

ICPSR 37938

TransPop, United States, 2016-2018

Ilan H. Meyer

Williams Institute, University of California Los Angeles

Questionnaire for TransPop 2 Data

Inter-university Consortium for
Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

Terms of Use

The terms of use for this study can be found at:
<http://www.icpsr.umich.edu/web/ICPSR/studies/37938/terms>

Information about Copyrighted Content

Some instruments administered for studies archived with ICPSR may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

NOTICE

WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.



www.transpop.org

TransPop 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.

“U.S. Transgender Population Health Survey ” is funded by the Eunice Kennedy Shriver National Institute of Child Health and Human (NIHCD) (Grant No.: R01HD090468).

Suggested Citation:

Meyer, I.H., Bockting, W.O., Herman, J.L., Reisner, S.L. & Choi, S.K. (2016).TransPop Study Questionnaire for Transgender-Identified Adults and Measure Sources.

TransPop 2 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>	Q224-Q228	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>	Q28	Modified from 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 Measure from California Health Interview Survey.
<i>Gender identity</i>	Q29-Q30	Modified from part two of two-step approach on gender identity. The GenIUSS Group (2014) – see Q28 for full reference. Measure from California Health Interview Survey.
<i>Gender identity-write in</i>	Q31	Created by TransPop Study team
<i>Cross-dressing</i>	Q32	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>Comfort with term “transgender”</i>	Q33	The National Center for Transgender Equality. (2015). <i>U.S. Trans Survey</i> .
<i>Sexual orientation identity</i>	Q34	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>	Q35	Modified from SMART report (2009)—see Q34 for full reference
<i>Sexual attraction</i>	Q36	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>	Q22-Q27	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:

Construct	Question # in Survey	Source
		http://isites.harvard.edu/fs/docs/icb.topic1063339.files/Phinney.Ong.2007.pdf
<i>Relationship status</i>	Q37	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
	Q38-Q41	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
<i>Gender conformity and expression</i>	Q42-Q43	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).
<i>Passing</i>	Q44	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
<i>Non-affirmation of gender identity</i>	Q45-Q50	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>Community connectedness</i>	Q51-Q55	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>Coming out milestones</i>	Q56-Q58	Adapted from Beemyn, G. & Rankin, S. (2011). <i>The Lives of Transgender People</i> . New York, N.Y.: Columbia Press.
Transition		
<i>Name change</i>	Q59	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.
<i>Social/Legal transition</i>	Q60-Q61	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
<i>Transition related surgery</i>	Q62-Q64	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
<i>Hormone use</i>	Q65-Q68	Q65-Q67 are modified from Grant, J.M., et al. (2012). <i>Injustice at Every Turn, A report on the National Transgender Discrimination Survey</i> . Q68 is from the National Center for Transgender Equality. (2015). <i>U.S. Trans Survey</i>
<i>Counseling/therapy</i>	Q69-Q73	Modified from Grant, J.M., et al. (2012). <i>Injustice at Every Turn, A report</i>

Construct	Question # in Survey	Source
		on the National Transgender Discrimination Survey. National Center for Transgender Equality. Retrieved from: http://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf . Q72-Q73 is created from TransPop study team.
Healthcare Access & Utilization		
<i>Healthcare stereotype threat</i>	Q77-Q80	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>	Q81	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>	Q82-Q83	National Health Interview Survey (NIHS) (2015).
<i>Health care satisfaction</i>	Q84	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>	Q85/Q86/ Q88	Center for Disease Control and Prevention (CDC) – Behavioral Risk Factor Surveillance System (BRFSS) Survey (2014). Q86 is created by the TransPop study team.
<i>Trans health knowledge</i>	Q87	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>	Q89-Q91	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>	Q92	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>	Q105-Q106	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> .
	Q107	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)
	Q108	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>	Q109-Q111	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
		<i>Measure Sources.</i>
Health Outcomes		
<i>Health Related Quality of Life</i>	Q93-Q96	Center for Disease Control and Prevention(CDC) – Behavioral Risk Factor Surveillance System (BRFSS) Survey (2014).
<i>Physical Health Outcome</i>	Q97	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>	Q98-Q99	CDC- BRFSS Survey (2014)
<i>Kessler-6</i>	Q100	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>	Q112-Q114	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>	Q115-Q116	CDC- BRFSS Survey (2014)
<i>DUDIT</i>	Q117-Q127	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>	Q128-Q149	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>	Q150	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/wmhcdi/ftpdire_public/PAPI%20Instrument/PAPI%20V7.1/PAPI%20V7.1_Services.pdf
Stressors		
<i>Gender identity non-disclosure</i>	Q151-Q155	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>	Q156-Q161	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>	Q74-Q76	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>	Q162	Herek (2009), Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States. <i>Journal of Interpersonal Violence</i> , 24(1).
	Q163	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

Construct	Question # in Survey	Source
		and health implication of anti-gay discrimination: A study of Black and 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).
	Q164-Q165	Modified from 1) Police Public Contact Survey (2011) and 2) Herek (2009)- See Q162 for full reference
	Q166	See Q163 for full reference
	Q167	Modified from 1) Police Public Contact Survey (2011) and 2) Herek (2009)- See Q157 for full reference
	Q168	See Q163 for full reference
<i>Stressful Life Events and Perceived Stress</i>	Q169	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). (2007)- Wave 2
	Q170	See Q163 for full reference
<i>Everyday Discrimination</i>	Q171	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).
	Q172	See Q163 for full reference
<i>Chronic Strains</i>	Q173	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>	Q174-Q177	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>	Q178-Q188	CDC-BRFSS (2010). Adverse Childhood Experiences (ACE) module. Retrieved from: http://www.acestudy.org/
<i>Bullying</i>	Q189	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> .
	Q190	See Q163 for full reference
<i>Negative expectations for future</i>	Q191	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
<i>Post-traumatic Stress Disorder</i>	Q101-Q104	Prins, A., Ouimette, P., Kimerling, R., Cameron, R. P., Hugelshofer, D. S., Shaw-Hegwer, J., Thrailkill, A., Gusman, F.D., Sheikh, J. I. (2003). (PDF) The primary care PTSD screen (PC-PTSD): development and operating characteristics. <i>Primary Care Psychiatry</i> , 9, 9-14
Social Support		
<i>Multidimensional scale of perceived social support</i>	Q192	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

Construct	Question # in Survey	Source
<i>Interactions with transgender people</i>	Q193-Q194	Q193 is adapted from Beemyn, G. & Rankin, S. (2011). <i>The Lives of Transgender People</i> . New York, N.Y.: Columbia Press; Q194 is created by the TransPop study team (Miles Ott)
Demographics		
<i>Year of birth</i>	Q195	National Survey of Drug Use and Health (2014)
<i>Nativity</i>	Q196-Q197	Modified from National Survey of Drug Use and Health (2014)
<i>Citizenship</i>	Q198	Modified American Community Survey (ACS), based on conversations with immigration experts
<i>Parental nativity</i>	Q199	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>	Q200-Q201	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>	Q202	Modified from Current Population Survey
<i>Public Assistance</i>	Q203	Modified from Current Population Survey
<i>Income</i>	Q204-206	Modified from Current Population Survey, Q205 Gallup Survey
<i>Wealth</i>	Q207	Project Stride Questionnaire (2007) – See Q37 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>	Q208	CDC-BRSFF (2014)
<i>Housing stability</i>	Q209-Q210	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>	Q211-Q213	Modified from Pew Research Center (2013)- <i>A survey of LGBT Americans</i>
<i>Military service experience</i>	Q214-Q217	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>	Q218-Q220	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>	Q221-Q223	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

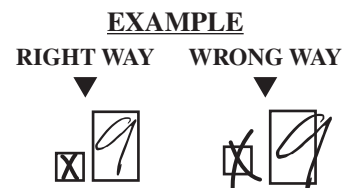
TRANS POP

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"/>

		Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
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"/>
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? *Please mark all that apply.*

- ☐ Asian/Asian American
- ☐ Black/African American
- ☐ Hispanic, Latino, or Spanish origin
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ American Indian or Alaskan Native

21 Now, in your own words, how do you describe your race/ethnic group (or American Indian/Alaskan Native tribe)?

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

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
22	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"/>
23	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"/>
24	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"/>
25	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"/>
26	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"/>
27	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.

28 On your original birth certificate, was your sex assigned as female or male?

- ☐ Female
- ☐ Male

29 Do you currently describe yourself as a man, woman, or transgender?

- ☐ Man → *Skip to Question 31*
- ☐ Woman → *Skip to Question 31*
- ☐ Transgender → *Continue to Question 30*

30

Are you...?

- ☐ Trans Woman (Male-to-female)
- ☐ Trans Man (Female-to-male)
- ☐ Non-binary/Genderqueer

31

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

32

Do you consider yourself to be a cross-dresser?

- ☐ Yes
- ☐ No

33

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

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

34

Which of the following best describes your current sexual orientation?

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

35

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

36

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"/>

37

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

- ☐ Yes
- ☐ No → *Skip to the text before Question 42*

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.

38

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

39

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

40

Do you live with your current partner?

- ☐ Yes
- ☐ No

41

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.

42

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

Continue ⇨

43 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

44 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.

45 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"/>

46 I have difficulty being perceived as my gender.

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"/>

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

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"/>

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

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"/>

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

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

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"/>

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

51 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"/>

52 I feel connected to 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"/>

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

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 I'm not like 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"/>

55 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"/>

The next questions are about transitioning. In your survey packet you will find a list of organizations that can provide information and referral to transition-related services.

56 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

57 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

58 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

59 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

60 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.

61 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.

ANSWER THE FOLLOWING QUESTION IF YOU WERE ASSIGNED FEMALE SEX AT BIRTH.

62 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"/> |

ANSWER THE FOLLOWING QUESTION IF YOU WERE ASSIGNED MALE SEX AT BIRTH.

63 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 62 OR QUESTION 63, ANSWER QUESTION 64. OTHERWISE, GO TO QUESTION 65.

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

☐ Don't know/cannot recall

65 Have you ever had hormone treatment/HRT treatment?

- ☐ Yes
☐ No → *Skip to Question 69*

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

☐ Don't know/cannot recall

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

- ☐ Yes → *Continue to Question 68*
☐ No → *Skip to Question 69*

Continue ⇨

- 68** 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

69 Have you ever had any counseling/therapy?

- ☐ Yes
- ☐ No → *Skip to Question 74*

70 At what age did you begin counseling/therapy?

-
- ☐ Don't know/cannot recall

71 Have you ever had counseling/therapy to discuss your gender identity or transgender identity with a professional (such as a psychologist, counselor, religious advisor)?

- ☐ Yes
- ☐ No → *Skip to Question 74*

72 At what age did you begin counseling/therapy to discuss your gender identity or transgender identity?

-
- ☐ Don't know/cannot recall

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

- ☐ From a health care professional (such as a psychologist, counselor who was not religious-focused)
- ☐ From a religious leader (such as pastor, religious counselor, priest)

74 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 77*

75 About how old were you the **last time** you received treatment to keep you from changing your gender identity? Your best estimate is fine.

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

- ☐ From a health care professional (such as a psychologist, counselor who was not religious-focused)
- ☐ From a religious leader (such as pastor, religious counselor, priest)

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

When seeking healthcare....

77 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"/>

78 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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

79 I worry that diagnoses of me/my health 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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

80 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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

81 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 → *Skip to Question 82*
- ☐ 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:

82 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 85**
- ☐ Yes, there are one or more places

83 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:

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

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

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

- ☐ Yes
- ☐ No → **Skip to Question 87**

86 What type of personal doctor or health provider is this person?

- ☐ Family doctor/General practitioner
- ☐ Specialist doctor (e.g., endocrinologist, oncologist, cardiologist)
- ☐ Nurse Practitioner/Physician's Assistant
- ☐ Nurse
- ☐ Surgeon
- ☐ Psychiatrist, clinical psychologist, social worker
- ☐ Other, specify:

87 Thinking about a doctor or health care provider you go to for your **transgender-related** health care (such as hormone treatment), how much do they know about transgender care?

- ☐ I don't have a transgender-related health care provider
- ☐ They know almost everything about transgender care
- ☐ They know most things about transgender care
- ☐ They know some things about transgender care
- ☐ They know almost nothing about transgender care
- ☐ I am not sure how much they know about transgender care

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

- ☐ Yes
- ☐ No

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

- ☐ Often
- ☐ Sometimes
- ☐ Never

90 **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, or transgender-specific, website
- ☐ Yes, a general website

91 **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, or transgender-specific, clinic or provider?

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

92 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. Had no sex during the last 12 months? ... | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions are about your health.

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

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

94 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

Continue →

95 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

96 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

97 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)

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

- ☐ Yes
☐ No

99 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

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.

100		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....

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

The following questions are about HIV and Truvada or PrEP.

- 105** About how often do you get tested for sexually transmitted infections (STIs) other than HIV?
- ☐ About once every 6 months
 - ☐ About once a year
 - ☐ About once every 2-3 years
 - ☐ About once every 4-5 years
 - ☐ About once every 6 years or less often
 - ☐ I've never been tested for STIs

106 About how often do you get tested for HIV?

- ☐ About once every 1 – 3 months
- ☐ About once every 6 months
- ☐ About once a year
- ☐ About once every 2 years or less often
- ☐ I would only get tested if I felt I was at risk
- ☐ I've never been tested for HIV
- ☐ I'm HIV-positive → *Skip to Question 110*

107 How often do you worry that you might get HIV?

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Does not apply to me

108 How likely is it that you will become HIV-positive in your lifetime?

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Somewhat unlikely
- ☐ Likely
- ☐ Very likely
- ☐ Does not apply to me

109 Are you currently taking Truvada as PrEP?

- ☐ Yes
- ☐ No

110 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?

- ☐ Not at all familiar
- ☐ Somewhat familiar
- ☐ Very familiar

111 Are you for or against HIV- negative people taking Truvada as PrEP to prevent the transmission of HIV?

- ☐ I am against it
- ☐ I have mixed feelings about it
- ☐ I am for it
- ☐ I don't have an opinion
- ☐ I don't know enough about it

These next questions are about alcohol and drugs.

112 How often do you have a drink containing alcohol?

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

113 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

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

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

115 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 117*

116 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.

117 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

118 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

Continue ⇨

119 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

120 How often are you influenced heavily by drugs?

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

121 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

122 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

123 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

124 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

125 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

126 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

127 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.

128 Did you ever in your life have thoughts of killing 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 have any intention to act on thoughts of wishing you were dead or trying to kill yourself?

- ☐ No → *Skip to Question 136*
- ☐ Yes, once
- ☐ Yes, more than once → *Skip to Question 134*

133 About how old were you?

Your best estimate is fine. → *Skip to Question 136*

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

Your best estimate is fine.

135 About how old were you the **most recent time**?
 Your best estimate is fine.

136 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 140**
☐ Yes, once
☐ Yes, more than once → **Skip to Question 138**

137 About how old were you?
 Your best estimate is fine. → **Skip to Question 140**

138 About how old were you the **very first time**?
 Your best estimate is fine.

139 About how old were you the **most recent time**?
 Your best estimate is fine.

140 Did you ever make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)?
☐ No → **Skip to Question 146**
☐ Yes, once → **Skip to Question 142**
☐ Yes, more than once

141 If yes, how many different suicide attempts did you ever make?
☐ 1 → **Continue to Question 142**
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6-10
☐ 11-15
☐ 16-20
☐ 21 or more → **Skip to Question 143**

142 About how old were you?
 Your best estimate is fine. → **Skip to Question 145**

143 About how old were you the **very first time** you made a suicide attempt?
 Your best estimate is fine.

144 About how old were you the **last time** you made a suicide attempt?
 Your best estimate is fine.

145 If yes in question 140, 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)

146 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 150**
☐ Yes, once
☐ Yes, more than once → **Skip to Question 148**

147 About how old were you?
 Your best estimate is fine. → **Skip to Question 150**

148 About how old were you the **very first time** you hurt yourself on purpose, but without wanting to die?
 Your best estimate is fine.

149 About how old were you the **most recent time** you hurt yourself on purpose, but without wanting to die?
 Your best estimate is fine.

150 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"/>

Continue →

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
151 I don't talk about certain experiences from my past or I change parts of what I will tell people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152 I modify my way of speaking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153 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"/>
154 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"/>
155 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
156 I resent my transgender identity. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157 Being transgender makes me feel like a freak.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158 Because I am transgender, I feel like an outcast.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159 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"/>
160 I feel that being transgender is embarrassing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161 I envy people who are not transgender....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

162 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 <i>tried</i> 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 164.

163 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

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

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

165 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 164 OR QUESTION 165 HAPPENED, GO TO QUESTION 167.

166 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

167 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 169*
☐ Once
☐ Twice
☐ Three or more times

168 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

169 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 171.

170 Would you say these experiences listed in question 169 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

Continue ⇨

171 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 173.

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

- | | |
|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Income level or education |
| <input type="checkbox"/> Sex (being female or male) | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Being transgender | <input type="checkbox"/> Physical appearance (e.g., weight, height) |
| <input type="checkbox"/> Gender expression or appearance | <input type="checkbox"/> Religion/spirituality |
| <input type="checkbox"/> Race/ethnicity | <input type="checkbox"/> Disability |

173 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.

174 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"

175 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

176 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

177 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...

178 Did you live with anyone who was depressed, mentally ill, or suicidal? Yes No

☐ ☐

179 Did you live with anyone who was a problem drinker or alcoholic? Yes No

☐ ☐

180 Did you live with anyone who used illegal street drugs or who abused prescription medications? Yes No

☐ ☐

181 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? Yes No

☐ ☐

182 Were your parents separated or divorced?

☐ Yes

☐ No

☐ Parents were never married

183 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

Never	Once	More than once	Don't know/Not sure	Refuse to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

184 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.....

Never	Once	More than once	Don't know/Not sure	Refuse to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

185 How often did a parent or adult in your home ever swear at you, insult you, or put you down? ..

Never	Once	More than once	Don't know/Not sure	Refuse to answer
<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.

186 How often did anyone at least 5 years older than you, or an adult, ever touch you sexually?

Never	Once	More than once	Don't know/Not sure	Refuse to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

187 How often did anyone at least 5 years older than you, or an adult, try to make you touch them sexually?

Never	Once	More than once	Don't know/Not sure	Refuse to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

188 How often did anyone at least 5 years older than you, or an adult, force you to have sex? ..

Never	Once	More than once	Don't know/Not sure	Refuse to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ Often → *Continue to Question 190*
- ☐ Sometimes → *Continue to Question 190*
- ☐ Rarely → *Continue to Question 190*
- ☐ Never → *Skip to text before Question 191*

Continue ⇨

190 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.

191 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"/>

192 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.

193 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 → *Skip to text before Question 195*
- ☐ Not listed above (please specify):

194 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.

195 In what year were you born?

☐ Don't know

196 Were you born in the United States?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

198 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

199 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

200 Do you have any children?

- ☐ Yes
- ☐ No → *Skip to Question 202*

201 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

202 What is your current employment status? *Please mark all that apply.*

- ☐ Work full-time for an employer
- ☐ Work part-time for an employer
- ☐ Self-employed in your own business, profession or trade, or operate a farm (not including sex work, selling drugs, or other work that is currently considered illegal)
- ☐ Unemployed but looking for work
- ☐ Unemployed and have stopped looking for work
- ☐ Not employed due to disability
- ☐ Student
- ☐ Retired
- ☐ Homemaker or full-time parent
- ☐ Not listed above (please specify):

203 Do you currently receive assistance from food stamps (SNAP) or WIC? *If yes, please mark all that apply.*

- ☐ No
- ☐ Yes, assistance from food stamps (SNAP)
- ☐ Yes, assistance from WIC

Continue ⇨

204 How much was your total combined **household income** (before taxes) **last year**? This includes income from all members of your household from all sources **except** food stamps (SNAP) or WIC.

- ☐ No income
- ☐ \$1 to \$4,999
- ☐ \$5,000 to \$9,999
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$19,999
- ☐ \$20,000 to \$24,999
- ☐ \$25,000 to \$29,999
- ☐ \$30,000 to \$39,999
- ☐ \$40,000 to \$49,999
- ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 or more

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

206 How much was your total combined **individual income** (before taxes) **last year**? This includes your personal income from all sources **except** food stamps (SNAP) or WIC.

- ☐ No income
- ☐ \$1 to \$4,999
- ☐ \$5,000 to \$9,999
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$19,999
- ☐ \$20,000 to \$24,999
- ☐ \$25,000 to \$29,999
- ☐ \$30,000 to \$39,999
- ☐ \$40,000 to \$49,999
- ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 or more

207 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

208 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

209 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

210 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

- 211** 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
- 212** 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
- 213** 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

- 214** 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 218*
 - ☐ 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
- 215** Were you ever discharged or separated from service?
- ☐ Yes
 - ☐ No → *Skip to Question 218*
- 216** Were you ever discharged or separated for “homosexual admission” or “homosexual conduct” under *Don’t Ask, Don’t Tell*?
- ☐ Yes
 - ☐ No
- 217** Was your discharge or separation from service related to you being transgender?
- ☐ No
 - ☐ Yes, partially
 - ☐ Yes, completely
- 218** Have you ever been held in jail, prison, or juvenile detention?
- ☐ Yes
 - ☐ No → *Skip to Question 220*
- 219** 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
- 220** 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
- 221** 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

Continue ⇨

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

☐ Yes

☐ No

223 Do you have a cell phone?

☐ Yes

☐ No

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
224 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"/>
225 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"/>
226 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"/>
227 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"/>
228 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.