

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

IMPORTANT INSTRUCTIONS

IMPORTANT INSTRUCTIONS - PLEASE READ

- 1) Each paper survey should be entered only once online.
- 2) For each paper survey entered, you must click on the web link each time to enter a new survey online. (In other words, don't just go back and change answers in the survey you just finished entering. You must re-enter the online survey using the web link for each paper survey.)
- 3) The paper surveys need to be entered into this online survey exactly as they have been filled out on paper by the survey participant. No answers should be changed or guesses to the answers entered, even if you think you know the person. If a question is left blank on the paper survey, you must leave it blank when entering the survey responses online.
- 4) If a survey participant has written text in for any answers, please enter in the text exactly as it appears on the paper survey (in Spanish if it is in Spanish and in English if it is in English). If you enter text in Spanish, please enter in an English translation immediately after the Spanish text.
- 5) If a paper survey has illegible text written on it, then you may make your best guess and enter what you believe the text to be, but make a note that you have done this in brackets where the written text wasn't clear. For instance, you could put in brackets after making a guess on part of a sentence as follows: [data entry note: last five words were not clear on survey, so entered best guess].
- 6) This online survey will require you to enter text into the text box when any answer option is selected where the survey respondent is asked to specify their answer in a text box, such as when the answer option is "other (please specify)" or "not listed here (please specify)". Question 6 is an example of this type of question. If an answer like this is selected, you will not be able to move past that question in the online survey if no text is entered in the text box. If the paper survey has one of these answer options selected, but there is no text entered, you may enter into the text box in brackets as follows: [no text entered]. Then you will be allowed to continue on to the next question.
- 7) If there are any notes that survey participants may have written in the margins on the paper survey, there will be a question at the end of this survey where you should enter those notes. Please indicate where in the paper survey those notes appeared.
- 8) You must click the "Done" button at the end for the paper survey to be submitted to the online database.
- 9) All participants and answers to the surveys are confidential. Do not distribute, share, or discuss the surveys, their content, or any answers.
- 10) Return the paper surveys to the DC Trans Coalition representative who gave them to you after you have completed your data entry. Do not show the surveys to anyone else or give the surveys to anyone else.
- 11) THANK YOU FOR YOUR ASSISTANCE WITH THIS PROJECT!

You may begin entering your survey by selecting "Next".

Survey and Interviewer Codes and Survey Method

From front page of paper survey...

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Please enter the Survey Code # in the box below:

Please enter the Distributor ID # in the box below:

Was this survey given interview style?

Yes

No

Part 1: Eligibility

Page 3 of paper survey...

Are you 18 years of age or older?

Yes

No

Do you now or have you ever considered yourself to be transgender, transsexual, trans, or gender non-conforming in any way?

Yes

No

Do you currently live in Washington, DC?

Yes

No

Do you currently live in the Washington, DC metro area, such as in Northern Virginia or Maryland?

Yes

No

Please enter the date the survey was taken here (Question 5 on paper survey):

Please enter the time the survey was taken here (Question 5 on paper survey). Please indicate the time as AM or PM according to the survey:

Part 2: Gender Identity & Expression

Page 4 of paper survey...

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What is your primary gender identity today? (Check all that apply.)

- Man
- Woman
- Trans man / transgender man / transsexual man
- Trans woman / transgender woman / transsexual woman
- MTF / M2F (male to female) / MAAB (male assigned at birth)
- FTM / F2M (female to male) / FAAB (female assigned at birth)
- Travesti / Vestid@
- Genderqueer
- Femme Queen / Butch Queen
- Two Spirit
- Androgynous
- Crossdresser / Part-time
- A gender not listed here (please specify)

Which of the follow identification documents reflect your primary gender identity today? (Check all that apply.)

- Driver's License / Government-issued Identification Card
- Passport
- Birth Certificate
- Social Security records
- None of the above identification documents reflect my current gender identity
- I do not currently have any of the above identification documents
- I have another form of identification that reflects my primary gender identity today (please specify)

Have you ever been diagnosed by a medical doctor as having an intersex condition or "Disorder of Sex Development"?

- Yes No

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Were you assigned male or were you assigned female at birth?

(For example, select "male" below if "male" was entered on your original birth certificate.)

- Male Female

Do you currently live or do you want to live full-time in a gender that is different from the one you were assigned at birth?

- Yes, I currently live full-time in a gender that is different from the one assigned to me at birth
- No, I am not living full-time yet, BUT someday I would like to
- No, and I DO NOT want to live full-time

Part 2: Gender Identity & Expression

Page 5 of paper survey...

On a scale of 1 - 9, with 1 being a person whose physical appearance and mannerisms including clothing, hair, style of dress, way of walking, and way of talking are very feminine or most like those stereotypically assigned to women, and 9 being a person whose clothing, hair, style of dress, way of walking, and way of talking are very masculine or most like those stereotypically assigned to men, which number best represents your own physical appearance and mannerisms?

- 1 (very feminine) 2 3 4 5 (somewhere in between masculine or feminine - or - neither feminine nor masculine) 6 7 8 9 (very masculine)

In general, do you believe that people can tell that you are transgender, transsexual, trans, or gender non-conforming, even when you don't tell them?

- Yes, always
- Yes, often
- Yes, sometimes
- Yes, but rarely
- No, never

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How many people in your life know you are transgender, transsexual, trans, or gender non-conforming in each of the following groups of people:

	All	Most	Some	None	I have no person like this in my life
Immediate Family (parents, siblings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family (aunts/uncles, grandparents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends who are transgender, transsexual, trans, or gender non-conforming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends who are NOT transgender, transsexual, trans, or gender non-conforming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church or faith/spiritual community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: General Demographics

Page 6 of paper survey...

What is your age?

PLEASE ENTER YOUR AGE IN THE BOX TO THE RIGHT:

What is the 5-digit zip code where you currently live or stay?

PLEASE ENTER YOUR 5-DIGIT ZIP CODE IN THE BOX TO THE RIGHT:

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

- White
- Black or African American
- Hispanic or Latino/a
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Not listed above (please specify)

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

What is your relationship status? (Check all that apply.)

- Single
- Partnered (NOT legally-recognized)
- Registered Domestic Partnership (legally-recognized)
- Civil Union (legally-recognized)
- Married (legally-recognized)
- Separated
- Divorced
- Widowed

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 you completed or the highest degree received.

- Elementary (grades 1 through 8)
- Some high school (no diploma)
- High school graduate (or equivalent, such as GED)
- Technical school degree (such as cosmetology or computer technician)
- Some college (1 or more years, no degree)
- Associate degree (AA, AS, etc.)
- Bachelor's degree (BA, AB, BS, etc.)
- Master's degree (MA, MS, MSW, etc.)
- Professional degree (MD, JD, DDS, DVM, LLB, etc.)
- Doctorate degree (PhD, EdD, etc.)
- I have NOT completed ANY formal education
- Not listed above (please specify)

Part 3: General Demographics

Page 7 of paper survey...

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

Which category below represents your INDIVIDUAL total combined income in 2011 from all sources (before taxes)? [This includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and other money income that you personally received in 2011.]

- No income
- \$1 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- More than \$200,000

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

Which category below represents your HOUSEHOLD total combined income in 2011 from all sources (before taxes)? ["Household" includes you and members of your household who have lived with you during the past 12 months and includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and any other money income received by you and members of your household who are 15 years of age or older.]

- No income
- \$1 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- More than \$200,000

Part 3: General Demographics

Page 8 of paper survey...

How many people live in your household, including adults and children?
["Household" includes you and members of your household who have lived with you during the past 12 months.]

PLEASE ENTER THE NUMBER OF PEOPLE IN THE BOX TO THE RIGHT:

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How many children under the age of 18 are living in your household, including babies?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

Do you currently work or have you ever worked for pay in an informal or underground economy?

(The informal and underground economies include such things as babysitting, busking, doing hair without a license, sex work, selling drugs, hosting pumping parties, day labor, etc.)

	No	Yes, currently	Yes, but in the past (not currently)
Babysitting/child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Busking or panhandling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair and beauty work (without a license)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex industry/porn/sex work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide silicone injections / host pumping parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day labor / non-contract physical labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other work (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other work" above, please specify here what other work you have done:

Part 3: General Demographics

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What are your household's current sources of income? (Check all that apply.)

- Income from my full-time job
- Income from my part-time job
- Income from other household members' full-time or part-time job(s)
- Self-employment income from my own business
- Income from dividends, interest, or rental income
- Pay from the informal or underground economy
- Public assistance / public aid (such as TANF or SSI - cash assistance only)
- Unemployment benefits
- Child support or alimony
- Social security retirement income
- Pension or other non-social security retirement income
- Disability income (SSDI, workers comp, other disability program)
- Inherited wealth
- Cash support from family or friends not living with you
- Cash for living expenses through my student loans
- Other source of income (please specify)

Are you currently UNEMPLOYED? (Check all that apply.)

- No, I am currently employed
- Yes, but I AM looking for work
- Yes, and I have STOPPED looking for work
- I am out of the workforce due to disability
- I am out of the workforce because I am currently a student
- I am out of the workforce because I am retired
- I am out of the workforce because I am a homemaker or full-time parent
- Other (please explain)

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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 employer (such as employer's health plan)
- Insurance through a former employer (COBRA, retiree health benefits)
- Insurance through someone else's employer (such as spouse, partner, parents, etc.)
- Private insurance that you or someone in your family purchased
- Medicare
- Medicaid
- Military health care/TRICARE-Champus/Veterans Administration
- Student health insurance through a college or university
- Other insurance (please specify)

Part 3: General Demographics

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Are you currently experiencing homelessness?

(Experiencing homelessness includes such things as staying in a shelter, temporarily staying with friends while not paying rent, or living out of a car.)

- Yes No

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What have been your living arrangements over the past year? (Check all that apply.)

- Living on the street, in a car, in an abandoned building, or elsewhere that is NOT a house, apartment, shelter, or housing facility
- Living in a homeless shelter
- Living in a domestic violence shelter
- Living in a shelter that is not a homeless shelter or domestic violence shelter
- Living in a group home facility or other foster care situation
- Living in a nursing home or other adult care facility
- Living in campus/university housing
- Still living with parents or family you grew up with
- Living temporarily with friends or family
- 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
- Other living arrangement (please specify)

What is your current U.S. citizenship status? (Please note that this is an anonymous survey and there will be no repercussions for answering this question truthfully.)

- U.S. citizen by birth
- U.S. citizen by naturalization (you applied for and were granted citizenship)
- I have a Temporary Working Permit (TPS)
- I have a Permanent Visa / Green Card
- I have a Student Visa
- I have a U-Visa (for victims of domestic violence)
- I have a T-Visa (for victims of human trafficking)
- I am in the process of getting my legal status documents
- I have no legal status documents and I am not in the process of getting them

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Are you registered to vote at your current address?

- Yes
- No
- Not sure
- I am not legally allowed to vote (please state reason, such as non-citizen status, past felony charge, etc.)

Part 3: General Demographics

Page 11 of paper survey (part 1 of 2)...

Do you consider yourself to be...(Check all that apply.)

- Gay
- Lesbian
- Same-gender attracted/same-gender loving
- Bisexual
- Queer
- Straight/Heterosexual
- Questioning
- Asexual
- Pansexual
- Polysexual
- Not listed above (please specify)

Part 4: Experiences with Housing and Homelessness

Page 11 of paper survey (part 2 of 2)...

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

Because of being, or being PERCEIVED AS, transgender, transsexual, trans, or gender non-conforming, have you experienced any of the following housing situations? (Select "Not applicable" if you were never in a position to experience that housing situation. For instance, if you have always owned a home, you could not have been evicted.)

	No	Yes	Not applicable
I moved into a less expensive home/apartment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I became homeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was evicted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was denied a home/apartment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had to move in with family members or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had to find different places to sleep for short periods of time, such as on a friend's couch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had sex with people to sleep in their bed/at their homes or to pay rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4: Experiences with Housing and Homelessness

Page 12 of survey (part 1 of 2)...

Have you ever gone to a shelter (such as a homeless shelter or domestic violence shelter) for a place to stay?

Yes No

Did you consider yourself to be transgender, transsexual, trans, or gender non-conforming when you went to a shelter for a place to stay?

Yes No

Because of being, or being PERCEIVED AS transgender, transsexual, trans, or gender non-conforming, did you experience any of the following when you went to a shelter?

	No	Yes
I was denied access to a shelter.	<input type="checkbox"/>	<input type="checkbox"/>
I was thrown out.	<input type="checkbox"/>	<input type="checkbox"/>
I was harassed by residents or staff.	<input type="checkbox"/>	<input type="checkbox"/>
I was physically assaulted/attacked by residents or staff.	<input type="checkbox"/>	<input type="checkbox"/>
I was sexually assaulted/attacked by residents or staff.	<input type="checkbox"/>	<input type="checkbox"/>
I was forced to live as the wrong gender in order to stay in a shelter.	<input type="checkbox"/>	<input type="checkbox"/>
I was forced to live as the wrong gender in order to be/feel safe in a shelter.	<input type="checkbox"/>	<input type="checkbox"/>
I decided to leave a shelter because of poor treatment/unsafe conditions.	<input type="checkbox"/>	<input type="checkbox"/>

Part 5: Experiences with Employment

Page 12 of survey (part 2 of 2)...

Have you ever worked in a full-time or part-time job?

- Yes No

Did you consider yourself to be transgender, transsexual, trans, or gender non-conforming at the time you were working in any full-time or part-time job?

- Yes No

Part 5: Experiences with Employment

Page 13 of paper survey...

Because of being, or being PERCEIVED AS, transgender, transsexual, trans, or gender non-conforming, which of the following experiences have you had at work?

	No	Yes
I feel more comfortable and my job performance has improved.	<input type="checkbox"/>	<input type="checkbox"/>
I did not get a job I applied for.	<input type="checkbox"/>	<input type="checkbox"/>
I am or have been working in a position for which I am over-qualified	<input type="checkbox"/>	<input type="checkbox"/>
I was removed from direct contact with clients, customers, or patients.	<input type="checkbox"/>	<input type="checkbox"/>
I was denied a promotion.	<input type="checkbox"/>	<input type="checkbox"/>
I was fired.	<input type="checkbox"/>	<input type="checkbox"/>
I was harassed by someone at work.	<input type="checkbox"/>	<input type="checkbox"/>
I was the victim of physical violence by someone at work.	<input type="checkbox"/>	<input type="checkbox"/>
I was the victim of sexual assault by someone at work.	<input type="checkbox"/>	<input type="checkbox"/>
I was forced to present in the wrong gender to keep my job.	<input type="checkbox"/>	<input type="checkbox"/>
I was denied access to appropriate bathrooms.	<input type="checkbox"/>	<input type="checkbox"/>
I was asked inappropriate questions about my transgender status or surgical status.	<input type="checkbox"/>	<input type="checkbox"/>
I was referred to by the wrong pronoun, repeatedly and on purpose.	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been employed by a government or public employer, such as any federal, state, or local government agency or public education institution?

- Yes
 No
 Not sure

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

Because of being, or being PERCEIVED AS, transgender, transsexual, trans, or gender non-conforming, did you experience discrimination, harassment, or being fired while working for a government or public employer? (Check all that apply.)

- Yes, discrimination
- Yes, harassment
- Yes, I was fired
- No
- Does not apply to me. I did not consider myself to be transgender, transsexual, trans, or gender non-conforming while working for a government or public employer

Part 5: Experiences with Employment

Page 14 of paper survey (part 1 of 2)...

Have you participated in DC's Project Empowerment job training program for transgender individuals?

- Yes, and I got stable employment through it
- Yes, and I did NOT get stable employment through it
- No, but I would like to attend
- No, I do not need to participate or I am not interested
- No, because I do not qualify for it. (Please specify why you did not qualify.)

Have you attended any job training programs in Washington, DC, other than Project Empowerment?

- Yes, and I got stable employment through it
- Yes, and I did NOT get stable employment through it
- No, but I would like to attend
- No, I do not need to attend one or I am not interested

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

Do you currently engage or have you engaged in sex work as a transgender, transsexual, trans or gender non-conforming person? (Sex work includes exchanging sex for money, drugs or services.)

- Yes, I currently engage in sex work
- Yes, I engaged in sex work in the past, but not currently
- No, I have not engaged in sex work

When you have engaged in sex work, which of the following situations are or have been true for you? (Check all that apply.)

- I have been compensated fairly for my work
- I have NOT been compensated fairly for my work
- I have felt it was or is my only option for income
- I have done sex work because I enjoy it
- None of the above statements is true for me

Part 6: Experiences with Police and in Jail/Prison

Page 14 of paper survey (part 2 of 2)...

In general, as a transgender, transsexual, trans, or gender non-conforming person, how comfortable do you feel seeking help from the DC metropolitan police?

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

Part 6: Experiences with Police and in Jail/Prison

Page 15 of paper survey...

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

- Yes
- No

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In your interactions with police as a transgender, transsexual, trans, or gender non-conforming person, which of the following experiences have you had? (Check all that apply.)

- Officers generally have treated me with respect
- Officers generally have treated me with disrespect
- Officers have used the wrong name or pronouns for me
- Officers have used the right name or pronouns for me
- Officers have harassed me
- Officers have physically assaulted me
- Officers have sexually assaulted me

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

- Yes
- No

Did you consider yourself to be transgender, transsexual, trans, or gender non-conforming at any time when you were in jail or prison?

- Yes
- No

While you were in jail or prison, were you ever placed in protective custody (lock down, solitary confinement) because you are transgender, transsexual, trans, or gender non-conforming?

- Yes
- No
- Not sure

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While you were in jail or prison, did you experience any of the following? (Check all that apply.)

- I was placed with or housed with the population that does not fit my gender
- I was refused access to clothing appropriate for my gender (such as a bra)
- I was required to wear clothing NOT appropriate for my gender (such as a bra)
- I was denied access to hormones
- I was denied regular medical care
- I was forced to modify my hair or facial hair
- I had NONE of the above experiences while I was in jail or prison
- Other experience not listed above (please specify)

Part 6: Experiences with Police and in Jail/Prison

Page 16 of paper survey (part 1 of 2)...

**Because of being, or being PERCEIVED AS, transgender, transsexual, trans, or gender non-conforming while in jail or prison, were you harassed, physically assaulted, or sexually assaulted by other inmates, officers, or staff?
(Check all that apply in each row.)**

	No, I did not experience this	Yes, by other inmates	Yes, by correctional officers or staff
Harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically assaulted or attacked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually assaulted or attacked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 7: General Health, Health Services, and Transition-related Health Care

Page 16 of paper survey (part 2 of 2)...

Would you say that in general your health is—?

- Excellent
- Very good
- Good
- Fair
- Poor

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

What kind of place do you go to MOST OFTEN when you are sick or need medical treatment?

- I do not go to any health care providers
- Emergency room
- Doctor's office
- Health clinic or health center (services not free)
- Free health clinic or health center
- V.A. (veteran's) clinic or hospital
- Alternative medicine provider (acupuncture, herbalist)
- Other (please specify)

Has a doctor or other healthcare provider refused to treat you because you are, or PERCEIVED to be, transgender, transsexual, trans, or gender non-conforming?

- I have never seen a doctor or other healthcare provider
- Yes
- No

Part 7: General Health, Health Services, and Transition-related Health Care

Page 17 of paper survey...

What is your HIV status?

- HIV negative
- HIV positive
- Don't know

Are you taking HIV medication?

- Yes
- No

Have you had any hormone treatment, body enhancement, or surgical procedures for the purpose of transitioning? (This includes facial hair removal and silicone injections.)

- Yes
- No, but I want to
- No, and I do not want to

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

Where do you get your hormones or procedures done?

- I have ONLY gone to licensed professionals (like a doctor) for procedures and hormones
- In addition to licensed professionals, I get procedures and/or hormones from friends, online, or other non-licensed sources
- I ONLY get procedures and hormones from friends, online, or other non-licensed sources

Have you ever or do you currently use any of the following substances?

	I have never used this	I have used this in the past, but not currently	I currently use this
Alcohol (beer, wine, hard liquor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco (cigarettes, cigars, snuff, chewing tobacco)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana, Pot, Weed, Hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine, Coke, Crack, Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine, Tina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin, Dope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCP, Dippers (a marijuana cigarette dipped in PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy, MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonmedical use of Pain Relievers (Oxycodone, Oxycontin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD, Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substance(s) (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other substance(s)" above, please specify here the other substance(s) you use(d):

Part 7: General Health, Health Services, and Transition-related Health Care

Page 18 of paper survey (part 1 of 2)...

Have you ever had silicone injections?

- Yes No

Do you currently use syringes for hormones, silicone injections, or any drugs that require injection?

- Yes No

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

How do you get your syringes/works? (Check all that apply.)

- Fresh/Unused syringes/works from pharmacy or doctor's office
- Fresh/Unused syringes/works from friends
- Fresh/Unused syringes/works through Syringe Exchange Programs
- Reuse old syringes/works because I can't afford new ones
- Reuse old syringes/works because I don't know how to get new ones
- Share used syringes with friends
- Not listed above (please specify)

Part 8: Experiences with Education

Page 18 of paper survey (part 2 of 2)...

Have you attended school at any grade level (elementary school or higher, including college) in Washington, DC?

- Yes No

Did you consider yourself to be, or were you possibly PERCEIVED TO BE, transgender, transsexual, trans, or gender non-conforming at the time you were in school in Washington, DC?

- Yes
 No
 Not sure

Because of being, or being PERCEIVED AS, transgender, transsexual, trans, or gender non-conforming, which of the following statements are true about your experiences in school in Washington, DC?

	No	Yes
I was harassed or bullied by students, teachers, or school staff.	<input type="checkbox"/>	<input type="checkbox"/>
I was physically assaulted by students, teachers, or school staff.	<input type="checkbox"/>	<input type="checkbox"/>
I was sexually assaulted by students, teachers, or school staff.	<input type="checkbox"/>	<input type="checkbox"/>
I had to leave school because the harassment was so bad.	<input type="checkbox"/>	<input type="checkbox"/>
I was not allowed to use the appropriate bathrooms or other facilities.	<input type="checkbox"/>	<input type="checkbox"/>

Part 8: Experiences with Education

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

Page 19 of paper survey (part 1 of 2)...

Did any of the schools you attended in Washington, DC include any school beyond the high school level? (This includes community college, college, graduate school, or technical school.)

Yes

No

Because of being, or being PERCEIVED AS, transgender, transsexual, trans, or gender non-conforming, which of the following statements are true about your experiences in school beyond the high school level in Washington, DC?

(Select "Not applicable" if the situation described does not apply to you based on your gender identity or transition status at the time or the type of school you attended.)

	No	Yes	Not applicable
I had to leave school for financial reasons related to my transition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lost or could not get financial aid or scholarships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was not allowed to have any housing on campus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was not allowed gender appropriate housing on campus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 9: Suicide, Harassment, Physical Assault, or Sexual Assault

Page 19 of paper survey (part 2 of 2)...

Have you ever seriously thought about committing suicide?

Yes

No

Have you ever attempted suicide?

Yes

No

Have you attempted suicide at any time in the past 12 months?

Yes

No

Have you ever experienced being verbally harassed or disrespected by anyone because they knew you to be or perceived you to be transgender, transsexual, trans, or gender non-conforming?

Yes

No

Part 9: Suicide, Harassment, Physical Assault, or Sexual Assault

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

Page 20 of paper survey (part 1 of 2)...

Have you ever experienced being physically assaulted or attacked by anyone because they knew you to be or perceived you to be transgender, transsexual, trans, or gender non-conforming?

Yes

No

Have you ever experienced being sexually assaulted or attacked by anyone because they knew you to be or perceived you to be transgender, transsexual, trans, or gender non-conforming?

Yes

No

Part 10: Next Steps – Community Needs, Resources, and Priorities

Page 20 of paper survey (part 2 of 2)...

As a transgender, transsexual, trans, or gender non-conforming person, what have been your POSITIVE experiences with organizations or groups in Washington, DC that serve largely Gay, Lesbian, or Bisexual clients? (Check all that apply.)

- They were welcoming and required no education about my needs as a trans/gender non-conforming person
- They were welcoming BUT I had to educate them about my needs as a trans/gender non-conforming person
- They were welcoming BUT I had to hide that I was transgender, transsexual, trans or, gender non-conforming
- I have had NO positive experiences
- Does not apply to me. I have never interacted with these types of groups in Washington, DC.
- Other positive experience (please explain)

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

As a transgender, transsexual, trans, or gender non-conforming person, what have been your NEGATIVE experiences with organizations or groups in Washington, DC that serve largely Gay, Lesbian, or Bisexual clients? (Check all that apply.)

- They did not know how to address my needs my needs as a trans/gender non-conforming person
- They were not receptive when I tried to educate them about my needs as a trans/gender non-conforming person
- They were hostile to me as a transgender, transsexual, trans, or gender non-conforming person
- I have had NO negative experiences
- Does not apply to me. I have never interacted with these types of groups in Washington, DC.
- Other negative experience (please explain)

Part 10: Next Steps – Community Needs, Resources, and Priorities

Page 21 of paper survey...

Before taking this survey, were you aware that it is illegal to discriminate against someone based on their “gender identity or expression” in Washington, DC, which includes transgender, transsexual, trans, and gender non-conforming people?

- Yes No

Have you ever contacted the DC Office of Human Rights to report discrimination on the basis of gender identity or expression (for example, discrimination against a person because they are transgender)?

- Yes No

DC Needs Assessment - FOR ENGLISH PAPER SURVEY DATA ENTRY

In order to understand the priorities of our community, please check what you believe are the FOUR most important policy priorities affecting transgender, transsexual, trans, and gender non-conforming people in Washington, DC:

- | | |
|--|--|
| <input type="checkbox"/> Access to trans-sensitive health care | <input type="checkbox"/> Passing anti-bullying laws |
| <input type="checkbox"/> Transition-related health insurance coverage | <input type="checkbox"/> Trans prisoner's rights |
| <input type="checkbox"/> Access to treatment and prevention for HIV/AIDS | <input type="checkbox"/> Better treatment from police |
| <input type="checkbox"/> Decriminalization of sex work | <input type="checkbox"/> Victim's rights services |
| <input type="checkbox"/> Immigration policy reform | <input type="checkbox"/> Trans-sensitive shelters |
| <input type="checkbox"/> Stronger hate/bias crime laws | <input type="checkbox"/> Trans-sensitive public programs |
| <input type="checkbox"/> Job training programs | <input type="checkbox"/> Access to affordable housing |
| <input type="checkbox"/> Employment discrimination | |
| <input type="checkbox"/> Not listed above (please explain): | |

Please add anything else you would like us to know:

EXTRA NOTES

Please add here any notes that appeared in the margins that the survey participant wrote on the survey. Please indicate where on the survey the note was made (such as near a particular question or at the top or bottom of a particular page) :

Thank you for entering this survey. Please select "Done" below to submit it.