

## Introduction

### Greetings!

The Transgender Response Team, in collaboration with Johns Hopkins University, invite you to complete the following survey as part of a research study. We are working to gather information on the health and social service needs of the trans community in Baltimore. We would like to know if you are interested to participate in the study.

You do not have to participate in the study; it is your choice.

If you agree, please complete the survey. It will take about 30-45 minutes. Some of the questions are personal, and you may be uncomfortable with them. You do not have to answer all the questions and you may stop at any time.

You will not receive any direct personal benefit from completing this survey. We plan to use the answers to improve services for transgender people in Baltimore. After the study is over, we will share the results in a community forum.

Your answers will not be connected with your email address. We will do our best to keep your information safe by asking you to create a special code instead of using your name.

People at Johns Hopkins University who work on the study or who need to make sure the study is being done correctly may see the answers to the questions, but they will not be able to trace the answers back to you.

We will pay you \$25, in a VISA gift card, to complete the survey. In order to receive the VISA gift card, you will be asked to give your name and mailing address; however, this information will be collected separately at the end of the survey, in a different form, so that your name and survey answers will not be linked. Study staff who receive the mailing information and who send out your gift card do not have access to the survey answers you give.

If you have any questions or concerns, you may contact Tonia Poteat, [tpoteat@jhu.edu](mailto:tpoteat@jhu.edu) the lead researcher for the study, at 443-287-6179. You may contact the Institutional Review Board, which approved this study, about any problems or concerns by sending email to [JHSPH.irboffice@jhu.edu](mailto:JHSPH.irboffice@jhu.edu) or calling 410-955-3193.

By completing the survey, you give your implied consent to join this study.

If you are ready to begin, please click on the "Next" button below.

#### About question coding:

The symbol ^ indicates a question triggers skip logic based on a specific response (Q27^)

The symbol & indicates an open field for describing an open-ended response (Q135&)

## Eligibility

**The first few pages ask a few questions to determine your eligibility to participate.**

\* 1. Are you at least 18 years old or older?

Yes

No

**Q1**

**If NO, send to DISQUALIFIED page at web site**

## Eligibility, continued

\* 2. Do you live in the Baltimore-Towson metropolitan area? (For example, in Baltimore City or Baltimore County?)

Yes

No

**Q2**

**If NO, send to DISQUALIFIED page at web site**

## Eligibility, continued

\* 3. Do you identify as transgender or as any gender that is different from the sex you were assigned at birth?

Yes

No

**Q3**

**If NO, send to DISQUALIFIED page at web site**

\* 4. Have you completed this survey before?

Yes

No

**Q4**

**If YES, send to DISQUALIFIED page at web site**

## Survey Start - Personal ID Code

**The first step is to create your Personal Identification Code. This allows you to remain anonymous and provides a key to help you receive your VISA gift card.**

**Your Personal ID Code consists of the following:**

**The 2-digit MONTH that you were born in;**

**The 2-digit DAY that you were born on; and**

**The LAST 4 NUMBERS of your current phone number. (This can be a house phone or a mobile, it doesn't matter.)**

**For example: A person is born on March 5th and their phone number is 555-767-5016. This person's Personal ID Code will be 03055016. (03=March; 05=the 5th day; 5016=last four numbers of the telephone number.)**

**Using this method, please create and enter your Personal ID Code below:**

\* 5. Enter your Personal ID Code

**STOP.** Do not leave this page yet. Please write down your Personal ID Code and keep it safe somewhere. You will be asked to enter this into the Mailing Contact Form at the end to receive your gift card.



Once you have made a note of your Personal Identification Code, please click the "Next" button below to continue.

## Estimating the Size of the Community

**One of the important things we hope to learn is how many transgender (including non-binary) people live in the Baltimore-Towson area. Not every one who is eligible for the study will participate, so we are relying on those who do to help us with this question. Please do your best to guess, even if you are not exactly sure. Keep in mind that the most recent census says that about 600,000 people TOTAL live in Baltimore.**

- \* 6. Thinking about all of the people you know and don't know in Baltimore, please give your best guess at the TOTAL NUMBER of transgender people who live in Baltimore:

- \* 7. Keeping the total number that you gave above in mind, please give your best guess at the NUMBER of TRANSGENDER WOMEN (eg. male-to-female) who live in Baltimore.

- \* 8. Keeping the total number that you gave above in mind, please give your best guess at the NUMBER of TRANSGENDER MEN (eg. female-to-male) who live in Baltimore.

- \* 9. Keeping the total number that you gave above in mind, please give your best guess at the NUMBER of NON-BINARY people (e.g. genderqueer, gender fluid) who live in Baltimore.

## Participant Demographics

**We're moving on to questions about you. The next set of questions are meant to learn just some basic information about the many ways that you identify.**

\* 10. What is your current gender? (Please mark all that apply.)

- Female/Woman
- Male/Man
- Transgender female or transwoman
- Transgender male or transman
- Genderqueer
- Gender fluid
- Non-binary
- Two-Spirit
- Nongender/Agender
- Additional identities not shown above: (Please list)

\* 11. What sex were you assigned at birth?

- Male
- Female

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Participant Demographics, continued

\* 12. In general, people can tell I'm transgender or gender non-conforming, even if I don't tell them

- Always
- Most of the time
- Some of the time
- Never

\* 13. I have told the following people that I'm transgender or gender non-conforming: (Check as many as apply. If you haven't told anyone, check "No One".)

- Close friends
- Casual friends
- People I work with
- Family members
- Health care providers
- Everyone
- No one

\* 14. How important is it to you to "pass" in public? (By "pass" we mean to be seen as non-transgender)

- Very important
- Somewhat important
- Not at all important

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Gender and Gender Expression

**The next few questions ask about your thoughts on gender expression and labels.**

\* 15. 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?

- Feminine
- Equally feminine and masculine
- Neither feminine nor masculine
- Masculine
- Not sure

\* 16. 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?

- Feminine
- Equally feminine and masculine
- Neither feminine nor masculine
- Masculine
- Not sure

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Gender and Gender Expression, continued

**For the next two questions, please think about all of your IDs and records, such as your birth certificate, driver's license, passport, etc.**

\* 17. To what extent do your IDs list the NAME that you prefer?

- All of my IDs and records list the name I prefer
- Most 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

\* 18. To what extent is your preferred GENDER listed on all of your IDs?

- All of my IDs and records list the gender I prefer
- Most of my IDs and records list the gender I prefer
- Some of my IDs and records list the name I prefer
- None of my IDs and records list the gender I prefer

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Gender and Gender Expression, continued

\* 19. How comfortable are you using the word *transgender* to describe yourself?

- Very comfortable
- Comfortable
- Neither comfortable nor uncomfortable
- Uncomfortable
- Very uncomfortable

\* 20. How comfortable are you with other people using the word *transgender* to describe you?

- Very comfortable
- Comfortable
- Neither comfortable nor uncomfortable
- Uncomfortable
- Very uncomfortable

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

Please answer this question to let us know you are a human, not a robot.

\* 21. Type the word G I R A F F E in the box below.

## Sexual Orientation

The following questions ask about sexual identity and attraction.

\* 22. Which of the following do you consider yourself to be?

- Straight/heterosexual
- Lesbian
- Gay
- Bisexual
- Queer
- Same Gender Loving
- Asexual/Nonsexual
- Prefer not to answer
- Another identity not listed: (Please list)

\* 23. In the last 12 months, who did you have sex with? By sex we mean any activity you personally define as sexual activity. (Please mark all that apply.)

- I have not had sex in the last 12 months
- Man (non-transgender)
- Woman (non-transgender)
- Transgender Woman/Male-to-Female (MTF)
- Transgender Man/Female-to-Male (FTM)
- Female at birth/Genderqueer
- Male at birth/Genderqueer
- Intersex/Masculine
- Intersex/Feminine
- Intersex/Genderqueer
- Prefer not to answer

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## Participant Demographics, continued

### Just a few more questions about how you identify.

\* 24. Which of the following describes your RACE? (Please mark all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Prefer not to answer
- Additional Race not listed: (Please list)

\* 25. Do you consider yourself Hispanic or Latino/a?

- Yes
- No

\* 26. What is the zip code where you currently live/stay?

\* 27. What is your age in years?

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Relationship Status

\* 28. What is your romantic relationship status? (Please mark all that apply.)

- Single, not in a relationship
- Casual dating
- In a relationship, not living together
- In a relationship, living together
- Domestic Partnership
- Married/Civil Union
- Multiple partners/polyamorous
- Another relationship type not listed here: (please list)

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\* 29. Do you have any children? (Please include children you have by birth, adoption, partnership or marriage.)

Yes

No

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Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If YES --> Q30**

**If NO --> Q31**

## Children

\* 30. How many children do you have? Please provide a separate number for each example. If you do not have any children in that example, type the number 0.

Child/Children up to age 17 living with you.

Child/Children up to age 17 not living with you.

Child/Children 18 years or older living with you.

Child/Children 18 years or older not living with you.

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Education

\* 31. What is your highest level of education?

- Did not complete High School
- High School diploma or GED
- Some college or Associate degree
- Completed college/Bachelor's degree
- Technical/Vocational School
- Graduate School
- Prefer not to answer
- Other education not listed: (Please list)

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Finances

**The next question is about the financial support you provide to others. By financial support, we mean money for things like food, clothes, or other living expenses.**

- \* 32. Not counting yourself, how many people living with you depended on you for MORE than half of their financial support in the last 30 days? Please type a NUMBER. If no one depended on you for financial support, enter 0.

- \* 33. Not counting yourself, how many people NOT living with you depended on you for MORE than half of their financial support in the last 30 days? Please type a NUMBER. If no one depended on you for financial support, enter 0.

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Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Employment

### These questions ask about your employment and earnings.

\* 34. Which of the following best describes your current work status? (Please mark all that apply.)

- Employed by a company, organization, or private individual - Full-time (32 hours per week or more)
- Employed by a company, organization, or private individual - Part-time (Less than 32 hours per week)
- Self-employed
- Working in the street economy (i.e., sex work, drug sales, etc.)
- Homemaker
- Retired
- Disabled
- Student - Full-time
- Student - Part-time
- On public assistance
- Out of work, and have been for less than 1 year
- Out of work, and have been for 1 year or more
- Prefer not to answer

\* 35. In the past 30 days, how much money have you received for work?

- \$0 to \$499
- \$500 to \$999
- \$1,000 to \$1,999
- \$2,000 to \$3,999
- \$4,000 or more
- Prefer not to answer

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## Food Security

\* 36. In the past 30 days, how often did you go to sleep hungry because you didn't have enough food?

- Never
- Rarely
- Many days
- Every day

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Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

Please answer this question to let us know you are a human, not a robot.

\* 37. Type this number in the box below: 7189

**The next set of questions deal with health and wellness concerns.**

\* 38. In general, would you say your health is ... (Select one)

- Excellent
- Very good
- Good
- Fair
- Poor

\* 39. 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 POOR? (If you had no days of poor physical health, type the number 0.)

\* 40. 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 POOR? (If you had no days of poor mental health, type the number 0.)

\* 41. 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? (If you had no days of poor physical or mental health, type the number 0.)

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Health and Wellness, continued

\* 42. In the past 30 days, how happy have you been feeling about your life?

- Very happy
- Pretty happy
- Not too happy

\* 43. Over the last 2 weeks, how often have you been bothered by any of the following problems:

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down or depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Health and Wellness, continued

\* 44. During your lifetime, have you ever had any experience that was so frightening, horrible, or upsetting that, in the *past 30 days*, you:

	Yes	No
Have had nightmares about it or thought about it when you did not want to?	<input type="radio"/>	<input type="radio"/>
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	<input type="radio"/>	<input type="radio"/>
Were constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>
Felt numb or detached from others, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

Please answer this question to let us know you are a human, not a robot.

\* 45. What number do you get when you add 2 plus 2?

\* 46. Did you ever in your life have thoughts of killing yourself?

- No
- Yes, once
- Yes, more than once

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Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO --> Q51**

**If YES, ONCE --> Q47**

**If YES, MORE THAN ONCE --> Q47**

## Health and Wellness, continued

\* 47. About how old were you the very first time you thought about killing yourself? (Your best guess is fine if you can't remember your exact age.)

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 48. Did you ever in your life make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)?

- No
- Yes

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO, --> Q51**

**If YES, --> Q49**

## Health and Wellness, continued

\* 49. How many different suicide attempts did you ever make?

- 1
- Between 2 and 5
- 6 or more

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Health and Wellness, continued

\* 50. About how old were you the very first time you made a suicide attempt? (Your best guess is fine if you can't remember your exact age.)

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

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## Health and Wellness, continued

\* 51. Did you ever in your lifetime go to see any of the professionals on the list below for help with emotional problems, nerves, or your use of alcohol or other drugs?

	Yes	No
Psychiatrist	<input type="radio"/>	<input type="radio"/>
Medical doctor	<input type="radio"/>	<input type="radio"/>
Mental health counselor	<input type="radio"/>	<input type="radio"/>
Religious or spiritual advisor	<input type="radio"/>	<input type="radio"/>
Another kind of healer or helping professional	<input type="radio"/>	<input type="radio"/>

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**The next set of questions ask about your experience with gender affirming care.**

\* 52. Have you tried to access gender-transition related care (i.e., hormones or surgery) in the past 12 months?

No

Yes

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO, --> Q54**

**If YES, --> Q53**

## Gender Affirming Care

\* 53. In the past 12 months, when you tried accessing gender-transition related care (i.e., hormones or surgery) were you able to access this care?

No

Yes

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Gender Affirming Care

\* 54. Which of the following services listed below have you ever had in order to get hormones for your gender transition? (Please mark all that apply.)

- Counseling or therapy
- Medical assessment for puberty blockers or hormones
- Puberty blocking hormones
- None of the above

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Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

55. Do you now or have you ever taken hormones as part of your gender transition or gender affirmation?

Yes

No

If YES, --> Q56

If NO, --> Q62

## Gender Affirming Care

\* 56. At what age did you begin hormone treatment (HRT treatment) for gender transition?

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 57. Are you currently taking hormones for your gender identity or gender transition?

- No
- Yes

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO, --> Q62**

**If YES, --> Q58**

## Gender Affirming Care

\* 58. Where do you currently GET your hormones? (Please mark all that apply.)

- I get them at parties
- I have a prescription from a medical professional (like a doctor)
- I buy them on the Internet
- I get them from someone else (like a lover or a friend)
- I buy them on the street
- Another way not listed: (please list below)

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 59. How do you currently TAKE your hormones?

- I inject the hormones
- I take pills by mouth
- I apply a skin patch
- I rub a gel or cream on my skin
- I have implants under my skin
- Another way not listed: (please list below)

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If "I inject the hormones", --> Q60**

**If any other selection, --> Q62**

## Gender Affirming Care

\* 60. Where do you currently get needles to inject hormones? (Please mark all that apply)

- I get them at parties
- I have a prescription from a medical professional (like a doctor)
- I buy them on the Internet
- I get them from someone else (like a lover or a friend)
- I buy them on the street
- I get them from a needle exchange program (like the needle exchange van)
- Another way not listed: (please list below)

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Gender Affirming Care

\* 61. Have you ever used a needle for injecting hormones that had been used by someone else BEFORE you or was used by someone else AFTER you?

- No
- Yes
- Not sure

If you feel emotional distress at any time, you may contact any of the following helping organizations:

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

Please answer this question to let us know you are a human, not a robot.

\* 62. Which of the following is YELLOW in color?

- Banana
- Ice
- Chocolate
- Strawberry

## Health Issues

\* 63. Over the past 12 months, have you experienced or been diagnosed with any of the following medical problems?

	No	Yes
Blood clot in my leg	<input type="radio"/>	<input type="radio"/>
Blot clot in my lungs	<input type="radio"/>	<input type="radio"/>
Elevated cholesterol	<input type="radio"/>	<input type="radio"/>
Heart attack or stroke	<input type="radio"/>	<input type="radio"/>
Liver disease, including hepatitis	<input type="radio"/>	<input type="radio"/>
Headaches or migraines	<input type="radio"/>	<input type="radio"/>

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**The next set of questions ask about health care related to your gender transition that you have had or want to have done by a licensed medical professional.**

\* 64. There are different questions depending on your sex assigned at birth. To get the right set of questions for you, select one option from below:

- If you were assigned **MALE** at birth, choose this option
- If you were assigned **FEMALE** at birth, choose this option

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Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If "MALE", --> Q65**

**If "FEMALE", --> Q75**

**Gender Transition: Assigned MALE at birth**

\* 65. Please tell us about your experience or interest in the following services people sometimes use for gender transition:

	Have had it	Have an appointment to get it done	Want it some day	Not sure if I want it	Do not want it
Hair removal/electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast augmentation/surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Silicone/saline implants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orchiectomy, sometimes called "orchy" (removal of testes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginoplasty/labiaplasty/SRS/GRS/GCS (creation of a vagina and labia (lips))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trachea shave (Adam's apple or thyroid cartilage reduction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial feminization surgery (reshaping nose, brow, chin, or cheeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice therapy (non-surgical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Another service not listed: (please list )

66. How old were you when you had your FIRST procedure (other than hormones)?

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**This set of questions asks about the practice of tucking, both now and in the past.**

\* 67. Some people use various non-surgical methods to reduce the appearance of penis and/or testes, to be more comfortable with their gender expression. These methods are generally referred to as "tucking". Do you now or have you ever used tucking as a practice?

No

Yes

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO, --> Q85**

**If YES, --> Q68**

## Gender Transition: Tucking

\* 68. Do you tuck now?

- No  
 Yes

\* 69. On average, how many days in a week do you/did you tuck?

- |   |                                     |
|---|-------------------------------------|
| <input type="radio"/> Less than once a week | <input type="radio"/> 4 days a week |
| <input type="radio"/> 1 day a week          | <input type="radio"/> 5 days a week |
| <input type="radio"/> 2 days a week         | <input type="radio"/> 6 days a week |
| <input type="radio"/> 3 days a week         | <input type="radio"/> 7 days a week |

\* 70. On the days that you do/did tuck, on average, how many hours in a day do/did you tuck?

- Less than 8 hours a day  
 Between 8 and 16 hours a day  
 17 or more hours a day

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Gender Transition: Tucking

\* 71. For how long have you been tucking (or did you tuck in the past)?

- Less than 1 month
- 1 to 6 months
- 7 months to 1 year
- 1 to 3 years
- 4 to 6 years
- 7 years or more

\* 72. What method/s have you/did you use to tuck for the majority of the time?

- Duct tape
- Surgical tape
- Sports tape
- Tight panties or briefs
- Gaff (special panties for tucking)
- Another method not listed: (please list below)

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 73. How concerned are you about the effects of tucking on your health?

- Not at all concerned
- A little concerned
- Neither concerned nor unconcerned
- Moderately concerned
- Very concerned

\* 74. Please indicate below which of the following health problems you have had since you began tucking that you believe were CAUSED by tucking:

- Urinary tract or Bladder infection
- Problems ejaculating
- Problems urinating
- Pain in penis
- Pain in testicles
- Rash
- Itch
- Skin changes
- Skin infections
- None of the above
- Another health problem not listed here: (please list)

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If anything selected in Q74, --> Q85**

Gender Transition: Assigned FEMALE at birth

\* 75. Please tell us about your experience or interest in the following services people sometimes use for gender transition:

	Have had it	Have an appointment to get it done	Want it some day	Not sure if I want it	Do not want it
Hair removal/electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Top/chest surgery reduction or reconstruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Silicone/saline implants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hysterectomy, sometimes called "hysto" - removal of uterus, ovaries, fallopian tubes, and/or cervix	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metoidioplasty, clitoral release, Centurion procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phalloplasty (creation of a penis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Another service not listed: (please list)

76. How old were you when you had your FIRST procedure (other than hormones)?

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**This set of questions ask about the practice of binding.**

\* 77. Some people use various non-surgical methods to reduce the size of the chest, to be more comfortable with their gender expression. These methods are generally referred to as "binding". Do you now or have you ever used chest binding as a practice?

No

Yes

**If NO, --> Q85**

**If YES, --> Q78**

## Gender Transition: Binding

\* 78. Are you currently binding?

- No  
 Yes

\* 79. On average, how many days in a week do you/did you bind?

- |   |                                     |
|---|-------------------------------------|
| <input type="radio"/> Less than once a week | <input type="radio"/> 4 days a week |
| <input type="radio"/> 1 day a week          | <input type="radio"/> 5 days a week |
| <input type="radio"/> 2 days a week         | <input type="radio"/> 6 days a week |
| <input type="radio"/> 3 days a week         | <input type="radio"/> 7 days a week |

\* 80. On the days that you do/did bind, on average, how many hours in a day do/did you bind?

- Less than 8 hours a day  
 Between 8 and 16 hours a day  
 17 hours a day or more

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Gender Transition: Binding

\* 81. For how long have you been binding (or did you bind in the past)?

- Less than 1 month
- 1 to 6 months
- 7 months to 1 year
- 1 to 3 years
- 4 to 6 years
- 7 years or more

\* 82. What method/s have you/did you use to bind for the majority of the time?

- Ace bandage
- Shirt layering
- Sports bra
- Multiple sports bras worn at the same time
- Athletic compression wear
- Medical compression wear
- Neoprene compression wear
- Duct tape (or another type of tape)
- Saran/plastic wrap
- Binders
- Another method not listed: (please list below)

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Gender Transition: Binding

\* 83. How concerned are you about the effects of binding on your health?

- Not at all concerned
- A little concerned
- Neither concerned nor unconcerned
- Moderately concerned
- Very concerned

\* 84. Which of the following health problems have you experienced since you began binding, AND believe that they were caused by binding? (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Rib fractures            | <input type="checkbox"/> Fatigue                       | <input type="checkbox"/> Breast changes                                  |
| <input type="checkbox"/> Back pain                | <input type="checkbox"/> Weakness                      | <input type="checkbox"/> Breast tenderness                               |
| <input type="checkbox"/> Chest pain               | <input type="checkbox"/> Feeling lightheaded or dizzy  | <input type="checkbox"/> Scarring  |
| <input type="checkbox"/> Rib or Spine changes     | <input type="checkbox"/> Cough                         | <input type="checkbox"/> Swelling  |
| <input type="checkbox"/> Bad posture              | <input type="checkbox"/> Collapsed lung (pneumothorax) | <input type="checkbox"/> Acne  |
| <input type="checkbox"/> Shoulder pain            | <input type="checkbox"/> Respiratory infections        | <input type="checkbox"/> Itch  |
| <input type="checkbox"/> Shoulder joint "popping" | <input type="checkbox"/> Shortness of breath           | <input type="checkbox"/> Rash  |
| <input type="checkbox"/> Muscle wasting           | <input type="checkbox"/> Heartburn                     | <input type="checkbox"/> Skin changes                                    |
| <input type="checkbox"/> Numbness                 | <input type="checkbox"/> Abdominal pain                | <input type="checkbox"/> Skin infections                                 |
| <input type="checkbox"/> Headache                 | <input type="checkbox"/> Digestive issues              | <input type="checkbox"/> Another problem not listed: (please list below) |

Other problems:

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**Note: Sheet1 ends here**

## Begin Sheet2

Please answer this question to let us know you are a human, not a robot.

\* 85. Which of the following is a vehicle?

- Grass
- Cardboard
- Truck
- Sweater

\* 86. Do you have any type of health insurance? This includes all types of health insurance, like private or government plans, student plans, or insurance coverage through your parents or a spouse.

Yes

No

**If YES, --> Q87**

**If NO, --> Q89**

## Health Insurance

**The following questions ask about the type/s of health insurance you have.**

\* 87. What type of health insurance do you CURRENTLY have? (Please mark all that apply)

- Employee health plan
- COBRA
- Retiree benefits
- Insurance through spouse or partner's employer
- Insurance through parents
- Privately purchased insurance
- Medicare
- Medicaid
- Military health care
- Student insurance through college or university
- MADAP or MADAP Plus
- Another type of insurance not listed: (please list below)

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Health Insurance: Gender Affirming Care Coverage

\* 88. Which of the following types of gender-affirming health services does your health insurance pay for?  
(Please mark all that apply)

- It doesn't cover any gender-affirming health services
- Hormone therapy
- Gender confirming surgery/SRS
- Psychological services related to transition
- Don't Know/Not Sure
- Other transition-related services not listed: (please list below)

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 89. Have you ever smoked 100 cigarettes (5 packs) in your lifetime?

- No
- Yes

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO, --> Q95**

**If YES, --> Q90**

\* 90. Do you now smoke daily, occasionally, or not at all?

- Daily
- Occasionally
- Not at all

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If "Not at all", --> Q95**

**If any other selection, --> Q91**

\* 91. Have you ever smoked any of the e-cigarettes (electronic cigarettes)?

- No  
 Yes

\* 92. Would you like to quit smoking?

- No  
 Yes

\* 93. Have you ever tried to quit smoking?

- No  
 Yes

**If NO, --> Q95**

**If YES, --> Q94**

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Tobacco Use

\* 94. How many times have you tried to quit smoking cigarettes? (Your best guess is fine if you can't remember exactly how many times.)

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 95. How often do you have a drink containing alcohol?

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

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

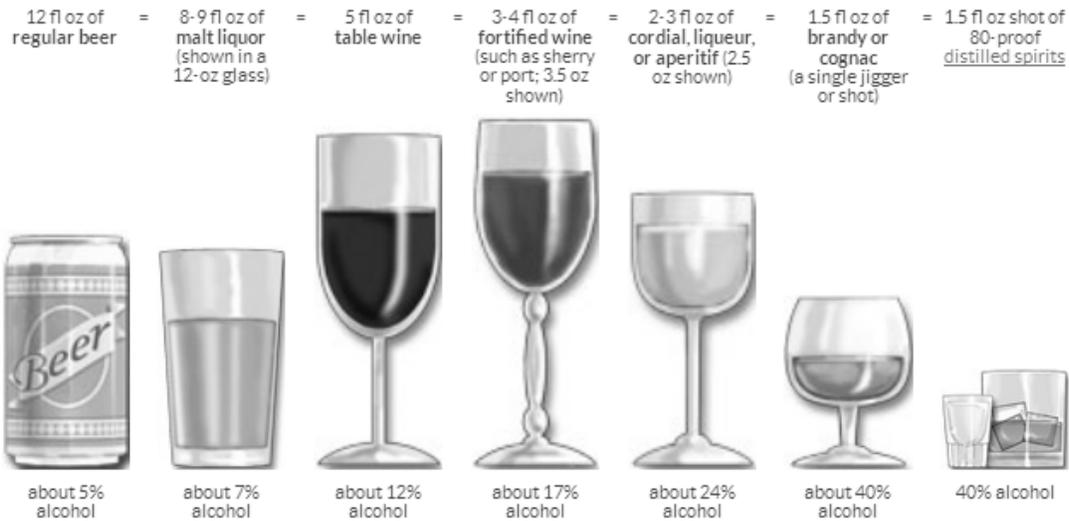
**If "Never", --> Q98**

**If any other selection, --> Q96**

## Alcohol Use

**A serving (standard drink) of alcohol is equivalent to one shot of liquor, a glass of wine, or a 12 ounce can of beer.**

### Standard Drinks



\* 96. When you drink, how many standard drinks containing alcohol do you have on a typical day?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

\* 97. How often do you have six or more drinks on one occasion?

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

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**The following questions ask about your use of substances other than alcohol. Please answer as correctly and honestly as possible by selecting the response that is right for you.**

**For these questions, we are asking about such drugs as methamphetamine (crystal, tina, etc.), crack, heroin, ecstasy, GHB, and pills such as sleeping pills and painkillers.**

**Do not count any drugs if they are prescribed by a medical professional and you take them as prescribed.**

\* 98. How often do you use drugs other than alcohol?

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

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If "Never", --> Q110**

**If any other selection, --> Q99**

## Alcohol and Other Substance Use

\* 99. How often do you use more than one type of drug on the same occasion?

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

\* 100. How many times do you take drugs on a typical day when you use drugs?

- 1 to 2 times
- 3 to 4 times
- 5 to 6 times
- 7 or more times

\* 101. How often are your decisions influenced heavily by drugs?

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

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 102. Over the past year, how often have you felt that your longing for drugs was so strong that you could not resist it?

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

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If "Never", --> Q104**

**If any other selection, --> Q103**

## Alcohol and Other Substance Use

\* 103. Has it happened, over the past year, that you have not been able to stop taking drugs once you started?

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

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Alcohol and Other Substance Use

\* 104. How often over the past year have you taken drugs and then neglected to do something you should have done?

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

\* 105. How often over the past year have you needed to take a drug the morning after heavy drug use the day before?

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

\* 106. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?

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

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Alcohol and Other Substance Use

\* 107. 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

\* 108. 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

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Alcohol and Other Substance Use

\* 109. Please select a response for each of the following questions.

	No	Yes	Don't Know/Not Sure	Prefer not to Answer
Do you want to stop using drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you want to be in a substance use program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been in a substance use treatment program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you currently in a substance use treatment program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever tried to get treatment for alcohol or drug use but were unable to do so?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

Please answer this question to let us know you are a human, not a robot.

\* 110. What country is Baltimore in?

- Canada
- Mexico
- United States

**This next set of questions ask about your experience with HIV, Hepatitis, and Sexually Transmitted Infections (STIs)**

\* 111. Have you ever been tested for a sexually transmitted infection (STI), NOT including HIV?

No

Yes

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO, --> Q116**

**If YES, --> Q112**

\* 112. How recently have you received an STI test?

- 0 to 3 months ago
- 3 to 6 months ago
- 6 to 12 months ago
- More than 12 months ago

\* 113. What was the result of that test?

- Positive (I had an STI) **If "Positive (I had an STI)", --> Q 114**
- Negative (I did not have an STI)
- Don't Know **If any other selection, --> Q115**
- Didn't get the result
- Prefer not to answer

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## HIV, Hepatitis, and Sexually Transmitted Infections

\* 114. Not counting HIV or Hepatitis, what STI did you test positive for the most recent time you received a test result? (Please mark all that apply)

- Chlamydia
- Gonorrhea
- Syphilis
- Chancroid
- Herpes
- Human papillomavirus (genital warts)
- Trichomoniasis
- Another STI not listed: (please list below)

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## HIV, Hepatitis, and Sexually Transmitted Infections

\* 115. Not counting HIV or Hepatitis, which of the following STIs have you had in your lifetime? (Please mark as many as apply)

- Chlamydia
- Gonorrhea
- Syphilis
- Chancroid
- Herpes
- Human papillomavirus (genital warts)
- Trichomoniasis
- I have never had an STI
- Another STI not listed: (please list below)

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 116. Have you ever been tested for HIV?

- No
- Yes

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO, --> Q119**

**If YES, --> Q117**

## HIV, Hepatitis, and Sexually Transmitted Infections

\* 117. When was the most recent time you RECEIVED the results of an HIV test? (Do not report tests for which you did not get the result.)

- 0 to 3 months ago
- 3 to 6 months ago
- 6 to 12 months ago
- More than 12 months ago

\* 118. What was the result of the most recent HIV test?

- HIV-positive
- HIV-negative
- Undetermined
- Don't know
- Prefer not to answer

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 119. Have you ever been diagnosed with Hepatitis B?

- No
- Yes
- Not sure
- Prefer not to answer

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO, --> Q121**

**If any other selection, --> Q120**

## HIV, Hepatitis, and Sexually Transmitted Infections

\* 120. Have you received treatment for the Hepatitis B virus?

- No
- Yes
- Not sure

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## HIV, Hepatitis, and Sexually Transmitted Infections

\* 121. Have you ever been vaccinated against Hepatitis B?

- No
- Yes
- Don't know

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 122. Have you ever been diagnosed with Hepatitis C?

- No
- Yes
- Not sure
- Prefer not to answer

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO, --> Q124**

**If any other selection, --> Q123**

\* 123. Have you tried to get treatment for Hepatitis C?

- No
- Yes, but I could not get treatment
- Yes, I was able to get treatment
- Yes, I was able to get treatment and was cured of Hepatitis C

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

Please answer this question to let us know you are a human, not a robot.

\* 124. Which of the following is usually RED in color?

Pineapple

Milk

Strawberry

Bread

## Health Care Utilization

**The following questions ask about the ways you access and use health care services.**

\* 125. Which of the following statements best describes how you access health care services?

- I go to one specific place for the majority of my health care needs
- I go to several different places for the majority of my health care needs

\* 126. What type of place do you USUALLY go to when you are sick or need advice about your health? This would be the place that you go to the most often.

- Health department clinic
- Community Health Center
- Private doctor's office
- Student health center
- Hospital emergency room
- Patient First/Minute Clinic/Urgent Care
- Some other place not listed: (please list below)

\* 127. Overall, how satisfied are you with the health care you receive at this place?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Health Care Utilization

\* 128. Do you have one person you think of as your personal doctor or health care provider?

- No  
 Yes

\* 129. In general, how knowledgeable do you feel the health care provider/s you see is/are about the health issues facing trans\* people?

- Not knowledgeable at all  
 A little knowledgeable  
 Knowledgeable  
 Very knowledgeable

\* 130. Which of the following are barriers for you accessing health care? (Please mark all that apply)

- I don't have any barriers
- Lack of time
- Lack of transportation
- Lack of child care
- Financial concerns
- Lack of health insurance
- Feel like health care providers are not comfortable with trans\* people
- Services aren't available during hours when I can go
- Service environment not safe because I will get harassed by staff and other patients for being trans\*
- I had bad experiences in the past trying to get health care so I won't go again
- Health care providers have disrespected me and my friends in the past
- Other barriers not listed: (please list below)

\* 131. Did you receive any health care services at Chase Brexton Health Services (any location) in calendar year 2015?

- No
- Yes
- Refuse to answer

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Health Care Utilization

\* 132. When seeking health care, I worry about being negatively judged because of my...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
Gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 133. When seeking health care, I worry that evaluations of me may be negatively affected by my...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
Gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Health Care Utilization

\* 134. When seeking health care, I worry that diagnoses of me/my health may be negatively affected by my...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
Gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 135. When seeking health care, I worry that I might confirm negative stereotypes about my...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
Gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

**The following questions take a broad look at the various experiences trans\* people might have with social interactions and getting needs met in the community.**

\* 136. Where have you lived in the last 30 days? (Please mark all that apply)

- Outdoors
- A vacant building
- A shelter
- A hotel, either alone or with others
- With different people I trade sex with for housing
- A group home or foster care
- A nursing home or adult care facility
- In campus/university housing
- With parents or family I grew up with
- With family or friends temporarily
- With a partner, spouse or other person who pays for housing
- A house/apartment/condo the I RENT alone or with others
- A house/apartment/condo the I OWN alone or with others

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

\* 137. Which, if any, of the following housing situations have you experienced in the past 12 months?  
(Please mark all that apply)

- I moved to escape violence in my home
- I moved to escape violence in my community
- I moved into a less expensive home/apartment
- I became homeless
- I was evicted
- I was denied housing I applied for
- None of the above

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

\* 138. The following statements are about your experiences with other people. Please indicate how much you agree with the following statements:

	Strongly disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I have to repeatedly explain my gender identity to people or correct the pronouns people use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty being seen as my gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have to be extra masculine or extra feminine in order for people to accept my gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People don't respect my gender identity because of my appearance or body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People don't understand me because they don't see my gender as I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

\* 139. Please indicate how much you agree or disagree with the statements below:

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
Stereotypes about transgender people have not affected me personally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I never worry that my behaviors will be viewed as stereotypical of transgender people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When interacting with non-transgender people who know of my transgender identity, I feel like they interpret all my behaviors in terms of the fact that I am transgender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most non-transgender people do not judge transgender people on the basis of their gender identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I almost never think about the fact that I am transgender when I interact with non-transgender people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My being transgender does not influence how people act with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most non-transgender people have a lot more transphobic thoughts than they actually express.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often think that non-transgender people are unfairly accused of being transphobic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most non-transgender people have a problem viewing transgender people as equals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

\* 140. The following statements are about how you feel about being trans\*. Please indicate how much you agree or disagree with the statements below:

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I feel isolated and separate from other transgender people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When interacting with members of the transgender community, I often feel like I don't fit in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not like other transgender people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For me, passing is everything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot be happy unless I am perceived as a woman/man.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being read makes me try harder to pass.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passing is my biggest concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's much better to pass as female/male than to be recognized as transgender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I look the part, talk the talk, and walk the walk of a woman/man, it will allow others to accept me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passing is a standard to measure my success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes resent my transgender identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being transgender makes me feel like a freak.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think of being transgender, I feel depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think of being transgender, I feel unhappy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often, I feel weird like an outcast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often ask myself: Why can't I just be normal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes feel like being transgender is embarrassing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I envy people who are not transgender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
 Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
 Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

\* 141. The following statements are about how you feel about being trans\*. Please indicate how much you agree or disagree with the statements below:

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
My gender identity or expression makes me feel special and unique.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is okay for me to have people know that my gender identity is different from my sex assigned at birth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no problem talking about my gender identity and gender history to almost anyone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a gift that my gender identity is different from my sex assigned at birth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am like other people, but I am also special because my gender identity is different from my sex assigned at birth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud to be a person whose gender identity is different from my sex assigned at birth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable revealing to others that my gender identity is different from my sex assigned at birth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'd rather have people know everything and accept me with my gender identity and gender history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 142. Have you ever received any type of treatment from someone who tried to make you identify only with your sex assigned at birth — in other words, tried to stop you from being trans\*?

No

Yes

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If NO, --> Q145**

**If YES, --> Q143**

## Social and Community Experience

\* 143. What type/s of individual/s treated you to try and stop you from being trans\*? (Please mark all that apply)

- A health care professional, like a psychologist, psychiatrist, or a counselor who was not religion-based
- A religious or spiritual leader, like a pastor, priest, rabbi, imam, pastoral counselor, etc.)
- Someone who was BOTH a health care professional and religious leader
- A parent or caregiver
- Another person not listed: (please list below)

\* 144. About how old were you the last time someone treated you to make you identify only with your sex assigned at birth? (Your best guess is fine if you can't remember the exact age.)

If you feel emotional distress at any time, you may contact any of the following helping organizations:  
Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)  
Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

\* 145. Please tell us how much you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
There is a special person who is around when I am in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family really tries to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a special person who is a real source of comfort to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends really try to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on my friends when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person in my life who cares about my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is willing to help me make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

\* 146. Please tell us how much you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I tend to bounce back quickly after hard times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time making it through stressful events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It does not take me long to recover from a stressful event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to snap back when something bad happens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually come through difficult times with little trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to take a long time to get over set-backs in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

The following statements are about your life experiences and things that may have happened to you.

\* 147. In the past 12 months, how often have any of the following happened to you?

	Never	Once	Twice	Three or more times
You were hit, beaten, physically attacked, or sexually assaulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were robbed, or your property was stolen, vandalized, or purposely damaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone tried to attack you, rob you, or damage your property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone threatened you with violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone verbally insulted or abused you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone threw an object at you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

\* 148. Of the experiences you reported having in the previous question (being assaulted, robbed, threatened with violence, insulted and abused), would you say they happened because of your...

	None of the experiences	Some of the experiences	Most of the experiences	N/A This didn't happen to me
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex (being assigned female or male)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender appearance or expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical appearance (i.e., weight, height)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion or spirituality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National origin/immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

\* 149. In the past 12 months, how often were you fired from your job or denied a job or promotion that you were qualified for?

- Never
- Once
- Twice
- Three or more times

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If "Never", --> Q151**

**If any other selection, --> Q150**

## Social and Community Experience

\* 150. If you were fired from a job or denied a job or promotion that you were qualified for, would you say that happened because of your...

	None of the experiences	Some of the experiences	Most of the experiences
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex (being assigned female or male)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender appearance or expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical appearance (i.e., weight, height)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion or spirituality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National origin/immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

Sheet2 ends here

## Begin Sheet3

\* 151. In the past 12 months, how often were you prevented from moving into a house or apartment you were qualified for by a landlord or realtor?

- Never
- Once
- Twice
- Three or more times

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

**If "Never", --> Q153**

**If any other selection, --> Q152**

## Social and Community Experience

\* 152. If you were prevented from moving into a house or apartment that you were qualified for, would you say that happened because of your...

	None of the experiences	Some of the experiences	Most of the experiences
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex (being assigned female or male)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender appearance or expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical appearance (i.e., weight, height)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion or spirituality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National origin/immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Social and Community Experience

\* 153. Which, if any, of the following service organizations have you used, and how would you rate their response to transgender service users?

	Poor	Fair	Good	Very Good	Excellent	Never used them
Sexual Assault Legal Institute (SALI)	<input type="radio"/>					
FreeState Legal	<input type="radio"/>					
TurnAround, Inc.	<input type="radio"/>					
House of Ruth	<input type="radio"/>					
Family and Children's Services of Central Maryland	<input type="radio"/>					
Family Crisis Center of Baltimore County	<input type="radio"/>					
Baltimore Crisis Response, Inc. (BCRI)	<input type="radio"/>					
Hearts and Ears	<input type="radio"/>					
Deaf Addiction Services at Maryland (DASAM)	<input type="radio"/>					
AIDS Action Baltimore	<input type="radio"/>					
Sisters Together and Reaching (STAR)	<input type="radio"/>					
HARBEL Prevention and Recovery Center	<input type="radio"/>					
Recovery Network (UPC)	<input type="radio"/>					
Health Care for the Homeless	<input type="radio"/>					
Total Health Care (any location)	<input type="radio"/>					
Family Health Centers of Baltimore (any location)	<input type="radio"/>					
Gay, Lesbian, Bisexual, Transgender Community Center of Baltimore (GLCCB)	<input type="radio"/>					
Baltimore City Health Department (any location)	<input type="radio"/>					
Baltimore County Department of Health (any location)	<input type="radio"/>					
Power Inside	<input type="radio"/>					
Chase Brexton Health Care	<input type="radio"/>					
Moveable Feast	<input type="radio"/>					
TAG (Transgender Action Group)	<input type="radio"/>					
Project PLASE	<input type="radio"/>					
Women Accepting Responsibility	<input type="radio"/>					

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

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## Social and Community Experience

\* 154. Please check which of the following are the most important issues affecting transgender and gender nonconforming people in Baltimore. You can choose up to FIVE.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> HIV prevention                       | <input type="checkbox"/> Making it easier to change gender on identity documents | <input type="checkbox"/> Access to transgender-sensitive mental health services |
| <input type="checkbox"/> HIV treatment                        | <input type="checkbox"/> Preventing bullying in school                           | <input type="checkbox"/> Access to transgender-sensitive substance use services |
| <input type="checkbox"/> Access to safe, affordable housing   | <input type="checkbox"/> Ability to clear criminal records                       | <input type="checkbox"/> Preventing police violence and harassment              |
| <input type="checkbox"/> Preventing employment discrimination | <input type="checkbox"/> Access to transgender-sensitive health care             | <input type="checkbox"/> Decriminalizing sex work                               |
| <input type="checkbox"/> Access to job readiness skills       | <input type="checkbox"/> Access to health insurance for gender transition        |   |

Another issue not listed: (please list below)

If you feel emotional distress at any time, you may contact any of the following helping organizations:

Maryland Crisis Hotline at 1-800-422-0009 (toll-free statewide)

Trans Lifeline at 1-877-565-8860 (toll-free nationwide)

## Wrapping Up

155. This space is for you to tell us any additional comments you want us to know, including comments about the survey itself.

## Wrapping Up

### Just a few more questions and we'll be done!

\* 156. How did you find out about this survey?

- From a friend
- From my school
- From my work
- From a health care organization
- From an LGBT organization
- From a place of worship
- From the Internet
- Another way not listed: (please list below)

\* 157. From where are you currently filling out this survey?

- My home
- My work
- An LGBT organization
- A health care organization
- A library
- A friend's house
- Someplace else: (please list below)

\* 158. What type of device are you using to fill out the survey?

- Smartphone
- Tablet
- Laptop or PC

\* 159. Is a member of the survey staff helping you access/fill out the survey?

No

Yes

That's it! You've completed the survey.

But don't send your answers yet. Make sure you have your Personal Identification Code handy. You'll need it for the next step to claim your Visa gift card.



**If a Study Team member is assisting you with completing the survey, please STOP HERE and have them assist you with the next step.**

If you are taking the survey on your own and are happy with your answers, and have your Personal Identification Code ready, go ahead and click on the button below marked "Send".