



**UNC CFAR Social and Behavioral Science Research Core  
SABI Database**

**INSTRUMENT TITLE:** NTDS: National Transgender Discrimination Survey

**SOURCE ARTICLE:** Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

**POPULATION:** transgender

**RESPONSE OPTIONS:** Please see formatted version below

**SURVEY ITEMS:** Please see formatted version below

**RELIABILITY INFORMATION:** Not reported

**VALIDITY INFORMATION:** Not reported

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

### Purpose

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

### Procedures

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

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

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

### Discomforts and Risks

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

### **The Trevor Project**

866-4-U-TREVOR

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

### Benefits

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

### Statement of Confidentiality

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

### Voluntary Participation

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

**Right to Ask Questions**

**You can ask questions about this research.**

**Questions concerning this project should be directed to:**

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

OR

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

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

**Directions**

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

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

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

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

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

- Male
- Female

What is your primary gender identity today?

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

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

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

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

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

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

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

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

|                            | None | A few | Some | Most | All | Not applicable |
|----------------------------|------|-------|------|------|-----|----------------|
| At home                    |      |       |      |      |     |                |
| On the job                 |      |       |      |      |     |                |
| At school                  |      |       |      |      |     |                |
| In private social settings |      |       |      |      |     |                |
| In public social settings  |      |       |      |      |     |                |
| When seeking medical care  |      |       |      |      |     |                |

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

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

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

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

10. What is your zip code?

ZIP \_\_\_\_\_

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

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

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

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

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

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

How many people live in your household?

Number \_\_\_\_\_

How many children currently rely on your income?

Number \_\_\_\_\_

What is your relationship status?

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

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

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

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

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

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

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

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

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

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

What are your current living arrangements?

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

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

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

If you have experienced homelessness, did you go to a shelter?

Yes

No [Go to Question 25]

Not applicable, I never experienced homelessness [Go to Question 25]

Because you are transgender/gender non-conforming, did you experience any of the following when you went to a shelter?

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

What is your current employment status? **(Mark all that apply.)**

Full-time

Part-time

More than one job

Self-employed, own your business

Self-employed, contract worker

Unemployed but looking

Unemployed and stopped looking

On disability

Student

Retired

Homemaker or full-time parent

Other, please specify \_\_\_\_\_

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

|  | Yes | No | Not applicable |
|--|-----|----|----------------|
| Stayed in a job I'd prefer to leave              |     |    |                |
| Didn't seek a promotion or a raise               |     |    |                |
| Changed jobs                                     |     |    |                |
| Delayed my gender transition                     |     |    |                |
| Hid my gender or gender transition               |     |    |                |
| I have not done anything to avoid discrimination |     |    |                |



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

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

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

|                                 | Yes | No | Notapplicable |
|---------------------------------|-----|----|---------------|
| Spouse or partner               |     |    |               |
| Children or other family member |     |    |               |

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

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

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

|                                   | Denied equal treatment or service | Verbally harassed or discriminated | Physically harassed or discriminated | Not physically harassed or discriminated | Not physically harassed or discriminated | Not physically harassed or discriminated |
|-----------------------------------|-----------------------------------|------------------------------------|--------------------------------------|--|--|--|
| Retail store                      | %                                 | %                                  | %                                    | %  | %  | %  |
| Hotel or restaurant               | %                                 | %                                  | %                                    | %  | %  | %  |
| Bus, train, or taxi               | %                                 | %                                  | %                                    | %  | %  | %  |
| Airplane or airport staff/TSA     | %                                 | %                                  | %                                    | %  | %  | %  |
| Doctor's office or hospital       | %                                 | %                                  | %                                    | %  | %  | %  |
| Emergency Room                    | %                                 | %                                  | %                                    | %  | %  | %  |
| Rape crisis center                | %                                 | %                                  | %                                    | %  | %  | %  |
| Domestic violence shelter/program | %                                 | %                                  | %                                    | %  | %  | %  |
| Mental health clinic              | %                                 | %                                  | %                                    | %  | %  | %  |
| Drug treatment program            | %                                 | %                                  | %                                    | %  | %  | %  |
| Ambulance or EMT                  | %                                 | %                                  | %                                    | %  | %  | %  |
| Govt. agency/official             | %                                 | %                                  | %                                    | %  | %  | %  |
| Police officer                    | %                                 | %                                  | %                                    | %  | %  | %  |
| Judge or court official           | %                                 | %                                  | %                                    | %  | %  | %  |
| Legal services clinic             | %                                 | %                                  | %                                    | %  | %  | %  |

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

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

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

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

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

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

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

- Yes
- No

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

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

How long were you in jail or prison, total?

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

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

|                                     | Harassed | Physically/sexually abused | Sexually/sexually coerced | Denied hormones | Denied gender-affirming medical care |
|-------------------------------------|----------|----------------------------|---------------------------|-----------------|--------------------------------------|
| From other inmates                  | %        | %                          | %                         | %               | %                                    |
| From correctional officers or staff | %        | %                          | %                         | %               | %                                    |

Have you attended school at any level (elementary school or higher) as a transgender/gender non-conforming person?  
 Yes [Go to Question 39]  
 No [Go to Question 41]

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

|                                 | Did not attend school |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|-----------------------|---|---|---|---|---|---|---|---|---|---|
| Elementary school               | %                     | % | % | % | % | % | % | % | % | % | % |
| Junior high/middle school       | %                     | % | % | % | % | % | % | % | % | % | % |
| High School                     | %                     | % | % | % | % | % | % | % | % | % | % |
| College                         | %                     | % | % | % | % | % | % | % | % | % | % |
| Graduate or professional school | %                     | % | % | % | % | % | % | % | % | % | % |
| Technical school                | %                     | % | % | % | % | % | % | % | % | % | % |

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

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

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

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

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

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

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

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

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

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

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

|  | Insurance # of procedure | I have NOT had this procedure | Don't know |
|--|--------------------------|-------------------------------|------------|
| Hormone treatment , average MONTHLY cost   |                          |                               |            |
| Visits to the doctor to monitor hormone levels, average YEARLY cost                          |                          |                               |            |
| Chest/breast/top surgeries and reconstructions/reductions/enhancements TOTAL cost            |                          |                               |            |
| Genital/bottom surgeries TOTAL cost  |                          |                               |            |
| Facial surgeries TOTAL cost  |                          |                               |            |
| Other transition-related health care TOTAL cost. Please describe type of care here.<br>Other |                          |                               |            |

Have you ever received a gender-related mental health diagnosis?

- No
- Yes. My diagnosis: \_\_\_\_\_

Not including any gender-related mental health diagnosis, do you have a disability (physical, learning, mental health) that substantially affects a major life activity?

- Yes
- No [Go to Question 49]

What is your disability? (Mark all that apply.)

- Physical condition
- Learning disability
- Mental health condition

What is your HIV status?

- HIV negative
- HIV positive
- Don't know

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

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

Have you ever smoked 100 cigarettes in your life?

- Yes
- No

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

- Daily
- Occasionally
- Not at all

If you now smoke, would you like to quit?

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

Have you ever attempted suicide?

- Yes
- No

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

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

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

|  | Yes, my partner/relationship is childless | A childless home | No, I have not adopted or fostered a child | No, I have not tried |
|--|---|------------------|--|----------------------|
| I have successfully adopted or fostered a child.     | %   | %                | %  | %                    |
| I tried to adopt or foster a child and was rejected. | %   | %                | %  | %                    |

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

|   | Yes, changed/allowed | No, changed/allowed | Not tried | Not applicable |
|---|----------------------|---------------------|-----------|----------------|
| Birth certificate                                 |                      |                     |           |                |
| Drivers license and/or state issued non-driver ID |                      |                     |           |                |
| Social Security records                           |                      |                     |           |                |
| Passport  |                      |                     |           |                |
| Work ID   |                      |                     |           |                |
| Military discharge papers (DD214 or DD215)        |                      |                     |           |                |
| Health insurance records                          |                      |                     |           |                |
| Student records                                   |                      |                     |           |                |
| Professional licenses or credentials              |                      |                     |           |                |

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

- Yes
- No
- Not applicable

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

- Yes
- No
- Not applicable

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

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

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

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

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

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

What is your U.S. citizenship status?  
 U.S. citizen  
 Documented non-citizen  
 Undocumented non-citizen

Are you registered to vote?  
 Yes  
 No

Have you ever been a member of the armed forces?  
 Yes [Go to Question 66]  
 No [Go to Question 67]  
 I was denied entry because I am transgender/gender non-conforming [Go to Question 67]

Were you discharged from the service because of being transgender/gender non-conforming?  
 Yes  
 No or still in the military

What are your household's current sources of income? **(Mark all that apply.)**  
 Paycheck from a your or your partner's job  
 Money from a business, fees, dividends or rental income  
 Aid such as TANF; welfare; WIC; public assistance; general assistance; food stamps or SSI  
 Unemployment benefits  
 Child support or alimony  
 Social security, workers comp, disability, veteran's benefits or pensions  
 Inherited wealth  
 Pay from street economies (sex work, other sales)  
 Other, please specify \_\_\_\_\_

What is your sexual orientation?  
 Gay/Lesbian/Same-gender attraction  
 Bisexual  
 Queer  
 Heterosexual  
 Asexual  
 Other, please specify \_\_\_\_\_

Anything else you'd like to tell us about your experiences of acceptance or discrimination as a transgender/gender non-conforming person?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



