Transgender Discrimination Survey</i> . National Center for Transgender Equality. Retrieved from: http://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf
Non-affirmation of gender identity	Q43-Q48	Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. <i>Psychology of Sexual Orientation and Gender Diversity</i> , 2(1), 65.
Community connectedness	Q49-Q53	Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. <i>Psychology of Sexual Orientation and Gender Diversity</i> , 2(1), 65.
Coming out milestones	Q54-Q56	Adapted from Beemyn, G. & Rankin, S. (2011). <i>The Lives of Transgender People</i> . New York, N.Y.: Columbia Press.
Transition		
Name change	Q57	Modified from the James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). <i>The Report of the 2015 U.S. Transgender Survey</i> . Washington, DC: National Center for Transgender Equality.
Social/Legal transition	Q58-Q59	Modified from Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., & Keisling, M. (2012). <i>Injustice at Every Turn, A report on the National Transgender Discrimination Survey</i> . National Center for Transgender Equality. Retrieved from: http://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf
Transition related surgery	Q60-Q61	Modified from Grant, J.M., et al.(2012). <i>Injustice at Every Turn, A report on the National Transgender Discrimination Survey</i> . National Center for Transgender Equality. Retrieved from: http://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf
Hormone use	Q62-Q66	Q62-Q65 are modified from Grant, J.M., et al. (2012). <i>Injustice at Every Turn, A report on the National Transgender Discrimination Survey</i> . Q66 is from the National Center for Transgender Equality. (2015). U.S. Trans Survey
Counseling/therapy	Q67-Q68	Modified from Grant, J.M., et al. (2012). <i>Injustice at Every Turn, A report on the National Transgender Discrimination Survey</i> . National Center for Transgender Equality. Retrieved from:

Construct	Question # in Survey	Source
		http://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf
Healthcare Access & Utilization		
<i>Healthcare stereotype threat</i>	Q69-Q72	Modified from Abdou, C.M. & Fingerhut, A.W. (2014). Stereotype threat among black and white women in health care settings. <i>Cultural Diversity & Ethnic Minority Psychology</i> . 20(3). Note: “gender identity” listed before “sexual orientation”
<i>Health insurance</i>	Q73	Modified from American Community Survey. Retrieved from: http://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2016/quest16.pdf and James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). <i>The Report of the 2015 U.S. Transgender Survey</i> . Washington, DC: National Center for Transgender Equality.
<i>Health care utilization</i>	Q74-Q75	National Health Interview Survey (NIHS) (2015).
<i>Health care satisfaction</i>	Q76	Modified from the World Mental Health, Composite International Diagnostic Interview-CIDI3.0, CAPI V21.1.4. (2009). <i>Services Module</i> . Retrieved from: http://www.hcp.med.harvard.edu/wmhcdi/ftplib_public/CAPI%20Instrument/CAPI%20V21.1.4/11_CAPI%20v21.1.4_Services_01-30-09.pdf
<i>Healthcare access</i>	Q77-Q78	Center for Disease Control and Prevention (CDC) – Behavioral Risk Factor Surveillance System (BRFSS) Survey (2014).
<i>Trans health knowledge</i>	Q79-Q80	Modified from James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). <i>The Report of the 2015 U.S. Transgender Survey</i> . Washington, DC: National Center for Transgender Equality.
<i>LGBT specific health</i>	Q81-Q83	Meyer, I.H., Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. (2016). <i>Generations Study Baseline Questionnaire and Measure Sources</i> .
<i>Sexual dysfunction</i>	Q84	Laumann, E.O., Paik, A., Rosen, R.C. (1999). Sexual dysfunction in the United States. <i>The Journal of the American Medical Association</i> , 281(6), 537-544. Retrieved from: http://jama.jamanetwork.com/article.aspx?articleid=188762
<i>HIV/STI</i>	Q97-Q78	Meyer, I.H., Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. (2016). <i>Generations Study Baseline Questionnaire and Measure Sources</i> .
	Q99	Modified and simplified from: Sales, J. M., Spitalnick, J., Milhausen, R. R., Wingood, G. M., DiClemente, R. J., Salazar, L. F., & Crosby, R. A. (2009). Validation of the worry about sexual outcomes scale for use in STI/HIV prevention interventions for adolescent females. <i>Health Education Research</i> , 24(1), 140–152. doi:10.1093/her/cyn006)
	Q100	Meyer, I.H., Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. (2016). <i>Generations Study Baseline Questionnaire and Measure Sources</i> .
<i>PrEP/Truvada</i>	Q101-Q103	Meyer, I.H., Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. (2016). <i>Generations Study Baseline Questionnaire and Measure Sources</i> .

Construct	Question # in Survey	Source
Health Outcomes		
<i>Health Related Quality of Life</i>	Q85-Q88	Center for Disease Control and Prevention(CDC) – Behavioral Risk Factor Surveillance System (BRFSS) Survey (2014).
<i>Physical Health Outcome</i>	Q89	Modified into from NHIS (2014) Adult Survey- Health Outcomes section. Question was changed to a single check list based on NHIS (2014).
<i>Disability</i>	Q90-Q91	CDC- BRFSS Survey (2014)
<i>Kessler-6</i>	Q92	National Comorbidity Survey. Kessler 6 - Self Report Q1 (a)-(f). Retrieved from: http://www.integration.samhsa.gov/images/res/K6%20Questions.pdf
<i>Alcohol Use</i>	Q104-Q106	Alcohol Use Disorder Identification Test (AUDIT-C) Retrieved from: http://www.integration.samhsa.gov/images/res/tool_auditc.pdf Study team made a slight modification by adding answer option 0.NONE because original AUDIT-C has no skip pattern which could cause confusion to respondents
<i>Tobacco Use</i>	Q107-Q108	CDC- BRFSS Survey (2014)
<i>DUDIT</i>	Q109-Q119	Berman, A.H., Bergman, H., Palmstierna, T., & Schlyter, F. (2003). <i>The Drug Use Disorders Identification Test (DUDIT) Manual</i> . Retrieved from: http://www.paihdelinkki.fi/sites/default/files/duditmanual.pdf
<i>Suicide Behavior</i>	Q120-Q141	Modified from Army – Study to Assess Risk and Resilience in Service Members (STARRS) Instrument. Retrieved from: http://starrs-ls.org/sites/default/files/2016-03/army_starrs_aas_instrument.pdf
<i>Type of professional help sought</i>	Q142	Modified from the World Mental Health, Composite International Diagnostic Interview-PAPI V7.1 (2012). <i>Services Module</i> . Retrieved from: http://www.hcp.med.harvard.edu/wmhcid/ftplib_public/PAPI%20Instrument/PAPI%20V7.1/PAPI%20V7.1_Services.pdf
Stressors		
<i>Gender identity non-disclosure</i>	Q143-Q147	Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. <i>Psychology of Sexual Orientation and Gender Diversity</i> , 2(1), 65
<i>Internalized transphobia</i>	Q148-Q153	Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. <i>Psychology of Sexual Orientation and Gender Diversity</i> , 2(1), 65.
<i>Conversion treatment</i>	Q154-Q156	Created by TransPop study team based on James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). <i>The Report of the 2015 U.S. Transgender Survey</i> . Washington, DC: National Center for Transgender Equality.
<i>Victimization and Discrimination</i>	Q157	Herek (2009), Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States. <i>Journal of Interpersonal Violence</i> , 24(1).
	Q158	Meyer, I.H., Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. (2016) <i>Generations Study Baseline Questionnaire and Measure Sources</i> ; based on 1) Krieger N, Sidney S. (1997). Prevalence and health implication of anti-gay discrimination: A study of Black and

Construct	Question # in Survey	Source
		White women and men in the CARDIA cohort. <i>International Journal of Health Services</i> .27:157–176 and 2) Williams, D.R., Yu, Y., Jackson, J.S. & Anderson, N.B (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. <i>Journal of Health Psychology</i> , 2(3).
	Q159-Q160	Modified from 1) Police Public Contact Survey (2011) and 2) Herek (2009)- See Q157 for full reference
	Q161	See Q158 for full reference
	Q162	Modified from 1) Police Public Contact Survey (2011) and 2) Herek (2009)- See Q157 for full reference
	Q163	See Q158 for full reference
<i>Stressful Life Events and Perceived Stress</i>	Q164	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). (2007)- Wave 2
	Q165	See Q158 for full reference
<i>Everyday Discrimination</i>	Q166	Modified from Williams, D.R., Yu, Y., Jackson, J.S. & Anderson, N.B (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. <i>Journal of Health Psychology</i> , 2(3).
	Q167	See Q158 for full reference
<i>Chronic Strains</i>	Q168	Abridged version from Wheaton B. The nature of stressors. In: Horwitz AF, Scheid TL, editors. <i>A handbook for the study of mental health: Social contexts, theories, and systems</i> . Cambridge, UK: Cambridge University Press; 1999. pp. 176–197.
<i>Childhood gender conformity</i>	Q169-Q172	Selected measure from Zucker, K.J., Mitchell, J.N., Bradley, S.J., Tkachuk, J. Cantor, J.M. & Allin, S.M.(2006), The Recalled Childhood Gender Identity/Gender Role Questionnaire: Psychometric properties. <i>Sex Roles</i> , 54(7).
<i>Adverse Childhood Experiences</i>	Q173-Q183	CDC-BRFSS (2010). Adverse Childhood Experiences (ACE) module. Retrieved from: http://www.acestudy.org/
<i>Bullying</i>	Q184	Meyer, I.H., Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. (2016). <i>Generations Study Baseline Questionnaire and Measure Sources</i> .
	Q185	See Q158 for full reference
<i>Negative expectations for future</i>	Q186	Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. <i>Psychology of Sexual Orientation and Gender Diversity</i> , 2(1), 65.
<i>Neighborhood acceptance</i>	Q19	Answer options modified from Gallup World Poll (2008) survey question
Social Support		
<i>Multidimensional scale of perceived social support</i>	Q187	Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. <i>Journal of Personality Assessment</i> , 52, 30-41. Retrieved from: http://www.yorku.ca/rokada/psycstest/socsupp.pdf
<i>Interactions with transgender people</i>	Q188-Q189	Q188 is adapted from Beemyn, G. & Rankin, S. (2011). <i>The Lives of Transgender People</i> . New York, N.Y.: Columbia Press; Q189 is created by the TransPop study team (Miles Ott)
Demographics		
<i>Year of birth</i>	Q190	National Survey of Drug Use and Health (2014)

Construct	Question # in Survey	Source
<i>Nativity</i>	Q191-Q192	Modified from National Survey of Drug Use and Health (2014)
<i>Citizenship</i>	Q193	Modified American Community Survey (ACS), based on conversations with immigration experts
<i>Parental nativity</i>	Q194	Modified from National Survey of Drug Use and Health (2014)
<i>Race/Ethnicity</i>	Q20	Meyer, I.H., Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. (2016). <i>Generations Study Baseline Questionnaire and Measure Sources</i> .
<i>Children</i>	Q195-Q196	Modified from CDC-BRFSS 2014 and James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). <i>The Report of the 2015 U.S. Transgender Survey</i> . Washington, DC: National Center for Transgender Equality.
<i>Employment</i>	Q197	Gallup Survey
<i>Income</i>	Q198-Q200	Gallup Survey
<i>Wealth</i>	Q201	Project Stride Questionnaire (2007) – See Q32 for full reference. Item adapted from Conger, R.D., Wallace, L.E., Sun, Y., Simmons, R.L., McLoyd, V.C., Brody, G.H. (2002). Economic pressure in African American families: A replication and extension of the family stress model. <i>Developmental Psychology</i> , 38, 179-193.
<i>Home ownership</i>	Q202	CDC-BRSFF (2014)
<i>Housing stability</i>	Q203-Q204	Modified from M. Vijayaraghavan, M.B. Kushel, E. Vittinghoff, et al. (2013). Housing Instability and Incident Hypertension in the CARDIA Cohort. <i>Journal of Urban Health</i> , 90(3) 427-441
<i>Religiosity</i>	Q205-Q207	Modified from Pew Research Center (2013)- <i>A survey of LGBT Americans</i>
<i>Military service experience</i>	Q208-Q211	Meyer, I.H., Frost, D.M., Hammack, P.L., Lightfoot, M., Russell, S.T., & Wilson, B.D.M. (2016). <i>Generations Study Baseline Questionnaire and Measure Sources</i> .
<i>Experience with incarceration</i>	Q212-Q214	Modified from James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). <i>The Report of the 2015 U.S. Transgender Survey</i> . Washington, DC: National Center for Transgender Equality.
<i>Internet/phone</i>	Q215-Q217	Adapted from Princeton Survey Research Associates International for the Pew Research Center's Internet & American Life Project (2013). <i>Spring 2013 Tracking Survey</i> . Retrieved from: http://www.pewinternet.org/files/old-media/Files/Questionnaire/2013/SurveyQuestions_OfflineAdults.pdf

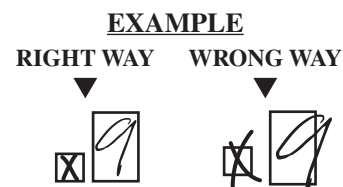
TRANS POP

U.S. TRANSGENDER
POPULATION HEALTH SURVEY

SURVEY INSTRUCTIONS

Please carefully follow the steps below when completing this survey.

- Use only a blue or black ink pen that does not blot the paper
- Make solid marks inside the response boxes
- Do not make other marks on the survey



The following are some questions about your overall life.

1 Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time?

- ☐ 10 Best possible
- ☐ 09
- ☐ 08
- ☐ 07
- ☐ 06
- ☐ 05
- ☐ 04
- ☐ 03
- ☐ 02
- ☐ 01
- ☐ 00 Worst possible
- ☐ Don't know

2 On which step do you think you will stand about five years from now?

- ☐ 10 Best possible
- ☐ 09
- ☐ 08
- ☐ 07
- ☐ 06
- ☐ 05
- ☐ 04
- ☐ 03
- ☐ 02
- ☐ 01
- ☐ 00 Worst possible
- ☐ Don't know

3 Generally, how would you say things are these days in your life? Would you say that you are ...

- ☐ Very happy
- ☐ Pretty happy
- ☐ Not too happy

The following questions are about your thoughts about how you feel in your community and society. Please rate your level of agreement with each item.

	Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
4 I don't feel I belong to anything I'd call a community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I feel close to other people in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 My community is a source of comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 People who do a favor expect nothing in return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 People do not care about other people's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I believe that people are kind.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I have something valuable to give to the world.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 My daily activities do not produce anything worthwhile for my community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I have nothing important to contribute to society.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 The world is becoming a better place for everyone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Society has stopped making progress.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
15 Society isn't improving for people like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 The world is too complex for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 I cannot make sense of what's going on in the world.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 I find it easy to predict what will happen next in society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Is the city or area where you live a good place or not a good place to live for...							
						Good place	Not a good place
a. Racial and ethnic minorities						<input type="checkbox"/>	<input type="checkbox"/>
b. Gay, lesbian, or bisexual people						<input type="checkbox"/>	<input type="checkbox"/>
c. Transgender people.....						<input type="checkbox"/>	<input type="checkbox"/>
d. Immigrants from other countries.....						<input type="checkbox"/>	<input type="checkbox"/>
20 Which of the following describes your race/ethnicity? <i>Please mark all that apply.</i>							
<input type="checkbox"/> Asian/Asian American							
<input type="checkbox"/> Black/African American							
<input type="checkbox"/> Hispanic, Latino, or Spanish origin							
<input type="checkbox"/> Middle Eastern/North African							
<input type="checkbox"/> Native Hawaiian/Pacific Islander							
<input type="checkbox"/> White							
<input type="checkbox"/> American Indian or Alaskan Native (write name of enrolled or principal tribe):							

Thinking about your race and ethnicity group(s), please rate your level of agreement with the following items.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
21 I have spent time trying to find out more about my race/ethnic group, such as its history, traditions, and customs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 I have a strong sense of belonging to my own race/ethnic group.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 I understand pretty well what my race/ethnic group membership means to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 I have often done things that will help me understand my race/ethnic background better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 I have often talked to other people in order to learn more about my race/ethnic group.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 I feel a strong attachment towards my own race/ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about your sexual identity, gender identity, and gender expression.

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

☐ Female

☐ Male

28 If you had to choose only one of the following terms, which best describes your current gender identity?

☐ Woman

☐ Man

☐ Transgender Woman/Male-to-Female (MTF)

☐ Transgender Man/Female-to-Male (FTM)

☐ Non-binary/Genderqueer

29 How would you describe your gender identity in your own words?

30 Do you consider yourself to be a cross-dresser?

- ☐ Yes
☐ No

31 How comfortable are you with the word transgender being used to describe you?

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

32 Which of the following best describes your current sexual orientation?

- ☐ Straight/heterosexual
☐ Lesbian
☐ Gay
☐ Bisexual
☐ Queer
☐ Same-gender loving
☐ Other:

33 In the last 5 years, who did you have sex with? By sex we mean any activity you personally define as sexual activity. *Please mark all that apply.*

- ☐ Women, Non-Transgender
☐ Men, Non-Transgender
☐ Transgender Women/Male-to-Female (MTF)
☐ Transgender Men/Female-to-Male (FTM)
☐ I have not had sex with anyone in the last 5 years

34 Please indicate how sexually attracted you are to the following types of people.

	Not at all	Not very	Some- what	Very	Not sure
a. Women, Non-Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Men, Non-Transgender.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Transgender Women/ Male-to-Female (MTF).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transgender Men/Female- to-Male (FTM).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Females at birth, Genderqueer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Males at birth, Genderqueer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35 Are you currently in a relationship or feel a special commitment to someone?

- ☐ Yes → *Continue to Question 36*
☐ No → *Skip to the text before Question 40*

Please answer the following questions about your relationship with your current partner/boyfriend/girlfriend/spouse. If you are romantically and/or sexually involved with more than one partner, answer the questions as they pertain to your primary partner, for example, your closest relationship or the partner you spend the most time with.

36 For how many years have you been in your relationship with your current partner? *If less than 1 year, enter 01.*

37 What is your current partner's gender?

- ☐ Woman, Non-Transgender
☐ Man, Non-Transgender
☐ Transgender Woman/Male-to-Female (MTF)
☐ Transgender Man/Female-to-Male (FTM)
☐ Non-binary/Genderqueer

38 Do you live with your current partner?

- ☐ Yes
☐ No

39 Which of the following best describes the legal status of your relationship with your current partner?

- ☐ Legally married
☐ Legally recognized civil union
☐ Registered domestic partners
☐ Not married

The next questions are about your thoughts on gender expression and labels.

40 A person's appearance, style, or dress may affect the way people think of them. On average, how do you think people would describe your appearance, style, or dress?

- ☐ Very feminine
☐ Mostly feminine
☐ Somewhat feminine
☐ Equally feminine and masculine
☐ Somewhat masculine
☐ Mostly masculine
☐ Very masculine

41 A person's mannerisms, such as the way they walk or talk, may affect the way people think of them. On average, how do you think people would describe your mannerisms?

- ☐ Very feminine
☐ Mostly feminine
☐ Somewhat feminine
☐ Equally feminine and masculine
☐ Somewhat masculine
☐ Mostly masculine
☐ Very masculine

Continue →

42 People can tell I am transgender even if I don't tell them.

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

Please rate your level of agreement with the following items.

43 I have to repeatedly explain my gender identity to people or correct the pronouns people use.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44 I have difficulty being perceived as my gender.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

45 I have to work hard for people to see my gender accurately.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

46 I have to be overly masculine or overly feminine in order for people to accept my gender.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

47 People don't respect my gender identity because of my appearance or body.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

48 People don't understand me because they don't see my gender as I do.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The following statements are about how you feel about your community. Please rate your level of agreement with the following items.

49 I feel a part of a community of people who share my gender identity.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50 I feel connected to other people who share my gender identity.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

51 When interacting with members of the community that shares my gender identity, I feel like I belong.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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52 I'm not like other people who share my gender identity.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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53 I feel isolated and separate from other people who share my gender identity.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54 At about what age did you begin to feel that your gender was "different" from your assigned birth sex?

- ☐ I have never felt this way
☐ Don't know/cannot recall

55 At about what age did you start to think you were transgender (even if you did not know the word for it)?

- ☐ I have never thought that
☐ Don't know/cannot recall

56 At about what age did you first start to tell others that you were transgender (even if you did not use that word)?

- ☐ I have not told others that I am transgender
☐ Don't know/cannot recall

57 Did you change your first or middle name in order to reflect your gender identity?

- ☐ Yes, male to female
☐ Yes, female to male
☐ Yes, male to gender-neutral
☐ Yes, female to gender-neutral
☐ No, I did not change my name for that purpose

58 Thinking about how your **name** is listed on all of your IDs and records that list your name, such as your birth certificate, driver's license, passport, etc., which of the statements below is most true?

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

59 Thinking about how your **gender** is listed on all of your IDs and records that list your gender, such as your birth certificate, driver's license, passport, etc., which of the statements below 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.

Please answer the following questions regarding healthcare related to your gender transition that you have had or want.

IF YOU WERE ASSIGNED FEMALE SEX AT BIRTH, ANSWER QUESTION 60. IF YOU WERE ASSIGNED MALE SEX AT BIRTH, SKIP TO QUESTION 61.

60 For each of these please answer if have you had it, want it someday, not sure if you want it, or if you do not want it...

	Have had it	Want it some day	Not sure if I want it	Do not want it
a. Top/chest surgery reduction or reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hysterectomy /"hysto" (removal of uterus, ovaries, fallopian tubes, and/or cervix)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clitoral release/metoidioplasty/centurion procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Phalloplasty (creation of a penis).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other procedure not listed:....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU WERE ASSIGNED MALE SEX AT BIRTH, ANSWER QUESTION 61. IF YOU WERE ASSIGNED FEMALE SEX AT BIRTH, SKIP TO TEXT BEFORE QUESTION 62.

61 For each of these please answer if have you had it, want it someday, not sure if you want it, or if you do not want it...

	Have had it	Want it some day	Not sure if I want it	Do not want it
a. Hair removal/electrolysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breast augmentation/surgery .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Silicone injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Orchiectomy/"orchy"/ removal of testes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Vaginoplasty/labiaplasty/SRS/GRS/GCS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Trachea shave (adam's apple or thyroid cartilage reduction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Facial feminization surgery (such as nose, brow, chin, cheek)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Voice therapy (non-surgical) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Voice surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other procedure not listed:....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAD AT LEAST ONE PROCEDURE IN QUESTION 60 OR QUESTION 61, ANSWER QUESTION 62. OTHERWISE, GO TO QUESTION 63.

62 For your gender transition, at what age did you have your first procedure (other than hormones)?

☐ Don't know/cannot recall

63 Have you ever had hormone treatment/HRT treatment?

☐ Yes

☐ No → *Skip to Question 65*

64 At what age did you begin hormone treatment/HRT treatment?

☐ Don't know/cannot recall

65 Are you currently taking hormones for your gender identity or gender transition?

☐ Yes

☐ No → *Skip to Question 67*

66 Where do you currently get your hormones?

☐ I only go to licensed professionals (like a doctor) for hormones

☐ In addition to licensed professionals, I also get hormones from friends, online, or other non-licensed sources

☐ I only get hormones from friends, online, or other non-licensed sources

67 Have you ever had counseling/therapy?

☐ Yes

☐ No → *Skip to the text before Question 69*

68 At what age did you begin counseling/therapy?

☐ Don't know/cannot recall

The following questions are about your experiences with healthcare. Please rate your level of agreement with the following items.

When seeking healthcare....

69 I worry about being negatively judged because of my gender identity or sexual orientation. ...

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70 I worry that evaluations of me may be negatively affected by my gender identity or sexual orientation. ...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Continue ⇨

71 I worry that diagnoses of me/my health may be negatively affected by my gender identity or sexual orientation.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72 I worry that I might confirm negative stereotypes about LGBT people.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

73 Are you currently covered by any of the following types of health insurance or health coverage plans?
Please mark all that apply.

- ☐ I currently do not have health insurance
- ☐ Insurance through my current or former employer or union
- ☐ Insurance through my spouse/partner
- ☐ Insurance through my parent
- ☐ Insurance through someone other than my spouse/partner or parent
- ☐ Insurance I purchased through Healthcare.Gov or a Health Insurance Marketplace (sometimes called "Obamacare")
- ☐ Insurance I purchased directly from an insurance company
- ☐ Medicare (for people 65 and older, or people with certain disabilities)
- ☐ Medicaid (government-assistance plan for those with low incomes or a disability)
- ☐ TRICARE or other military healthcare
- ☐ VA (including if you ever used or enrolled for VA healthcare)
- ☐ Indian Health Service
- ☐ Another type of health insurance or health coverage plan:

74 Is there a place that you **usually** go to when you are sick or need advice about your health?

- ☐ There is NO place → **Skip to Question 77**
- ☐ Yes, there are one or more places

75 What kind of place is it? *Please mark all that apply.*

- ☐ Clinic or health center
- ☐ Doctor's office or HMO
- ☐ Hospital emergency room
- ☐ Hospital outpatient department
- ☐ Some other place:

76 Overall, how satisfied are you with the healthcare you receive at this place?

- ☐ Very satisfied
- ☐ Mostly satisfied
- ☐ Neutral
- ☐ Mostly dissatisfied
- ☐ Very dissatisfied

77 Do you have one person you think of as your personal doctor or healthcare provider?

- ☐ Yes
- ☐ No

78 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- ☐ Yes
- ☐ No

79 Do you have a doctor or healthcare provider who is knowledgeable about transgender health?

- ☐ Yes
- ☐ No

80 In the past 12 months, have you seen a doctor or healthcare provider who is knowledgeable about transgender health?

- ☐ Yes
- ☐ No

81 In the past 5 years, how often have you been to an LGBT- specific clinic or provider for your healthcare?

- ☐ Often
- ☐ Sometimes
- ☐ Never

82 During the past 12 months, have you looked for information online about certain health or medical issues? *If yes, please mark all that apply.*

- ☐ No
- ☐ Yes, an LGBT-specific website
- ☐ Yes, a general website

83 In the next year, if it were possible for you to do so, how important would it be for you to go for healthcare at an LGBT-specific clinic or provider?

- ☐ Very important
- ☐ Somewhat important
- ☐ Not important

84 Sometimes people go through periods in which they are not interested in sex or are having trouble achieving sexual gratification. Below are a few questions about your experience with sex.

During the last 12 months has there ever been a period of several months or more when you:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Lacked interest in having sex?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were unable to come to a climax (experience orgasm)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Felt anxious just before having sex about your ability to perform sexually?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you had sex during the last 12 months?..... | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions are about your health.

85 Would you say that in general your health is...

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

86 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good?

☐ None

87 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good?

☐ None

88 During the past 30 days, for about how many days did **poor** physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

☐ None

89 Have you **EVER** been told by a doctor or health professional that you had any of the following? *Please mark all that apply.*

- ☐ Hypertension (high blood pressure)
☐ High cholesterol
☐ Heart condition or heart disease
☐ Angina
☐ A heart attack
☐ A stroke
☐ Emphysema
☐ Asthma
☐ An ulcer
☐ Cancer or a malignancy of any kind
☐ Diabetes
☐ Prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar
☐ Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
☐ Blood clots in legs or lungs
☐ Osteoporosis or loss of bone density
☐ Thyroid problems
☐ Liver disease
☐ Chronic obstructive pulmonary disease (COPD)
☐ Crohn's disease or ulcerative colitis
☐ Kidney disease
☐ HIV/AIDS
☐ Other sexually transmitted infection (not including HIV/AIDS)
☐ Sleep disorder (e.g., insomnia or sleep apnea)

90 Are you limited in any way in any activities because of physical, mental, or emotional problems?

- ☐ Yes
☐ No

91 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Please include occasional use or use in certain circumstances.

- ☐ Yes
☐ No

Continue ➞

The following questions ask about how you have been feeling during the past 30 days. For each question, please choose how often you had this feeling.

92	During the past 30 days, about how often did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	a. Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Hopeless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Restless or fidgety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. So depressed that nothing could cheer you up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. That everything was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next questions are about experiences that may have been frightening or upsetting for you. Please answer either yes or no to the following questions.

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month....

93	You have had nightmares about it or thought about it when you did not want to?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
94	You tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
95	You were constantly on guard, watchful, or easily startled?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
96	You felt numb or detached from others, activities, or your surroundings?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about HIV and Truvada or PrEP.

97	About how often do you get tested for sexually transmitted infections (STIs) other than HIV?
	<input type="checkbox"/> About once every 6 months
	<input type="checkbox"/> About once a year
	<input type="checkbox"/> About once every 2-3 years
	<input type="checkbox"/> About once every 4-5 years
	<input type="checkbox"/> About once every 6 years or less often
	<input type="checkbox"/> I've never been tested for STIs

98	About how often do you get tested for HIV?
	<input type="checkbox"/> About once every 1 – 3 months
	<input type="checkbox"/> About once every 6 months
	<input type="checkbox"/> About once a year
	<input type="checkbox"/> About once every 2 years or less often
	<input type="checkbox"/> I would only get tested if I felt I was at risk
	<input type="checkbox"/> I've never been tested for HIV
	<input type="checkbox"/> I'm HIV-positive → <i>Skip to Question 102</i>

99	How often do you worry that you might get HIV?
	<input type="checkbox"/> Never
	<input type="checkbox"/> Sometimes
	<input type="checkbox"/> Often
	<input type="checkbox"/> Always
	<input type="checkbox"/> Does not apply to me

100	How likely is it that you will become HIV-positive in your lifetime?
	<input type="checkbox"/> Very unlikely
	<input type="checkbox"/> Unlikely
	<input type="checkbox"/> Somewhat unlikely
	<input type="checkbox"/> Likely
	<input type="checkbox"/> Very likely
	<input type="checkbox"/> Does not apply to me

101	Are you currently taking Truvada as PrEP?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

102	Truvada is a pill that HIV-negative people can take to prevent HIV infection. This is called PrEP (or Pre-Exposure Prophylaxis). How familiar are you with Truvada as PrEP?
	<input type="checkbox"/> Not at all familiar
	<input type="checkbox"/> Somewhat familiar
	<input type="checkbox"/> Very familiar

103	Are you for or against HIV- negative people taking Truvada as PrEP to prevent the transmission of HIV?
	<input type="checkbox"/> I am against it
	<input type="checkbox"/> I have mixed feelings about it
	<input type="checkbox"/> I am for it
	<input type="checkbox"/> I don't have an opinion
	<input type="checkbox"/> I don't know enough about it

These next questions are about alcohol and drugs.

104	How often do you have a drink containing alcohol?
	<input type="checkbox"/> Never
	<input type="checkbox"/> Monthly or less
	<input type="checkbox"/> 2-4 times a month
	<input type="checkbox"/> 2-3 times a week
	<input type="checkbox"/> 4 or more times a week

105 How many standard drinks containing alcohol do you have on a typical day?

- ☐ None
- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more

106 How often do you have six or more drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

107 Have you smoked at least 100 cigarettes in your entire life? Five packs of cigarettes are equal to 100 cigarettes. Please do not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

- ☐ Yes
- ☐ No → *Skip to the text before Question 109*

108 Do you now smoke cigarettes every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all

Next, we have a few questions about drugs. Please answer as correctly and honestly as possible by indicating which answer is right for you. For the next 11 questions, we refer to drugs such as marijuana, methamphetamine, crack, heroin, ecstasy, GHB, and pills such as sleeping pills and painkillers. Do not count as drugs if they have been prescribed by a doctor and you take them in the prescribed dosage.

109 How often do you use drugs other than alcohol?

- ☐ Never
- ☐ Once a month or less often
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 times a week or more often

110 Do you use more than one type of drug on the same occasion?

- ☐ Never
- ☐ Once a month or less often
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 times a week or more often

111 How many times do you take drugs on a typical day when you use drugs?

- ☐ 0
- ☐ 1-2
- ☐ 3-4
- ☐ 5-6
- ☐ 7 or more

112 How often are you influenced heavily by drugs?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

113 Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

114 Has it happened, over the past year, that you have not been able to stop taking drugs once you started?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

115 How often over the past year have you taken drugs and then neglected to do something you should have done?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

116 How often over the past year have you needed to take a drug the morning after heavy drug use the day before?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

Continue ⇨

117 How often over the past year have you had guilt feelings or a bad conscience because you used drugs?

- ☐ Never
- ☐ Less often than once a month
- ☐ Every month
- ☐ Every week
- ☐ Daily or almost every day

118 Have you or anyone else been hurt (mentally or physically) because you used drugs?

- ☐ No
- ☐ Yes, but not over the past year
- ☐ Yes, over the past year

119 Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?

- ☐ No
- ☐ Yes, but not over the past year
- ☐ Yes, over the past year

The next questions are about thoughts you may have had of hurting yourself.

120 Did you ever in your life have thoughts of killing yourself?

- ☐ No → **Skip to Question 124**
- ☐ Yes, once
- ☐ Yes, more than once → **Skip to Question 122**

121 About how old were you?

Your best estimate is fine. → **Skip to Question 124**

122 About how old were you the **very first time**?

Your best estimate is fine.

123 About how old were you the **most recent time**?

Your best estimate is fine.

124 Did you ever have any intention to act on thoughts of wishing you were dead or trying to kill yourself?

- ☐ No → **Skip to Question 128**
- ☐ Yes, once
- ☐ Yes, more than once → **Skip to Question 126**

125 About how old were you?

Your best estimate is fine. → **Skip to Question 128**

126 About how old were you the **very first time**?

Your best estimate is fine.

127 About how old were you the **most recent time**?

Your best estimate is fine.

128 Did you ever think about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself?

- ☐ No → **Skip to Question 132**
- ☐ Yes, once
- ☐ Yes, more than once → **Skip to Question 130**

129 About how old were you?

Your best estimate is fine. → **Skip to Question 132**

130 About how old were you the **very first time**?

Your best estimate is fine.

131 About how old were you the **most recent time**?

Your best estimate is fine.

132 Did you ever make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)?

- ☐ No → **Skip to Question 138**
- ☐ Yes, once → **Skip to Question 134**
- ☐ Yes, more than once

133 If yes, how many different suicide attempts did you ever make?

- ☐ 1 → **Continue to Question 134**
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
 - ☐ 6-10
 - ☐ 11-15
 - ☐ 16-20
 - ☐ 21 or more
- **Skip to Question 135**

134 About how old were you?

Your best estimate is fine. → **Skip to Question 137**

135 About how old were you the **very first time** you made a suicide attempt?

Your best estimate is fine.

136 About how old were you the **last time** you made a suicide attempt?

Your best estimate is fine.

- 137** If yes in question 132, what were the most serious injuries you ever received from a suicide attempt?
- ☐ No injury
- ☐ Very minor injury (e.g., surface scratches, mild nausea)
- ☐ Minor injury (e.g., sprain, first degree burns, flesh wound)
- ☐ Moderate injury not requiring overnight hospitalization (e.g., broken bones, second degree burns, stitches, bullet lodged in arm or leg)
- ☐ Moderate injury requiring overnight hospitalization (e.g., major fracture, third degree burns, coma, bullet lodged in abdomen or chest, minor surgery)
- ☐ Severe injuries requiring treatment in an intensive care unit to save life (e.g., major fracture of skull or spine, severe burns, coma requiring respirator, bullet in head, major surgery)

- 138** Did you ever do something to hurt yourself on purpose, but without wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)?

- ☐ No → *Skip to Question 142*
- ☐ Yes, once
- ☐ Yes, more than once → *Skip to Question 140*

- 139** About how old were you?
- Your best estimate is fine. → Skip to Question 142*

- 140** About how old were you the **very first time** you hurt yourself on purpose, but without wanting to die?

Your best estimate is fine.

- 141** About how old were you the **most recent time** you hurt yourself on purpose, but without wanting to die?

Your best estimate is fine.

- 142** Did you ever in your lifetime go to see any of the following professionals for problems with your emotions, nerves, or your use of alcohol or drugs?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Psychiatrist | <input type="checkbox"/> | <input type="checkbox"/> |
| b. General practitioner or family doctor or another medical doctor | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Psychologist or social worker | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Counselor or any other mental health professional | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A religious or spiritual advisor like a minister, priest, or rabbi | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any other healer, like an herbalist, chiropractor, or spiritualist | <input type="checkbox"/> | <input type="checkbox"/> |

The next section is about experiences that may have happened to you over your lifetime. The first questions are about your gender identity disclosure.

Please rate your level of agreement with the following items.

Because I don't want others to know my gender identity/history...

- | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| 143 I don't talk about certain experiences from my past or change parts of what I will tell people..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 144 I modify my way of speaking..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 145 I pay special attention to the way I dress or groom myself. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 146 I avoid exposing my body, such as wearing a bathing suit or nudity in locker rooms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 147 I change the way I walk, gesture, sit, or stand..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

These next statements are about how you feel about your gender identity and gender expression.

Please rate your level of agreement with the following items.

- | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| 148 I resent my transgender identity. . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 149 Being transgender makes me feel like a freak..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 150 Because I am transgender, I feel like an outcast. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 151 I ask myself why I can't just be normal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 152 I feel that being transgender is embarrassing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 153 I envy people who are not transgender... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Continue →

154 Did you ever receive treatment from someone who tried to make you identify only with your sex assigned at birth (in other words, try to stop you from being transgender)?

- ☐ Yes
☐ No → *Skip to the text before Question 157*

155 From whom did you receive treatment? *Please mark all that apply.*

- ☐ A healthcare professional (such as a psychologist or counselor who was not religious-focused)
☐ A religious leader (such as pastor, religious counselor, priest)

156 About how old were you the last time you received treatment to keep you from changing your gender identity?

- Your best estimate is fine.*
☐ Don't know/cannot recall

The following statements are about your life experiences and things that may have happened to you. This is a sensitive topic and some people may feel uncomfortable with these questions.

157 Since the age of 18, how often have any of the following happened to you?

- | | Never | Once | Twice | Three or more times |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. You were hit, beaten, physically attacked, or sexually assaulted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You were robbed, or your property was stolen, vandalized, or purposely damaged. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Someone tried to attack you, rob you, or damage your property, but they didn't succeed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Someone threatened you with violence..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone verbally insulted or abused you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Someone threw an object at you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IF NONE OF THESE EXPERIENCES HAPPENED, GO TO QUESTION 159.

158 If you said you had any of these experiences (being assaulted, robbed, threatened with violence, insulted, and abused), would you say they happened because of your... *Please mark all that apply.*

- ☐ Age
☐ Sex (being female or male)
☐ Being transgender
☐ Gender expression or appearance
☐ Race/ethnicity
☐ Income level or education
☐ Sexual orientation
☐ Physical appearance (e.g., weight, height)
☐ Religion/spirituality
☐ Disability

159 Since the age of 18, how often were you fired from your job or denied a job?

- ☐ Never
☐ Once
☐ Twice
☐ Three or more times

160 Since the age of 18, how often were you denied a promotion or received a negative evaluation?

- ☐ Never
☐ Once
☐ Twice
☐ Three or more times

IF NEITHER OF THESE EXPERIENCES IN QUESTION 159 OR QUESTION 160 HAPPENED, GO TO QUESTION 162.

161 If you were fired, denied a job or promotion, or received a negative evaluation, would you say this happened because of your. . . *Please mark all that apply.*

- ☐ Age
☐ Sex (being female or male)
☐ Being transgender
☐ Gender expression or appearance
☐ Race/ethnicity
☐ Income level or education
☐ Sexual orientation
☐ Physical appearance (e.g., weight, height)
☐ Religion/spirituality
☐ Disability

162 Since the age of 18, how often were you prevented from moving into or buying a house or apartment by a landlord or realtor?

☐ Never → *Skip to Question 164*

☐ Once

☐ Twice

☐ Three or more times

163 If you were prevented from moving into or buying a house or apartment by a landlord or realtor, would you say this happened because of your . . . *Please mark all that apply.*

☐ Age

☐ Sex (being female or male)

☐ Being transgender

☐ Gender expression or appearance

☐ Race/ethnicity

☐ Income level or education

☐ Sexual orientation

☐ Physical appearance (e.g., weight, height)

☐ Religion/spirituality

☐ Disability

164 During the last 12 months...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Did you move or have anyone new come to live with you?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were you fired or laid off from a job?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Were you unemployed and looking for a job for more than a month? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you had trouble with your boss or a coworker?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Did you change jobs, job responsibilities or work hours?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Did you get separated or divorced or break off a steady relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Have you had serious problems with a neighbor, friend or relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have you experienced a major financial crisis, declared bankruptcy or more than once been unable to pay your bills on time?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Did you have serious trouble with the police or the law?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Was something stolen from you, including things that you carry like a wallet, or something inside or outside your home?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Has anyone intentionally damaged or destroyed property owned by you or someone else in your house? | <input type="checkbox"/> | <input type="checkbox"/> |

IF NONE OF THESE EXPERIENCES HAPPENED, GO TO QUESTION 166.

165 Would you say these experiences listed in question 164 happened because of your . . . *Please mark all that apply.*

☐ Age

☐ Sex (being female or male)

☐ Being transgender

☐ Gender expression or appearance

☐ Race/ethnicity

☐ Income level or education

☐ Sexual orientation

☐ Physical appearance (e.g., weight, height)

☐ Religion/spirituality

☐ Disability

166 In your day-to-day life over the past year, how often did any of the following things happen to you?

- | | Often | Sometimes | Rarely | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. You were treated with less courtesy than other people..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You were treated with less respect than other people..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You received poorer service than other people at restaurants or stores. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. People acted as if they thought you were not smart.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. People acted as if they were afraid of you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. People acted as if they thought you were dishonest.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. People acted as if they were better than you. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. You were called names or insulted..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. You were threatened or harassed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IF NONE OF THESE EXPERIENCES HAPPENED, GO TO QUESTION 168.

Continue ⇨

167 Would you say these experiences happened because of your . . . *Please mark all that apply.*

- ☐ Age
- ☐ Sex (being female or male)
- ☐ Being transgender
- ☐ Gender expression or appearance
- ☐ Race/ethnicity
- ☐ Income level or education
- ☐ Sexual orientation
- ☐ Physical appearance (e.g., weight, height)
- ☐ Religion/spirituality
- ☐ Disability

168 Thinking about your life currently, are the statements below not true, somewhat true, or very true for you.

	Not true	Somewhat true	Very true	Does not apply to me
a. You're trying to take on too many things at once.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You don't have enough money to make ends meet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your job often leaves you feeling both mentally and physically tired.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You are looking for a job and can't find the one you want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You have a lot of conflict with your partner/boyfriend/girlfriend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your parents do not approve of your partner/boyfriend/girlfriend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You are alone too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. You wonder whether you will ever find a partner or spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your relationship with your parents is strained or conflicted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. You have a parent, child, or a spouse or partner who is in very bad mental, emotional or physical health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. You wish you could have children but you cannot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. A child's behavior or mood is a source of serious concern to you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about your childhood experiences.

169 As a child, my favorite toys and games were...

- ☐ Always "masculine"
- ☐ Usually "masculine"
- ☐ Equally "masculine" and "feminine"
- ☐ Usually "feminine"
- ☐ Always "feminine"
- ☐ Neither "masculine" or "feminine"

170 As a child, the characters on TV or in the movies that I imitated or admired were...

- ☐ Always boys or men
- ☐ Usually boys or men
- ☐ Girls/women and boys/men equally
- ☐ Usually girls or women
- ☐ Always girls or women
- ☐ I did not imitate or admire characters on TV or in the movies

171 In fantasy or pretend play, I took the role...

- ☐ Only of boys or men
- ☐ Usually of boys or men
- ☐ Boys/men and girls/women equally
- ☐ Usually of girls or women
- ☐ Only of girls or women
- ☐ I did not do this type of pretend play

172 As a child, I felt...

- ☐ Very masculine
- ☐ Somewhat masculine
- ☐ Masculine and feminine equally
- ☐ Somewhat feminine
- ☐ Very feminine
- ☐ I did not feel masculine or feminine

Below are some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. Remember, on the cover letter of this survey, you will find a list of organizations that can provide information and referral for these issues. Also, please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

Now, looking back before you were 18 years of age...

	Yes	No
173 Did you live with anyone who was depressed, mentally ill, or suicidal?	<input type="checkbox"/>	<input type="checkbox"/>
174 Did you live with anyone who was a problem drinker or alcoholic?	<input type="checkbox"/>	<input type="checkbox"/>
175 Did you live with anyone who used illegal street drugs or who abused prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>
176 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="checkbox"/>	<input type="checkbox"/>
177 Were your parents separated or divorced?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
<input type="checkbox"/> Parents were never married		

	Never	Once	More than once	Don't know/Not sure	Refused
178 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180 How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a reminder, all questions refer to the time period before you were 18 years of age.

	Never	Once	More than once	Don't know/Not sure	Refused
181 How often did anyone at least 5 years older than you, or an adult, ever touch you sexually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 How often did anyone at least 5 years older than you, or an adult, try to make you touch them sexually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183 How often did anyone at least 5 years older than you, or an adult, force you to have sex?..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue ➡

184 How often, if ever, were you bullied before you were 18 years old?

- ☐ Often
☐ Sometimes
☐ Rarely
☐ Never → *Skip to text before Question 186*

185 When you were bullied before you were 18 years old, would you say it was because of your . . . *Please mark all that apply.*

- ☐ Age
☐ Sex (being female or male)
☐ Being transgender
☐ Gender expression or appearance
☐ Race/ethnicity
☐ Income level or education
☐ Sexual orientation
☐ Physical appearance (e.g., weight, height)
☐ Religion/spirituality
☐ Disability

These next statements are about your current thoughts and feelings.

186 Please rate your level of agreement with the following items.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. If I express my gender identity/history, others wouldn't accept me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If I express my gender identity/history, employers would not hire me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I express my gender identity/history, people would think I am mentally ill or "crazy."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If I express my gender identity/history, people would think I am disgusting or sinful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I express my gender identity/history, most people would think less of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I express my gender identity/history, most people would look down on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If I express my gender identity/history, I could be a victim of crime or violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If I express my gender identity/history, I could be arrested or harassed by police.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I express my gender identity/history, I could be denied good medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

187 Please rate your level of agreement with the following items.

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
a. There is a special person who is around when I am in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is a special person with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family really tries to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I get the emotional help and support I need from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a special person who is a real source of comfort to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My friends really try to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can count on my friends when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can talk about my problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have friends with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There is a special person in my life who cares about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My family is willing to help me make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I can talk about my problems with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following two questions ask specifically about interactions with transgender people.

188 How do you socialize with other transgender people?

Please mark all that apply.

- ☐ In political activism
- ☐ Socializing in person
- ☐ Socializing online (such as Facebook® or Twitter®)
- ☐ In support groups
- ☐ I don't socialize with other transgender people
- ☐ Not listed above (please specify):

189 How many other transgender people do you socialize with in person?

- ☐ None
- ☐ 1 or 2
- ☐ 3 to 5
- ☐ 6 to 10
- ☐ 11 to 20
- ☐ More than 20

Finally, we have a few additional questions about you.

190 In what year were you born?

☐ Don't know

191 Were you born in the United States?

- ☐ Yes
- ☐ No

192 Did you live in the United States most of the time from age 6 to age 13?

- ☐ Yes
- ☐ No

193 What is your citizenship/immigration status in the U.S.?

- ☐ U.S. citizen, birth
- ☐ U.S. citizen, naturalized
- ☐ Permanent Resident
- ☐ A visa holder (such as F-1, J-1, H1-B, and U)
- ☐ DACA (Deferred Action for Childhood Arrivals)
- ☐ DAPA (Deferred Action for Parental Accountability)
- ☐ Refugee status
- ☐ Other documented status not listed above
- ☐ Currently under a withholding of removal status
- ☐ Undocumented resident

194 Were one or both of your parents born outside the United States?

- ☐ Yes, one parent was born outside of the United States
- ☐ Yes, both parents were born outside of the United States
- ☐ No
- ☐ Don't know

195 Do you have any children?

- ☐ Yes
- ☐ No → *Skip to Question 197*

196 Which of the following best describe the age of your children and their current living arrangement? *Please mark all that apply.*

- ☐ Child/Children under age 18 living with you
- ☐ Child/Children under age 18 not living with you
- ☐ Child/Children 18 years of age or older living with you
- ☐ Child/Children 18 years of age or older not living with you

197 Which of the following best describes your current employment status? *Please mark all that apply.*

- ☐ Employed full-time by an employer
- ☐ Employed part-time by an employer
- ☐ Self-employed
- ☐ Out of work, and have been for 1 year or more
- ☐ Out of work, and have been for less than 1 year
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work due to disability

198 What is your total annual **household** income, before taxes? Please include income from wages and salaries, money you get from family members living elsewhere, farming, and all other sources.

- ☐ Under \$720
- ☐ \$720 to \$5,999
- ☐ \$6,000 to \$11,999
- ☐ \$12,000 to \$23,999
- ☐ \$24,000 to \$35,999
- ☐ \$36,000 to \$47,999
- ☐ \$48,000 to \$59,999
- ☐ \$60,000 to \$89,999
- ☐ \$90,000 to \$119,999
- ☐ \$120,000 to \$179,999
- ☐ \$180,000 to \$239,999
- ☐ \$240,000 and over

Continue ⇨

199 Including yourself, how many people (including children) live on that household income?

200 What is your total annual **personal** income, before taxes? Please include income from wages and salaries, money you get from family members living elsewhere, farming, and all other sources.

- ☐ Under \$720
- ☐ \$720 to \$5,999
- ☐ \$6,000 to \$11,999
- ☐ \$12,000 to \$23,999
- ☐ \$24,000 to \$35,999
- ☐ \$36,000 to \$47,999
- ☐ \$48,000 to \$59,999
- ☐ \$60,000 to \$89,999
- ☐ \$90,000 to \$119,999
- ☐ \$120,000 to \$179,999
- ☐ \$180,000 to \$239,999
- ☐ \$240,000 and over

201 Suppose you cashed in all your checking and savings accounts and any stocks and bonds, real estate, and sold your home, your vehicles, and all of your valuable possessions. Then suppose you put that money toward paying off all your loans including mortgage and all your other debts and credit cards. Would you have money left over after paying your debts or would you still owe money?

- ☐ Would have money left over
- ☐ Would still owe at least some money

202 Do you own or rent your home? "Home" is defined as the place where you live most of the time/the majority of the year. "Other arrangement" may include living in a group home or staying with friends or family without paying rent.

- ☐ Own
- ☐ Rent
- ☐ Other arrangement

203 Where have you lived in the last 12 months? *Please mark all that apply.*

- ☐ In a house/apartment/condo you owned (alone or with others)
- ☐ In a house/apartment/condo that you rented (alone or with others)
- ☐ With a partner, spouse or other person who pays for the housing
- ☐ With parents or family you grew up with
- ☐ With friends or family temporarily
- ☐ On the street, in a car, in an abandoned building, in a park, or a place that is NOT a house, apartment, shelter, or other housing
- ☐ In a shelter
- ☐ In a group home facility
- ☐ In a nursing/adult care facility/hospital
- ☐ In campus/university housing
- ☐ In military barracks
- ☐ Other

204 How often have you moved in the past 2 years?

- ☐ Not at all
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times
- ☐ Five times
- ☐ More than five times

205 What is your present religion, if any?

- ☐ Protestant (for example, Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
- ☐ Roman Catholic
- ☐ Mormon (Church of Jesus Christ of Latter-day Saints or LDS)
- ☐ Orthodox (Greek, Russian, or another Orthodox church)
- ☐ Jewish
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Atheist (do not believe in God)
- ☐ Agnostic (not sure if there is a God)
- ☐ Spiritual
- ☐ Something else
- ☐ Nothing in particular

206 Thinking about when you were a child, in what religion were you raised, if any?

- ☐ Protestant (for example, Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
- ☐ Roman Catholic
- ☐ Mormon (Church of Jesus Christ of Latter-day Saints or LDS)
- ☐ Orthodox (Greek, Russian, or another Orthodox church)
- ☐ Jewish
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Atheist (do not believe in God)
- ☐ Agnostic (not sure if there is a God)
- ☐ Spiritual
- ☐ Something else
- ☐ Nothing in particular

207 Aside from weddings and funerals, about how often do you attend religious services?

- ☐ More than once a week
- ☐ Once a week
- ☐ Once or twice a month
- ☐ A few times a year
- ☐ Seldom
- ☐ Never

208 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- ☐ Never served in the military → *Skip to Question 212*
- ☐ Only on active duty for training in the Reserves or National Guard
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

209 Were you ever discharged or separated from service?

- ☐ Yes
- ☐ No → *Skip to Question 212*

210 Were you ever discharged or separated for “homosexual admission” or “homosexual conduct” under *Don’t Ask, Don’t Tell*?

- ☐ Yes
- ☐ No

211 Was your discharge or separation from service related to you being transgender?

- ☐ No
- ☐ Yes, partially
- ☐ Yes, completely

212 Have you ever been held in jail, prison, or juvenile detention?

- ☐ Yes
- ☐ No → *Skip to Question 214*

213 If yes, in what type of jail, prison, or juvenile detention were you held? *Please mark all that apply.*

- ☐ Federal prison
- ☐ State prison
- ☐ Local jail
- ☐ Juvenile facility
- ☐ Other facility

214 Have you ever been held in an immigration detention, such as being held in an Immigration and Customs Enforcement (ICE) detention center or local jail just for immigration court proceedings?

- ☐ Yes
- ☐ No

215 Do you use the Internet or email, at least occasionally? *Please mark all that apply.*

- ☐ Yes, I use the Internet
- ☐ Yes, I use email
- ☐ No

216 Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

- ☐ Yes
- ☐ No

217 Do you have a cell phone?

- ☐ Yes
- ☐ No

Continue ⇨

In this survey we focused on some negative aspects of life and health problems because these are important to address by public health and policy makers, but highly challenging life circumstances can also lead to significant positive change.

Please rate your level of agreement with the following items.

	Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
218 In most ways, my life is close to my ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
219 The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
220 I am satisfied with life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221 So far I have gotten the important things I want in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
222 If I could live my life over, I would change almost nothing. ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This completes the survey.

Please return the survey in the postage-paid envelope provided.

Thank you for your participation in the study. Your responses, together with those of other study participants, will help the researchers provide important information about the health and well-being of transgender people.

Please visit the study web page at www.transpop.org where you can sign in to receive updates about the study.

If you have any questions or comments, you may contact the study's principal investigator, Dr. Ilan H. Meyer, at meyer@law.ucla.edu.

Barcode

Language