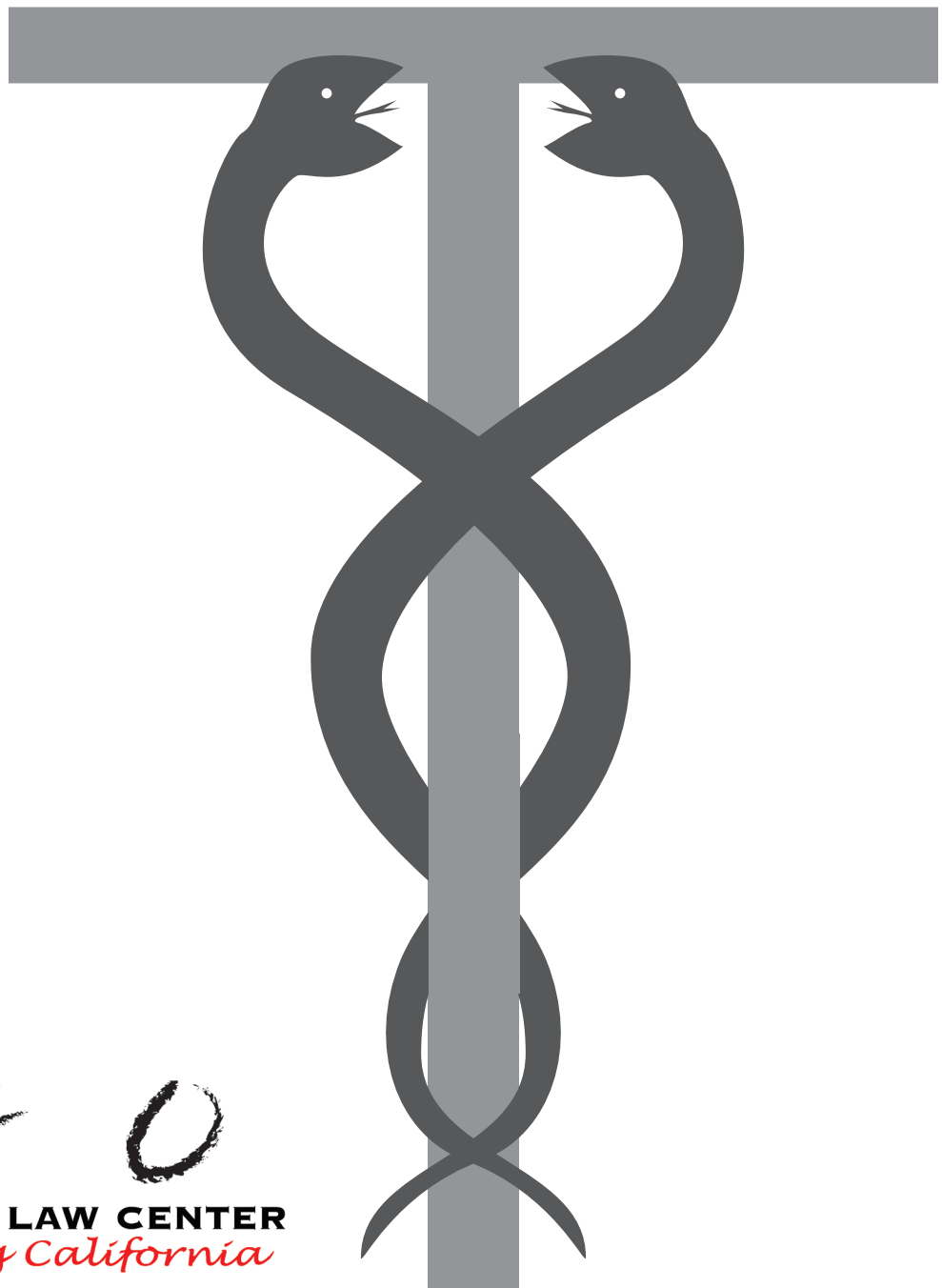


TRANSGENDER HEALTH CARE ACCESS PROJECT

HOW TO START A TRANSGENDER CLINIC



TRANSGENDER LAW CENTER
transitioning California

Acknowledgements

This manual was developed in collaboration between the Transgender Law Center's Health Care Access Project and Christopher Roebuck, MPH (Medical Anthropology Program, UCB-UCSF). Roebuck's research was funded in part by the California HIV/AIDS Research Program (#D07-B-409).

The Transgender Law Center takes sole responsibility for any and all errors.

The Transgender Law Center thanks all of the funders whose support made this publication possible, including:

The California Endowment
The California Wellness Foundation
The Evelyn and Walter Haas, Jr. Fund
Horizons Foundation
Kicking Assets Fund of Tides Foundation
Liberty Hill Foundation

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 Sample poster

TRANSGENDER HEALTH CARE ACCESS PROJECT

HOW TO START A TRANSGENDER CLINIC

Transgender people are severely underserved by current health services. In many health care settings, transgender and gender non-conforming individuals experience discrimination, mistreatment, and overall lack of knowledge about transgender related medical issues. These factors place transgender people at increased risk of serious health problems.

Fortunately, we find ourselves at a time when greater access to transgender-appropriate care is becoming possible. In communities across the nation, transgender individuals, family members, health care providers, and local leaders are working together to develop health programs that are affordable, comprehensive, and culturally competent. It is in this spirit of possibility that this booklet is created.

After interviewing community members, advocates, and providers, we have developed a series of guiding questions and answers that have proven helpful in the initial planning of transgender-appropriate health services in the United States. We recommend a community-driven model of care that is comprehensive and multi-disciplinary. This approach unites primary care, transgender specific medical care, and psychosocial services with active community participation in program development.

We offer this booklet as a tool. We hope it will enable communities to organize their unique capacities in order to provide affordable, quality health care to transgender and gender non-conforming people, a community that has long lacked access to adequate care.

I. PRE-PLANNING

What is transgender health care?

Comprehensive transgender health care encompasses two approaches: primary care and medical care specifically related to transgender issues, such as hormonal therapy and surgical procedures. **Primary care** includes screening for common diseases (cancer, diabetes), assessing symptoms and diagnosing illness, treatment of acute illness and the management of chronic diseases. Primary care also incorporates health promotion, risk reduction, and referrals for other health and social issues, including mental health services, housing, and employment.

Hormonal therapy has been shown to profoundly increase the quality of life for transgender individuals. For many transgender people, hormonal therapy is a way to bring the body into greater congruence with gender identity. Integral components of hormonal therapy include assessing the patient's health status, needs, and values as well as prescribing appropriate hormones and monitoring any potential side-effects.

Providing competent transgender health care also means being aware of the diversity of ways in which transgender individuals identify, often outside the binaries of male and female. This means being aware of the many ways in which gender transition may occur. This includes people who take hormones or have surgeries as well as those who do not.

It is important to underscore that transgender populations experience severe social inequities. Many transgender people are economically and socially vulnerable and experience multiple forms of oppression and discrimination, particularly transgender people of color, immigrants, sex workers, and those who have a gender expression that is fluid or outside the gender binary. It is important that providers take into consideration the constellation of life factors which may impact patients' health and wellbeing.

CASE EXAMPLE The Transgender Clinic of Tom Waddell Health Center, run by the San Francisco Department of Public Health, has been in operation since November 1993. The Transgender Tuesdays program is a four-hour per week primary care clinic providing quality integrated health care and hormonal therapy in an atmosphere of trust and respect. Eligibility for the clinic is open to people who self-define as transgender and who are San Francisco residents. The clinic operates under a harm reduction philosophy of care with the aim of optimizing patient's health and functioning as well as helping patients to reduce harm in their lives. Health care is delivered using a comprehensive and interdisciplinary team of nurses, nurse practitioners, physicians, and social workers. In addition to regular visits with a primary care provider, clients may take advantage of on-site auxiliary services including urgent care, acupuncture, massage therapy, a transgender library, and ongoing peer support groups. At times, researchers are on-site providing an opportunity for patients to participate in research studies. Also the clinic has a large network of collaborating organizations to which patients can be referred for case management, housing, and employment issues.

What are your community's health needs?

Perhaps the most important step in establishing relevant transgender health services begins with a community health assessment which identifies the health needs of the local community, the resources that are available, and the state of current programs. A community health assessment enables providers to develop a targeted and appropriate program while preventing duplication of services. Also identifying existing organizations that offer transgender related programs can facilitate the development of collaborative partnerships necessary for sustaining community-wide participation in the delivery of relevant health and social services.

There are a variety of ways of conducting community health assessments ranging from interviews with key leaders to more comprehensive epidemiological studies. Attached examples of needs assessments can be found in Appendix A.

CASE EXAMPLE The Alameda County Transgender Health Care Access Project (HCAP) sponsored a community town meeting, the first of its kind, to discuss the health care needs of the local transgender community. Over 100 community members, relatives, advocates, and allies opened a dialogue with local, county, and state officials. Members of the transgender community as well as provider allies shared their health related experiences and concerns. Many called for an increased County-wide investment in health care available to low-income, uninsured, and underinsured transgender community members and their families. The town hall meeting allowed community members and policy makers to identify the needs of transgender residents and collaborate on the development of relevant low-cost, culturally competent health and social services.

II. PLANNING & DEVELOPMENT

What kind of medical care and health services will you provide? What sorts of referrals to other organizations will be necessary?

After assessing the demographics and health issues of the local community, consider what kind of programs will best fit your local needs and resources. Successful program models typically combine primary care, hormonal management, and basic psychosocial services that emphasize the broader health and transition-related concerns faced by transsexual, transgender, and gender non-conforming persons. Given that many health-related studies have documented that transgender (MTF) women represent a community particularly at-risk for HIV/AIDS, it is highly recommended that clinics include active HIV prevention and AIDS care services; in addition, providers should explore targeted programs to address the health care needs of transgender youth and adolescents.

Pre-planning should also consider how patients will be referred to outside organizations for services the clinic may not be able to provide, such as mental health services, case management, housing, employment, and surgical procedures. The local community health assessment will prove helpful in identifying and building relationships with other organizations offering relevant services.

CASE EXAMPLE 1 Dimensions, a clinic run by San Francisco's Department of Public Health, offers low-cost health services for queer, transgender and questioning youth ages 12 to 25. Its mission is to increase the physical and mental health and wellness of LGBTQIQ young people in a culturally competent environment. Their staff, comprised of medical & mental health professionals, provides primary care, hormonal therapy, and psychosocial services in a comfortable, respectful environment. They also have weekly transgender and gender variant peer-led support groups. Topics commonly discussed include gender identity issues, transitions, coming out, relationships, substance abuse, and HIV/AIDS. The clinic also has a network of organizations to which they refer clients, such as youth support groups, safe housing, and substance abuse treatment.

CASE EXAMPLE 2 TransVision, a program of Tri City Clinic in Alameda County, provides a range of medical services, which include: mental health social support, including primary care, HIV/AIDS & STD screening and treatment, and individual and group support. For hormonal therapy, they have a network of private and county providers to whom they refer patients.

Where will transgender services be provided?

It is important to consider how transgender services will be organized and what kind of space these services will occupy. Current transgender health services are offered in one of two ways, either as a transgender-specific clinic or integrated into existing programs. The latter includes stand-alone clinics within local public health departments as well as services offer by LGBT, HIV/AIDS, and family-planning organizations.

CASE EXAMPLE 1 Transgender Tuesdays is located at the Tom Waddell Health Center, a large community health center that provides care to low-income and homeless residents in San Francisco. The transgender clinic takes place for four hours on Tuesday evenings so as to be accessible to commercial sex workers and others in the inner-city location. Due to its evening hours, the transgender program is the only clinic open, which allows for a safe and confidential environment for clients.

CASE EXAMPLE 2 In Santa Cruz County, transgender health services are offered by Planned Parenthood as part of their mission to provide a broad range of reproductive and general health services to the local community. They do not offer a transgender-specific clinic. Instead, transgender services are integrated into the larger mission of the organization. Transgender clients are offered appointments with providers who are particularly knowledgeable about hormonal therapy and transgender-related health care.

How will services be funded?

Certainly one of the most vital issues facing any clinic is the question of how to fund services and programs. A number of strategies are available to finance transgender health services, including funding as part of a broader public health department at the city or county level, financial support from foundations, funding as part of a larger not-for-profit organization such as Planned Parenthood, or a combination of approaches. Many programs offer sliding scale payment for low-income individuals as well as include third party reimbursements, such as payment from private insurance companies and Medi-Cal.

CASE EXAMPLE 1 Both Transgender Tuesdays and Dimensions Clinic are funded by San Francisco's Department of Public Health as part of a broader effort to provide care to under-served populations in the city. In particular, Transgender Tuesdays was started as a response to the HIV/AIDS epidemic which was disproportionately impacting transgender (MTF) women in the city. Services are provided free or on a sliding scale according to one's financial need. Medicare and Medi-Cal clients are accepted, though those with private insurance or who reside outside the city might be directed to other programs in the area.

CASE EXAMPLE 2 In San Diego County, transgender services at Family Health Centers of San Diego are funded through a combination of sources including county, HIV/AIDS prevention, and community fundraising. Transgender services are part of a larger community health model that emphasizes multidisciplinary health services and HIV/AIDS care.

What will the hormonal treatment protocols be?

Hormonal therapy, such as estrogen, anti-androgens, and testosterone, is often a significant part of gender transition. The effects of hormones allow transgender individuals a sense of congruity between internal understandings of gender identity and the body. For these reasons, it is extremely important that transgender health programs develop guidelines for the administering of hormones. Issues to consider include what kinds pharmaceuticals will be used, at what dosages, when hormonal therapy may begin, and how informed consent is given.

In our review of peer-reviewed literature and clinical guidelines, there is agreement on the basic guidelines for hormonal therapy. Examples of treatment protocols and list of peer-reviewed studies which have examined hormonal regimes and sides effects are included as Appendix B.

In general, hormonal therapy is best administered in the context of a complete approach to health that includes comprehensive primary care and coordinated psychosocial services. However, we do not recommend a one size fits all approach for transgender patients. Instead, medical care and hormonal therapy should be flexible, taking into consideration each individual's preferences, goals, and values. Also baseline protocols should be modified to address changing conditions, emerging issues, and clinical research.

CASE EXAMPLE When Transgender Tuesdays opened at TWHC it was the first program of its kind to provide primary care and hormonal therapy to self-defined transgender individuals. Their approach to hormonal therapy is part of a broader evolution from less rigid standards of hormonal therapy to guidelines that reflect the social and economic realities of transgender individuals. Their protocols, which have been used by providers across the country, are based on available clinical evidence and their experience in treating over 1200 patients. Their protocols can be found at: <http://www.dph.sf.ca.us/chn/HlthCtrs/HlthCtrDocs/TransGendprotocols122006.pdf>

What kind of patient intake procedures will you use?

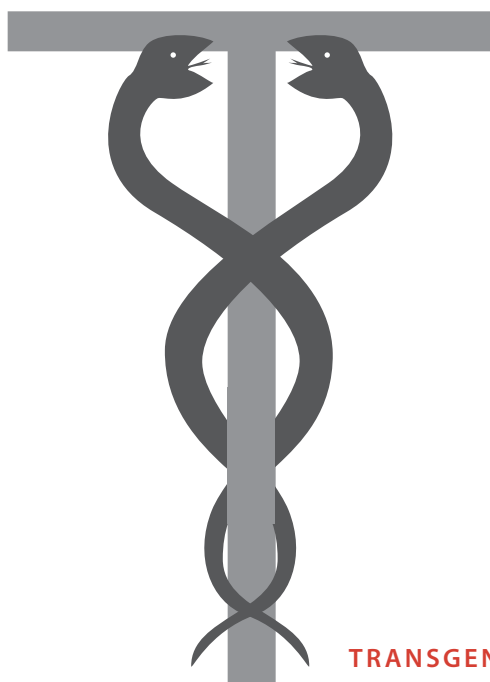
As infrastructure and clinical guidelines are developed, it is important to consider what kinds of administrative practices are necessary. How are patients going to be enrolled and what kinds of intake processes you will have? Intake processes usually include a general health history with attention to urgent needs.

Initial assessments may be conducted by a semi-structured interview, standardized questionnaire, or a combination of both. We recommend a flexible approach that first identifies immediate risks to the health and safety of the patient, such as abuse and or violence, unsafe living or working conditions, hunger, suicide, and untreated physical/mental health conditions.

Experience has shown that patients should be allowed to use their chosen name, which might be different than their legal name, and to self-identify their gender and sexual identities, such as male, female, MTF, FTM, gender-queer, straight, lesbian, gay, etc. Thus, intake forms might need to be rewritten in order to include “chosen name” in addition to legal name, as well as a third blank option for sex/gender where someone can more accurately describe their gender and sexuality. These practices will allow you to create a welcoming environment for your transgender and gender non-conforming patients.

We have attached a sample intake questionnaire in Appendix C.

CASE EXAMPLE During drop-in hours at Transgender Tuesdays prospective patients meet with a nurse or social worker for an intake interview. During this meeting the provider assesses health needs, identifies high risk patients (those with immediate illness or homelessness), and describes how the clinic works. After this interview, a patient will have a follow-up appointment with a social worker for a psychosocial intake interview. The purpose of this assessment is to identify the patient’s general health needs and concerns as well as determine each patient’s ability to consent to hormonal therapy if desired. Preliminary blood tests are done as part of standard intake and follow up visits with a physician or nurse practitioner are scheduled. On the next visit, a patient will meet with a clinician who will be the patient’s primary medical provider. At this time, a medical history and physical exam are conducted, and prescriptions, follow-up appointments, health education and medical referrals are given.



What kinds of sensitivity training will be provided to staff?

Alongside the development of transgender appropriate intake and administrative procedures, it is important to develop guidelines for the training of staff to ensure that a non-discriminatory and welcoming environment is provided. This is especially important for front-line staff members who are the patients' first contact with clinic services. Staff should be able to interact effectively with transgender people, families, and friends. They should have familiarity with commonly used terms and the diversity of identities within the transgender community and allow individuals to self-identify their gender and sexual orientation. As well, they should be able to respond appropriately to the disclosure of gender concerns, personal names, and pronoun usages. The Transgender Law Center offers provider education and literature, see Appendix D.

Of particular concern for many transgender patients is the confidentiality of their gender status and related health issues. Thus, all staff should maintain the privacy of their transgender and gender non-conforming patients, and not disclose the gender status of patients unless it is directly relevant to care.

We recommend that ongoing training about emerging issues within the transgender and gender non-conforming environment be part of regular staff education.

CASE EXAMPLE The Transgender Law Center has conducted workshops for providers and offers copies of their 10 Tips for Working with Transgender Individuals to help organizations and business create a transgender positive environment.

What kinds of things can your clinic do to provide a welcoming environment??

It is important to display transgender-positive cues at your site. Posters, buttons, stickers, and literature about transgender people can demonstrate that you are a transgender-friendly organization. Transgender Law Center has many brochures and pamphlets available to providers, and the Massachusetts Department of Health's LGBT Health Access Project has samples of posters that promote an inclusive and welcoming environment. See <http://www.glbthealth.org/HAPMaterials.htm> and Appendix E for examples of transgender-friendly outreach materials.

CASE EXAMPLE 1 The Transgender Tuesdays program provides pamphlets and literature to their clients, as well as a bulletin board where community members can post flyers describing community services and upcoming events. The center has pictures of clients at various events including the program's tenth year anniversary party. Also the clinic provides a library, staffed by volunteers, which offers nonfiction and fiction books on gender-related topics.

CASE EXAMPLE 2 In Santa Cruz County, Planned Parenthood has integrated artistic images of transgender individuals as part their effort to create a welcoming and inclusive environment. In public areas of the clinic, they have placed pictures from the Transfigurations Collection, a set of portraits of transgender individuals along with their reflections. Information on the collection is available at <http://www.janamarcus.com/docus/transfigurations/project1.html>.

III. EVALUATION & SUSTAINABILITY

How are you going to evaluate your services?

Evaluation is a way to measure the success of your services, identify unmet needs, and characterize the health and needs of your clients. It enables you to determine if your program is working, in what ways, and with what kinds of consequences.

Program evaluation can be conducted in a number of ways, ranging from interviews with key leaders to patient surveys.

We recommend that the evaluation process solicit active community participation. Members of the community should be included in the design, implementation, and analysis of the evaluation. By so doing, the skills and knowledges that transgender people bring to the table are acknowledged. In addition, involvement in the evaluation process can further train and empower community members. These activities can build community capacity and contribute to the sustainability of your program.

What are the ways in which the success of your clinic be guaranteed over the long run?

Some of the last issues to address concern how to maintain funding for your programs, how to increase community participation, and how to sustain collaborative partnerships with other organizations and service providers. Addressing these three areas – funding, participation, and partnerships – will go a long way in helping your services flourish over time.

We have found that services incorporating a community-based, peer-driven model of care have been the most successful and viable. A network of advocates and organizations focusing on social change has created safe and healthy environments for transgender and gender non-conforming people while providing a base of grassroots advocate support needed to secure public and private funding for transgender-specific services.

IV. CONCLUSION

Although transgender people are chronically underserved within current healthcare systems, awareness of transgender health needs and culturally appropriate standards of care are steadily increasing. Transgender clinics provide an important vehicle to meet the targeted needs of this emerging community. For additional information about starting a transgender clinic, please contact the Transgender Law Center.

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APPENDIXES

APPENDIX A: SAMPLE NEEDS ASSESSMENT SURVEYS



ACCESS TO HEALTH CARE SURVEY

This survey is completely confidential and is intended to help us understand the health care needs in the County of Santa Clara.

DEMOGRAPHIC INFORMATION

1. How did you learn about this survey? Please select only one.

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Someone I don't know gave me a copy | <input type="checkbox"/> Danielle | <input type="checkbox"/> Nori |
| <input type="checkbox"/> Community Health Partnership | <input type="checkbox"/> Claudia | <input type="checkbox"/> A friend/colleague |
| <input type="checkbox"/> TransPowerment Program | <input type="checkbox"/> Jennifer | <input type="checkbox"/> Email |
| <input type="checkbox"/> Other, please specify: _____ | | |

2. How do you identify your gender? Please select only one.

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> FTM (female-to-male) | <input type="checkbox"/> Male | <input type="checkbox"/> Gender queer |
| <input type="checkbox"/> MTF (male-to-female) | <input type="checkbox"/> Intersex | <input type="checkbox"/> Gender variant | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Decline to answer | | |
| <input type="checkbox"/> Other, please specify: _____ | | | |

3. How do you identify your sexual orientation? Please select all that apply.

- | | | | |
|---|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Queer | <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Decline to answer | |
| <input type="checkbox"/> Other, please specify: _____ | | | |

4. How do you identify your ethnicity or race? Please select all that apply.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Native American | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Latina(o)/Hispanic | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Multiracial | | | |
| <input type="checkbox"/> Other, please specify: _____ | | | |

5. What language do you speak most frequently at home? Please select all that apply.

- | | | | | |
|----------------------------------|----------------------------------|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other (specify): _____ |
|----------------------------------|----------------------------------|-------------------------------------|----------------------------------|---|

6. Are you Bilingual? ☐ Yes ☐ No

7. What is your age?

- | | | |
|---|---|--|
| <input type="checkbox"/> Under 12 years old | <input type="checkbox"/> 25 to 29 years old | <input type="checkbox"/> Over 50 years old |
| <input type="checkbox"/> 13 to 17 years old | <input type="checkbox"/> 30 to 39 years old | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> 18 to 24 years old | <input type="checkbox"/> 40 to 49 years old | |

8. Which county do you live in?

- | | | |
|---|--|---|
| <input type="checkbox"/> Santa Clara County | <input type="checkbox"/> Napa County | <input type="checkbox"/> Alameda County |
| <input type="checkbox"/> San Francisco County | <input type="checkbox"/> Solano County | <input type="checkbox"/> Santa Cruz County |
| <input type="checkbox"/> San Mateo County | <input type="checkbox"/> Marin County | <input type="checkbox"/> Monterey County |
| <input type="checkbox"/> Sonoma County | <input type="checkbox"/> Contra Costa County | <input type="checkbox"/> Other (specify): _____ |

EMPLOYMENT AND INSURANCE

9. What best describes your current job (work) situation? Please select one.

- ☐ Employed full-time (33-40 hours/week)
- ☐ Employed part-time (Less than 33 hours/week)
- ☐ Working part-time and on disability
- ☐ On disability – looking for work
- ☐ Not working – on full disability
- ☐ Not working – applied for disability
- ☐ Not working – looking for work
- ☐ Not working – student/homemaker/volunteer/other
- ☐ Retired
- ☐ Other, please specify: _____

10. Have you exchanged any form of sex for money in the last 6 months? ☐ Yes ☐ No

☐ Not sure, please specify: _____

11. Do you have health insurance? ☐ Yes ☐ No (skip to question #12)

12. If YES, what kind of health insurance do you have? Please answer “yes” or “no” to each item below.

	Yes	No
1. Insurance through work	<input type="checkbox"/>	<input type="checkbox"/>
2. COBRA or OBRA (insurance through my last employer)	<input type="checkbox"/>	<input type="checkbox"/>
3. Private insurance/HMO, <u>not through work</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medicare	<input type="checkbox"/>	<input type="checkbox"/>
5. Medi-Cal/Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
6. Veteran’s Affairs (VA)	<input type="checkbox"/>	<input type="checkbox"/>
7. County-funded program	<input type="checkbox"/>	<input type="checkbox"/>
8. Private pay/out-of-pocket/fee-for-service	<input type="checkbox"/>	<input type="checkbox"/>
9. Other (specify)		

HEALTH CARE SERVICES

13. When was your last visit with a doctor, nurse, or other health care provider?

- ☐ Less than 6 months ago
☐ Six to 12 months ago
☐ More than a year ago
☐ Never

14. Where did you receive your medical care (doctor's name or place)? _____

15. Were you satisfied with the services you received?

- ☐ Yes ☐ No
☐ If NO, please explain: _____

ACCESS TO HEALTH SERVICES

16. How much do you think each of the following factors could prevent you from seeing a doctor, nurse or other health care provider?

Please check the box beside the statement that most describes your experience.

1. Location of services/ transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Days and hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Having to disclose your gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Concerns about confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lack of health insurance/what services might cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling comfortable talking about health and sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fear of being reported to immigration or other authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Length of waiting time to get an appointment or see someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Not able to communicate or interact with the service provider in my preferred language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sensitivity of the person or organization providing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feeling discriminated against by the service provider or the organization providing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Not getting along with the people providing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Experience or expertise of the person providing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Lack of professional support to help navigate the health care systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Have you had any personal experiences with these or other barriers that you would like to share?

THOUGHTS ON HIV/AIDS

18. For each item below, please say if you believe there is a high, medium, low or no likelihood of occurring.

	Highly Likely	Moderately Likely	Less Likely	Not Likely
1. Using condoms will effectively reduce the likelihood of infecting someone with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A <u>receptive</u> partner in unprotected anal or vaginal sex can infect someone else with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. An <u>insertive</u> partner in unprotected anal or vaginal sex can infect someone else with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. One HIV+ person can re-infect another HIV+ person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A person's viral load can affect the transmission of HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. A person can be infected with HIV by having oral sex of any kind with someone else who has the virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A person can be at risk for HIV when combining recreational drugs with sex (i.e., party 'n play, tweak 'n freak).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Please mark whether or not each of the following statements is true for you.

	Yes	No
1. Are you or anyone you know infected or affected by HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you know where you can get tested for HIV in Santa Clara County?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you know where you can get health care services specializing in HIV in Santa Clara County?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you know where you can get health care in Santa Clara County that is accepting of your sexual orientation and/or gender identity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you know where you can get health care without having medical insurance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Would you feel comfortable disclosing your sexual orientation or gender identity to your health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been sexually active in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>

20. Do you have any other comments or stories about your access to health care services? You may use the back of this form if you need more room.

21. If you are interested in receiving information about related support services, as well as a special thank you gift for completing this survey, please provide your contact information here and/or visit www.chpscc.org/hiv.

Name: _____

Email: _____

Address: _____

City, State, Zip: _____

THANK YOU VERY MUCH FOR YOUR TIME.

Transgender Resources and Neighborhood Space (TRANS) SURVEY

UCSF Center for AIDS Prevention Studies

ID #: _____

Date: ____/____/____

Survey began: ____:____AM/PM	Break began (if any): ____:____AM/PM
Break ended (if any): ____:____AM/PM	Survey ended: ____:____AM/PM

Recruitment method (circle one):

(1) Self-referral	(2) Participant referral	(3) Outreach at bar	(4) Outreach on street
(5) Agency referral (specify agency):		(6) Other (specify):	

Location: _____

Survey worker: _____

Informed consent obtained? ☐

Notes: _____

- I. Have you ever sought or received services at TRANS (1145 Bush Street, 2nd Floor) in the past?
- a. Yes
 - b. No (skip to Section A)
 - c. Don't know
 - d. Refuse

If Yes, answer the following question:

Have you,

- ___ 1. Attended TRANS workshops?
- ___ 2. Graduated from TRANS Programs?
- ___ 3. Had one on one with a Health Educator?
- ___ 4. Received counseling with TLC Therapist?
- ___ 5. Attended TLC support groups?
- ___ 6. Used shower?
- ___ 7. Utilized resource closet?
- ___ 8. Living room/ Television/ hangout?
- ___ 9. Obtained resource information only.
- ___ 10. Received referrals to other provider?
- ___ 11. Attended TRANS related events?

SECTION A: DEMOGRAPHICS

First I have some general questions about you and your life.

1. In what country or region were you born? (*Circle ONE answer.*)

(1) United States	(2) Mexico
(3) Central America (specify):	(4) South America (specify):
(5) Philippines	(6) Asia (specify):
(7) Other (specify):	(98) Don't know
(99) Refuse	

2. How many TOTAL years have you lived in the United States?
_____ years (98) Don't know (99) Refuse

3. What is your current ZIP code?
_____ (98) Don't know (99) Refuse

4. Have you EVER been legally married?
(1) Yes
(2) No (*go to 5.*)
(98) Don't know (*go to 5.*)
(99) Refuse (*go to 5.*)

*4a. Was your spouse a genetic male or female?

(1) Male	(2) Female	(98) Don't know	(99) Refuse
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5. What is your CURRENT relationship status? (*Do not read list; probe if necessary. Circle ONE answer.*)

(1) Single	(2) Legally married	(3) Domestic partnership
(4) Live-in partner, boyfriend, or girlfriend	(5) Non-live-in partner, boyfriend, or girlfriend	(6) Other (specify):
(98) Don't know	(99) Refuse	

6. What do you consider your gender identity to be? (*Do not read list; probe if necessary. Circle ONE answer.*)

(1) Male	(2) Female	(3) Androgynous
(4) Pre-op Transsexual	(5) Post-op Transsexual	(6) Transvestite
(7) Pre-op Transgender	(8) Post-op Transgender	(9) Cross-dresser
(10) Gender Queer	(11) Drag queen	(12) Other (specify):
(98) Don't know	(99) Refuse	

7. Have you had any sex reassignment surgeries?
(1) Yes
(2) No
(98) Don't know
(99) Refuse

8. What do you consider your sexual orientation to be? (*Do not read list; probe if necessary. Circle ONE answer.*)

(1) Heterosexual	(2) Homosexual	(3) Bisexual	(4) Asexual
(5) Other (specify):	(98) Don't know	(99) Refuse	

SECTION B: RESOURCES

Now I want to ask you some questions about community services you may have used.

9. How satisfied are you with the following health care, social services or public assistance have you may have needed in the last 6 months? I would like you to respond using **CARD E. READ ENTIRE LIST.**

(1) Extremely Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Extremely Satisfied
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Service	
(a) Permanent housing	
(b) Food	
(c) Job training/Employment	
(d) SSI/general relief	
(e) Counseling	
(f) STD screening	
(g) Emergency room	
(h) Alternative healthcare	
(i) Spiritual support	
(j) Utility payments	
(k) Temporary shelter	
(l) Unemployment	
(m) Rape crisis	
(n) General medical care	
(o) Urgent care	
(p) Legal aid	
(q) Crisis intervention	
(r) Other (specify):	

10. In the past 12 months, has a doctor or nurse told you that you have any of the following sexually transmitted diseases? If so, how many times were you told, and did you get it treated? (**READ ENTIRE LIST.** If YES, ask how many times told and how often it was treated. If NO, go to next STD.)

STD	Been told in the last year?	How many times told?	Did you get it treated?
(a) Chlamydia	(1) Yes (2) No		(1) Yes (2) No
(b) Genital Warts	(1) Yes (2) No		(1) Yes (2) No
(c) Gonorrhea	(1) Yes (2) No		(1) Yes (2) No
(d) Hepatitis B	(1) Yes (2) No		(1) Yes (2) No
(e) Hepatitis C	(1) Yes (2) No		(1) Yes (2) No
(f) Herpes	(1) Yes (2) No		(1) Yes (2) No
(g) Syphilis	(1) Yes (2) No		(1) Yes (2) No
(h) Trichomoniasis	(1) Yes (2) No		(1) Yes (2) No
(i) Other (specify):	(1) Yes (2) No		(1) Yes (2) No

11. Have you EVER been tested for tuberculosis (TB)?

- (1) Yes
- (2) No (go to 12.)
- (98) Don't know (go to 12.)
- (99) Refuse (go to 12.)

*11a. When was your last test? (Probe if unsure.)

_____/_____
month year

- (98) Don't know
- (99) Refuse

*11b. Would you mind telling me what the result of your last test was? (Circle ONE answer.)

(1) Positive	(2) Negative (go to 12.)	(3) Indeterminate (go to 12.)	(98) Don't know (go to 12.)	(99) Refuse (go to 12.)
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*11c. If you did test positive, have you been or are you currently in treatment? (Circle ONE answer.)

- (1) Yes
- (2) No
- (98) Don't know
- (99) Refuse

12. Have you EVER been tested for HIV, the virus that causes AIDS?

- (1) Yes
- (2) No (go to *12c.)
- (98) Don't know (go to PAGE 6.)
- (99) Refuse (go to PAGE 6.)

*12a. When was your last test? (Probe if unsure.)

_____/_____
month year

- (98) Don't know
- (99) Refuse

*12b. Would you mind telling me what the result of your last HIV test was? (Circle ONE answer, then go to PAGE 5.)

(1) Positive	(2) Negative	(3) Indeterminate	(98) Don't know	(99) Refuse
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*12c. **Ask only if participant has never been tested for HIV.** What is the reason you have never been tested? (Probe; circle ALL that apply.)

(1) I am sure I have NOT been exposed to HIV.	(2) I am sure I am HIV positive.	(3) I'll get it anyway.
(4) I practice safer sex.	(5) I do not want to know if I have HIV.	(6) I'm not at risk.
(7) I never share works.	(98) Don't know	(99) Refuse
(8) Other (specify):		

SECTION C: SEXUAL BEHAVIORS

READ→ Now we are going to talk about your sexual practices, including each of the times you have had oral and anal sex. For this section, we are talking about **ONLY YOUR MALE PRIMARY SEX PARTNERS** who are **NON-PAYING**. These are people with whom you have had a relationship, such as a boyfriend, spouse, partner, lover, or significant other.

13. How many male primary sex partners have you had in the past 6 months? _____ (if "0," go to PAGE 7, QUESTION 24.)

14. How many male primary sex partners have you had in the past 30 days? _____ (if "0," go to PAGE 7, QUESTION 24.)

15. In the last 30 days, how many times did a partner put his mouth on your anus? (If "0," go to 16.)
_____ times (98) Don't know (99) Refuse

*15a. Of these _____ (number from 15) times, how often was a dental dam or other barrier used?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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16. In the last 30 days, how many times did you put your mouth on a partner's anus? (If "0," go to 17.)
_____ times (98) Don't know (99) Refuse

*16a. Of these _____ (number from 16) times, how often was a dental dam or other barrier used?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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17. In the last 30 days, how many times did a partner put his penis into your mouth? (If "0," go to 18.)
_____ times (98) Don't know (99) Refuse

*17a. Of these _____ (number from 17) times, how often did he wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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18. In the last 30 days, how many times did a partner put his penis in your anus? (If "0," go to 19.)
_____ times (98) Don't know (99) Refuse

*18a. Of these _____ (number from 18) times, how often did he wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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If respondent is **PRE-OP**, ask questions 19 & 20, then go to question 23.
If respondent is **POST-OP**, go to question 21.

19. Ask only if respondent is **PRE-OP**: In the last 30 days, how many times did you put your penis in a partner's mouth? (If "0," go to 20.)
_____ times (98) Don't know (99) Refuse

*19a. Of these _____ (number from 19) times, how often did you wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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20. Ask only if respondent is **PRE-OP**: In the last 30 days, how many times did you put your penis in a partner's anus? (If "0," go to 21.)

_____ times (98) Don't know (99) Refuse

*20a. Of these _____ (number from 20) times, how often did you wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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21. Ask only if respondent is **POST-OP**: In the last 30 days, how many times did a partner put his mouth on your vagina? (If "0," go to 22.)

_____ times (98) Don't know (99) Refuse

*21a. Of these _____ (number from 21) times, how often was a dental dam or other barrier used?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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22. Ask only if respondent is **POST-OP**: In the last 30 days, how many times did a partner put his penis in your vagina? (If "0," go to 23.)

_____ times (98) Don't know (99) Refuse

*22a. Of these _____ (number from 22) times, how often did he wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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23. **ASK EVERYBODY.** In the last 30 days, have you had anal or vaginal sex with a male primary partner while on the following substances? (**READ ENTIRE LIST.**)

Substance	Had with sex?
(a) Alcohol	(1) Yes (2) No
(b) Marijuana	(1) Yes (2) No
(c) Cocaine/Crack	(1) Yes (2) No
(d) Heroin	(1) Yes (2) No
(e) Injection drugs (speedball)	(1) Yes (2) No
(f) Non Prescription Methadone	(1) Yes (2) No
(g) Opiates (heroin, codeine, Demerol)	(1) Yes (2) No
(h) Amphetamines/Methamphetamines (speed, ice, crystal)	(1) Yes (2) No
(i) Downers (Qualudes, GHB, OxyContin)	(1) Yes (2) No
(j) Hallucinogens (LSD, Acid, Peyote, Mushrooms)	(1) Yes (2) No
(k) Ecstasy	(1) Yes (2) No
(l) Other substances (specify):	(1) Yes (2) No

READ→ Now we will continue to talk about your sexual practices, including each of the times you have had oral and anal sex, but this time we will talk about your **MALE CASUAL SEX PARTNERS** who are **NON-PAYING**, such as one-night stands.

24. How many male casual sex partners have you had in the past 6 months? _____ (if "0," go to PAGE 9, QUESTION 35.)
25. How many male casual sex partners have you had in the past 30 days? _____ (if "0," go to PAGE 9, QUESTION 35.)

26. In the last 30 days, how many times did a partner put his mouth on your anus? (If "0," go to 27.)
 _____ times (98) Don't know (99) Refuse

*26a. Of these _____ (number from 26) times, how often was a dental dam or other barrier used?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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27. In the last 30 days, how many times did you put your mouth on a partner's anus? (If "0," go to 28.)
 _____ times (98) Don't know (99) Refuse

*27a. Of these _____ (number from 27) times, how often was a dental dam or other barrier used?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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28. In the last 30 days, how many times did a partner put his penis into your mouth? (If "0," go to 29.)
 _____ times (98) Don't know (99) Refuse

*28a. Of these _____ (number from 28) times, how often did he wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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29. In the last 30 days, how many times did a partner put his penis in your anus? (If "0," go to 30.)
 _____ times (98) Don't know (99) Refuse

*29a. Of these _____ (number from 29) times, how often did he wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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*If respondent is **PRE-OP**, ask questions 30 & 31, then go to question 34.
 If respondent is **POST-OP**, go to question 32.*

30. Ask only if respondent is **PRE-OP**: In the last 30 days, how many times did you put your penis in a partner's mouth? (If "0," go to 31.)
 _____ times (98) Don't know (99) Refuse

*30a. Of these _____ (number from 30) times, how often did you wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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31. Ask only if respondent is **PRE-OP**: In the last 30 days, how many times did you put your penis in a partner's anus? (If "0," go to 32.)

_____ times

(98) Don't know

(99) Refuse

*31a. Of these _____ (number from 31) times, how often did you wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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32. Ask only if respondent is **POST-OP**: In the last 30 days, how many times did a partner put his mouth on your vagina? (If "0," go to 33.)

_____ times

(98) Don't know

(99) Refuse

*32a. Of these _____ (number from 32) times, how often was a dental dam or other barrier used?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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33. Ask only if respondent is **POST-OP**: In the last 30 days, how many times did a partner put his penis in your vagina? (If "0," go to 34.)

_____ times

(98) Don't know

(99) Refuse

*33a. Of these _____ (number from 33) times, how often did he wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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34. **ASK EVERYBODY.** In the last 30 days, have you had anal or vaginal sex with a male casual partner while on the following substances? (**READ ENTIRE LIST.**)

Substance	Had with sex?
(a) Alcohol	(1) Yes (2) No
(b) Marijuana	(1) Yes (2) No
(c) Cocaine/Crack	(1) Yes (2) No
(d) Heroin	(1) Yes (2) No
(e) Injection drugs (speedball)	(1) Yes (2) No
(f) Non Prescription Methadone	(1) Yes (2) No
(g) Opiates (heroin, codeine, Demerol)	(1) Yes (2) No
(h) Amphetamines/Methamphetamines (speed, ice, crystal)	(1) Yes (2) No
(i) Downers (Qualudes, GHB, OxyContin)	(1) Yes (2) No
(j) Hallucinogens (LSD, Acid, Peyote, Mushrooms)	(1) Yes (2) No
(k) Ecstasy	(1) Yes (2) No
(l) Other substances (specify):	(1) Yes (2) No

READ→ Now I want to ask you questions about your oral and anal sexual practices with **MALE CUSTOMERS** who have paid you for sex.

35. How many male customers have you had in the past 6 months? _____ (if "0," go to PAGE 11, QUESTION 46.)

36. How many male customers have you had in the past 30 days? _____ (if "0," go to PAGE 11, QUESTION 46.)

37. In the last 30 days, how many times did a trick put his mouth on your anus? (If "0," go to 38.)
_____ times (98) Don't know (99) Refuse

*37a. Of these _____ (number from 37) times, how often was a dental dam or other barrier used?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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38. In the last 30 days, how many times did you put your mouth on a trick's anus? (If "0," go to 39.)
_____ times (98) Don't know (99) Refuse

*38a. Of these _____ (number from 38) times, how often was a dental dam or other barrier used?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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39. In the last 30 days, how many times did a trick put his penis into your mouth? (If "0," go to 40.)
_____ times (98) Don't know (99) Refuse

*39a. Of these _____ (number from 39) times, how often did he wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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40. In the last 30 days, how many times did a trick put his penis in your anus? (If "0," go to 41.)
_____ times (98) Don't know (99) Refuse

*40a. Of these _____ (number from 40) times, how often did he wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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*If respondent is **PRE-OP**, ask questions 41 & 42, then go to question 45.
If respondent is **POST-OP**, go to question 43.*

41. Ask only if respondent is **PRE-OP**: In the last 30 days, how many times did you put your penis in a trick's mouth? (If "0," go to 42.)
_____ times (98) Don't know (99) Refuse

*41a. Of these _____ (number from 41) times, how often did you wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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42. Ask only if respondent is **PRE-OP**: In the last 30 days, how many times did you put your penis in a trick's anus? (If "0," go to 43.)
_____ times (98) Don't know (99) Refuse

*42a. Of these _____ (number from 42) times, how often did you wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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43. Ask only if respondent is **POST-OP**: In the last 30 days, how many times did a trick put his mouth on your vagina? (If "0," go to 44.)

_____ times (98) Don't know (99) Refuse
 *43a. Of these _____ (number from 43) times, how often was a dental dam or other barrier used?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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44 Ask only if respondent is **POST-OP**: In the last 30 days, how many times did a trick put his penis in your vagina? (If "0," go to 45.)

_____ times (98) Don't know (99) Refuse

*44a. Of these _____ (number from 44) times, how often did he wear a condom?

(1) Never	(2) Once in a while	(3) Some-times	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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45. **ASK EVERYBODY.** In the last 30 days, have you had anal or vaginal sex with a customer while on the following substances? (**READ ENTIRE LIST.**)

Substance	Had with sex?
(a) Alcohol	(1) Yes (2) No
(b) Marijuana	(1) Yes (2) No
(c) Cocaine/Crack	(1) Yes (2) No
(d) Heroin	(1) Yes (2) No
(e) Injection drugs (speedball)	(1) Yes (2) No
(f) Non Prescription Methadone	(1) Yes (2) No
(g) Opiates (heroin, codeine, Demerol)	(1) Yes (2) No
(h) Amphetamines/Methamphetamines (speed, ice, crystal)	(1) Yes (2) No
(i) Downers (Qualudes, GHB, OxyContin)	(1) Yes (2) No
(j) Hallucinogens (LSD, Acid, Peyote, Mushrooms)	(1) Yes (2) No
(k) Ecstasy	(1) Yes (2) No
(l) Other substances (specify):	(1) Yes (2) No

SECTION D: SUBSTANCE USE

46. Have you ever had alcohol?

(1) Yes	(2) No (go to 47.)	(98) Don't know (go to 47.)	(99) Refuse (go to 47.)
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*46a. Please look at **CARD A**. When was the last time you drank alcohol?

(1)	(2)	(3)	(4)	(5)	(98)	(99)
Within the last month	Between 1 and 6 months ago	Between 6 and 12 months ago	Between 1 and 3 years ago	More than 3 years ago	Don't know	Refuse

47. Have you ever used marijuana?

(1) Yes	(2) No (<i>go to 48.</i>)	(98) Don't know (<i>go to 48.</i>)	(99) Refuse (<i>go to 48.</i>)
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*47a. Please look at **CARD A**. When was the last time you used marijuana?

(1) Within the last month	(2) Between 1 and 6 months ago	(3) Between 6 and 12 months ago	(4) Between 1 and 3 years ago	(5) More than 3 years ago	(98) Don't know	(99) Refuse
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498 Have you ever done cocaine or crack?

(1) Yes	(2) No (<i>go to 49.</i>)	(98) Don't know (<i>go to 49.</i>)	(99) Refuse (<i>go to 49.</i>)
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*48a. Please look at **CARD A**. When was the last time you did cocaine or crack?

(1) Within the last month	(2) Between 1 and 6 months ago (<i>go to 49</i>)	(3) Between 6 and 12 months ago (<i>go to 49</i>)	(4) Between 1 and 3 years ago (<i>go to 49</i>)	(5) More than 3 years ago (<i>go to 49</i>)	(98) Don't know (<i>go to 49</i>)	(99) Refuse (<i>go to 49</i>)
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*48b. In the LAST 30 DAYS, how many TIMES did you SMOKE crack?
_____ times

*48c. In the LAST 30 DAYS, how many TIMES did you SNORT cocaine?
_____ times

*48d. In the LAST 30 DAYS, how many TIMES did you INJECT cocaine?
_____ times

49. Have you ever done heroin?

(1) Yes	(2) No (<i>go to 50.</i>)	(98) Don't know (<i>go to 50.</i>)	(99) Refuse (<i>go to 50.</i>)
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*49a. Please look at **CARD A**. When was the last time you did heroin?

(1) Within the last month	(2) Between 1 and 6 months ago (<i>go to 50</i>)	(3) Between 6 and 12 months ago (<i>go to 50</i>)	(4) Between 1 and 3 years ago (<i>go to 50</i>)	(5) More than 3 years ago (<i>go to 50</i>)	(98) Don't know (<i>go to 50</i>)	(99) Refuse (<i>go to 50</i>)
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*49b. In the LAST 30 DAYS, how many TIMES did you SNORT heroin?
_____ times

*49c. In the LAST 30 DAYS, how many TIMES did you INJECT heroin?
_____ times

50. Have you ever injected a speedball (heroin mixed with cocaine)?

(1) Yes	(2) No (<i>go to 51.</i>)	(98) Don't know (<i>go to 51.</i>)	(99) Refuse (<i>go to 51.</i>)
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*50a. Please look at **CARD A**. When was the last time you injected a speedball?

(1) Within the last month	(2) Between 1 and 6 months ago (go to 51)	(3) Between 6 and 12 months ago (go to 51)	(4) Between 1 and 3 years ago (go to 51)	(5) More than 3 years ago (go to 51)	(98) Don't know (go to 51)	(99) Refuse (go to 51)
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*50b. In the LAST 30 DAYS, how many TIMES did you inject a speedball?
_____ times

51. Have you ever had non-prescription methadone?

(1) Yes	(2) No (go to 52.)	(98) Don't know (go to 52.)	(99) Refuse (go to 52.)
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*51a. Please look at **CARD A**. When was the last time you had non-prescription methadone?

(1) Within the last month	(2) Between 1 and 6 months ago (go to 52)	(3) Between 6 and 12 months ago (go to 52)	(4) Between 1 and 3 years ago (go to 52)	(5) More than 3 years ago (go to 52)	(98) Don't know (go to 52)	(99) Refuse (go to 52)
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*51b. In the LAST 30 DAYS, how many TIMES did you have non-prescription methadone?
_____ times

52. Have you ever had an opiate, such as Demerol, codeine, or dilaudid?

(1) Yes	(2) No (go to 53.)	(98) Don't know (go to 53.)	(99) Refuse (go to 53.)
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*52a. Please look at **CARD A**. When was the last time you had an opiate, such as Demerol, codeine, or dilaudid?

(1) Within the last month	(2) Between 1 and 6 months ago (go to 53)	(3) Between 6 and 12 months ago (go to 53)	(4) Between 1 and 3 years ago (go to 53)	(5) More than 3 years ago (go to 53)	(98) Don't know (go to 53)	(99) Refuse (go to 53)
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*52b. In the LAST 30 DAYS, how many TIMES did you have an opiate, such as Demerol, codeine, or dilaudid?
_____ times

53. Have you ever done amphetamines or methamphetamines?

(1) Yes	(2) No (go to 54.)	(98) Don't know (go to 54.)	(99) Refuse (go to 54.)
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*53a. Please look at **CARD A**. When was the last time you had amphetamines by pill, smoking, or snorting?

(1) Within the last month	(2) Between 1 and 6 months ago (go to 54)	(3) Between 6 and 12 months ago (go to 54)	(4) Between 1 and 3 years ago (go to 54)	(5) More than 3 years ago (go to 54)	(98) Don't know (go to 54)	(99) Refuse (go to 54)
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*53b. In the LAST 30 DAYS, how many TIMES did you have amphetamines or methamphetamines by PILL, SMOKING, or SNORTING?

_____ times

*53c. In the LAST 30 DAYS, how many TIMES did you INJECT amphetamines or methamphetamines?

_____ times

54. Have you ever had downers, such as Quaaludes, OxyContin or GHB?

(1) Yes	(2) No (go to 55.)	(98) Don't know (go to 55.)	(99) Refuse (go to 55.)
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*54a. Please look at **CARD A**. When was the last time you had downers, such as Quaaludes or GHB?

(1) Within the last month	(2) Between 1 and 6 months ago (go to 55)	(3) Between 6 and 12 months ago (go to 55)	(4) Between 1 and 3 years ago (go to 55)	(5) More than 3 years ago (go to 55)	(98) Don't know (go to 55)	(99) Refuse (go to 55)
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*54b. In the LAST 30 DAYS, how many TIMES did you have downers, such as Quaaludes or GHB?

_____ times

55. Have you ever had hallucinogens, such as LSD, acid, peyote, or mushrooms?

(1) Yes	(2) No (go to 56.)	(98) Don't know (go to 56.)	(99) Refuse (go to 56.)
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*55a. Please look at **CARD A**. When was the last time you had hallucinogens, such as LSD, acid, peyote, or mushrooms?

(1) Within the last month	(2) Between 1 and 6 months ago (go to 56)	(3) Between 6 and 12 months ago (go to 56)	(4) Between 1 and 3 years ago (go to 56)	(5) More than 3 years ago (go to 56)	(98) Don't know (go to 56)	(99) Refuse (go to 56)
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*55b. In the LAST 30 DAYS, how many TIMES did you have hallucinogens, such as LSD, acid, peyote, or mushrooms?

_____ times

56. Have you ever had ecstasy?

(1) Yes	(2) No (go to 57.)	(98) Don't know (go to 57.)	(99) Refuse (go to 57.)
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*56a. Please look at **CARD A**. When was the last time you did ecstasy?

(1) Within the last month	(2) Between 1 and 6 months ago (go to 57)	(3) Between 6 and 12 months ago (go to 57)	(4) Between 1 and 3 years ago (go to 57)	(5) More than 3 years ago (go to 57)	(98) Don't know (go to 57)	(99) Refuse (go to 57)
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*56b. In the LAST 30 DAYS, how many TIMES did you do ecstasy?

_____ times

57. Have you **EVER** injected drugs?

(1) Yes	(2) No (go to Section E.)	(98) Don't know (go to Section E.)	(99) Refuse (go to Section E.)
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58. How many times (# of injections) have you injected drugs in the **LAST 30 DAYS**? (If "0," go to **SECTION E.**)

_____ times (98) Don't know (99) Refuse

*58a. Of the _____ (number from question 58) times, how many times (# of injections) in the last 30 days did you inject using works that you know had been used by somebody else? (If "0," go to 60.)

_____ times (98) Don't know (99) Refuse

Now I am going to ask you about the different ways you may have cleaned your works when you know they may have been used by someone else.

59. You just told me there were _____ (number from *58a) times you used works that had been used by someone else. Of those times, how many times did you...

*59a. Use the works without first cleaning them with anything?

_____ times (98) Don't know (99) Refuse

*59b. Clean the works only with bleach and water before you shot up?

_____ times (98) Don't know (99) Refuse

*59c. Clean the works some other way before you shot up?

_____ times (98) Don't know (99) Refuse

66. How many times during the last 30 days did you use a cooker, cotton, and/or rinse water that had been used by someone else ("backloading")?

_____ times (98) Don't know (99) Refuse

*60a. Do you **CURRENTLY** use a needle exchange program to exchange drug injection equipment?

(1) Yes (go to *60c.)	(2) No (go to *60b.)	(98) Don't know (go to Section E.)	(99) Refuse (go to Section E.)
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*60b. If no, why not?

Specify: _____ (go to Section E)

(98) Don't know (go to Section E.)

(99) Refuse (go to Section E.)

*60c. Please look at **CARD B**. How often do you go to a needle exchange site?

(1) A few times a year	(2) About once a month	(3) Every week	(4) More than once a week	(98) Don't know	(99) Refuse
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*60d. Which location do you use?

Specify: _____

(98) Don't know (99) Refuse

*60e. Do you exchange for someone else too?

(1) Yes	(2) No	(98) Don't know	(99) Refuse
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*60f. On average, how many needles and/or syringes do you exchange at one time?

SECTION E: PSYCHOSOCIAL MEASURES

61. Now I would like to ask you about your current life. I will read several statements and would like you to respond to them using **CARD C**. Please select the answer that best describes your situation **OVER THE PAST WEEK**.

(1) Rarely or none of the time (less than 1 day)	(2) Some or a little of the time (1 – 2 days)	(3) A moderate amount of time (3 – 4 days)	(4) Most or all of the time (5 – 7 days)	(98) Don't know	(99) Refuse
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(a) I was bothered by things that usually don't bother me.	
(b) I did not feel like eating; my appetite was poor.	
(c) I felt that I could not shake off the blues, even with help from my family or friends.	
(d) I felt that I was not as good as other people.	
(e) I had trouble keeping my mind on what I was doing.	
(f) I felt depressed.	
(g) I felt that everything I did was an effort.	
(h) I felt hopeless about the future.	
(i) I thought my life had been a failure.	
(j) I felt fearful.	
(k) My sleep was restless.	
(l) I was unhappy.	
(m) I talked less than usual.	
(n) I felt lonely.	
(o) People were unfriendly.	
(p) I did not enjoy life.	
(q) I had crying spells.	
(r) I felt sad.	
(s) I felt people disliked me.	
(t) I could not get going.	

62. Now, I am going to read you a series of statements concerning your knowledge of HIV. Please answer each statement True or False.

(1) True	(0) False
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(a) In the United States, a person can get HIV from receiving blood in the hospital.	
(b) The blood test for HIV is a very good way to find out if you have HIV.	
(c) A positive blood test for HIV means that a person has the AIDS disease.	
(d) Vaginal intercourse is just as risky as anal intercourse for getting HIV.	
(e) HIV is only a problem for gay men and injection drug users.	

(f) It's likely that someone can get HIV by kissing someone who has virus.	
(g) Using a condom during sex reduces the chance of getting HIV.	
(h) A person can be infected with HIV and have no symptom of the disease.	
(i) A person can get HIV through a mosquito bite.	

63. I am going to read you a series of statements regarding how you see yourself as a person. Please indicate how much you agree or disagree with each statement by using **CARD F**.

(1) Almost Everyday	(2) Couple of times a week	(3) About once a week	(4) Couple of times a month	(5) About once a month	(6) I have thought this before but not in the past month	(7) I never have thought this
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(a) I thought it would be better if I were not alive.	
(b) I thought about killing myself.	
(c) I thought about how I would kill myself.	
(d) I thought about when I would kill myself.	
(e) I thought about people dying.	
(f) I thought about how people would feel if I killed myself.	
(g) I wished I were dead.	
(h) I thought about how easy it would be to end it all.	
(i) I thought that killing myself would solve my problems.	
(j) I thought others would be better off if I was dead.	
(k) I wished that I had the nerve to kill myself.	
(l) I wished that I had never been born.	
(m) I thought that if I had a chance that I would kill myself.	
(n) I thought about ways people kill themselves.	
(o) I thought about killing myself, but would not do it.	
(p) I thought about having a bad accident.	
(q) I thought that life was not worth living.	
(r) I thought that my life was too rotten to continue.	
(s) I thought that the only way to be noticed is to kill myself.	
(t) I thought that if I killed myself people would realize I was worth caring about.	

64. Please look at **CARD D**. I am going to read you a series of statements regarding how you relate to the transgender community. Please respond to the following statements and select one response per statement.

(1) Strongly disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree	(98) Don't know	(99) Refuse
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(a) I'm glad I belong to the transgender community.	
(b) My membership in the transgender community has very little to do with how I feel about myself.	
(c) I regret belonging to the transgender community.	

(d) My membership in the transgender community is an important reflection of who I am.	
(e) I feel good about belonging to the transgender community.	
(f) I make a positive contribution to the transgender community.	
(g) Belonging to the transgender community is an important part of my self-image.	
(h) I feel I don't have much to offer to the transgender community.	
(i) I feel that belonging to the transgender community is <i>not</i> a good thing for me.	

65. Please look at **CARD D**. I am going to read you a series of statements regarding why you do or do not go to a doctor or clinic. Please respond to the following statements and select one response per statement.

(1) Strongly disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree	(98) Don't know	(99) Refuse
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(a) I go to the doctor or clinic regularly.	
(b) Sometimes I need to go to the doctor or clinic but I don't.	
(c) Doctors and clinic are not knowledgeable about transgender issues.	
(d) Doctors and clinics are not sensitive to transgender issues.	
(e) I have had degrading experiences at the doctor or clinic related to being transgender.	
(f) I don't know of any transgender clinics.	
(g) I avoid transgender clinics.	
(h) Free transgender clinics have long waiting list.	
(i) I don't feel safe when I go to the doctor or clinic.	
(j) I go to a doctor or clinic where they understand my help needs.	
(k) I find it easy to get my prescription filled.	
(l) I find it easy to get my hormones through a pharmacy.	
(m) I find it easy to get my hormones on the street.	

66. Have you ever thought about committing suicide?

(1) Yes	(2) No (<i>go to 67.</i>)	(98) Don't know (<i>go to 67.</i>)	(99) Refuse (<i>go to 67.</i>)
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*66a. Have you ever attempted suicide?

(1) Yes	(2) No (<i>go to 67.</i>)	(98) Don't know (<i>go to 67.</i>)	(99) Refuse (<i>go to 67.</i>)
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*66b. How many times have you attempted suicide? _____

*66c. How old are you when you first attempted suicide? _____

*66d. When is your most recent attempted suicide? _____

*66e. Did you seek professional help to deal with suicidality?

(1) Yes	(2) No (go to 67.)	(98) Don't know (go to 67.)	(99) Refuse (go to 67.)
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*66f. If Yes, have you been prescribed any psych meds?

(1) Yes	(2) No	(98) Don't know	(99) Refuse
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*66g. Did you attempt suicide before taking psych meds?

(1) Yes	(2) No	(98) Don't know	(99) Refuse
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*66h. Did you attempt suicide after taking psych meds?

(1) Yes	(2) No	(98) Don't know	(99) Refuse
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SECTION F: HORMONES & SURGERY

67. Have you EVER used hormones?

(1) Yes	(2) No (go to 73.)	(98) Don't know (go to 73.)	(99) Refuse (go to 73.)
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*67a. In your lifetime, how have you gotten your hormones? (*Probe, circle ALL that apply.*)

(1) Doctor's prescription	(2) Hospital	(3) Clinic	(4) Mexico
(5) From a friend	(6) Non-prescription (specify):		(7) Internet
(8) Other (specify):		(98) Don't know	(99) Refuse

68. Have you EVER injected hormones?

(1) Yes	(2) No (go to 72.)	(98) Don't know (go to 72.)	(99) Refuse (go to 72.)
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69. Have you EVER shared your needles or syringes for hormones with others?

(1) Yes	(2) No (go to *69b.)	(98) Don't know (go to *69b.)	(99) Refuse (go to *69b.)
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*69a. If used needles and syringes have EVER been reused on you to inject hormones, how were they cleaned? (*Probe, circle ALL that apply.*)

(1) Bleach and water	(2) Boiling in water	(3) Alcohol
(4) Water only	(5) They weren't cleaned	(6) Other (specify): _____
(98) Don't know	(99) Refuse	

*69b. Please look at **CARD E**. How often have new (out of package) needles and syringes been used on you to inject hormones?

(1) Never	(2) Once in a while	(3) Sometimes	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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*69c. Who has performed the hormone injections? (*Probe, circle ALL that apply.*)

- (1) Medical professional in the US
- (2) Medical professional in another country
- (3) A non-medical person who regularly performs this service for transgenders
- (4) Yourself
- (5) A friend
- (6) Other (specify): _____
- (98) Don't know
- (99) Refuse

*69d. Where have you obtained the needles and syringes you have used for hormone injections? (*Probe, circle ALL that apply.*)

- (1) They come with the hormones.
- (2) By prescription, from a drug store.
- (3) Buy new ones on the street or from a friend.
- (4) Buy used ones on the street or from a friend.
- (5) From a diabetic acquaintance.
- (6) From Mexico.
- (7) From needle exchange
- (8) From another country (specify): _____
- (9) Other (specify): _____
- (98) Don't know
- (99) Refuse

70. Are you CURRENTLY injecting hormones?

(1) Yes	(2) No (<i>go to 72.</i>)	(98) Don't know (<i>go to 72.</i>)	(99) Refuse (<i>go to 72.</i>)
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71. Are you CURRENTLY sharing your needles or syringes for hormones with others?

(1) Yes	(2) No (<i>go to *71b.</i>)	(98) Don't know (<i>go to *71b.</i>)	(99) Refuse (<i>go to *71b.</i>)
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*71a. If used needles and syringes are currently being reused on you to inject hormones, how are they cleaned? (*Probe, circle ALL that apply.*)

(1) Bleach and water	(2) Boiling in water	(3) Alcohol
(4) Water only	(5) They weren't cleaned	(6) Other (specify): _____
(98) Don't know	(99) Refuse	

*71b. Please look at **CARD E**. How often are new (out of package) needles and syringes currently being used on you to inject hormones?

(1) Never	(2) Once in a while	(3) Sometimes	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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*71c. Who currently performs the hormone injections? (*Probe, circle ALL that apply.*)

- (1) Medical professional in the US
- (2) Medical professional in another country
- (3) A non-medical person who regularly performs this service for transgenders
- (4) Yourself
- (5) A friend
- (6) Other (specify): _____
- (98) Don't know
- (99) Refuse

*71d. Where do you currently obtain the needles and syringes you use for hormone injections? (*Probe, circle ALL that apply.*)

- (1) They come with the hormones.
- (2) By prescription, from a drug store.
- (3) Buy new ones on the street or from a friend.
- (4) Buy used ones on the street or from a friend.
- (5) From a diabetic acquaintance.
- (6) From Mexico.
- (7) From needle exchange
- (8) From another country (specify): _____
- (9) Other (specify): _____
- (98) Don't know
- (99) Refuse

72. Are you CURRENTLY using hormones?

(1) Yes	(2) No (<i>go to 73.</i>)	(98) Don't know (<i>go to 73.</i>)	(99) Refuse (<i>go to 73.</i>)
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*72a. What hormones are you using, and how do you take them? (**READ ENTIRE LIST.** *If applicable, check method of administering hormone.*)

Hormone	Pills	Transdermal patches	Liquid injected
(1) Estrogen (Premarin, Estradiol)			
(2) Progesterone			
(3) Anti-androgynes			
(4) Other (specify):			
(5) Other (specify):			
(6) Other (specify):			
(98) Don't know			
(99) Refuse			

73. Have you had any silicone injections?

(1) Yes	(2) No (<i>go to 75.</i>)	(98) Don't know (<i>go to 75.</i>)	(99) Refuse (<i>go to 75.</i>)
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*73a. In what part of your body? (*Probe, circle ALL that apply.*)

- (1) Breasts
- (2) Hips
- (3) Buttocks
- (4) Lips
- (5) Cheeks
- (6) Other (*specify*:_____)
- (98) Don't know
- (99) Refuse

74. Have you shared needles or syringes for silicone with others?

(1) Yes	(2) No (<i>go to *74b.</i>)	(98) Don't know (<i>go to *74b.</i>)	(99) Refuse (<i>go to *74b.</i>)
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*74a. If used needles and syringes are reused on you to inject silicone, how are they cleaned? (*Probe, circle ALL that apply.*)

(1) Bleach and water	(2) Boiling in water	(3) Alcohol
(4) Water only	(5) They weren't cleaned	(6) Other (<i>specify</i>):
(98) Don't know	(99) Refuse	

*74b. Please look at **CARD E**. How often are new (out of package) needles and syringes used on you to inject silicone?

(1) Never	(2) Once in a while	(3) Sometimes	(4) Most of the time	(5) Always	(98) Don't know	(99) Refuse
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*74c. Who performed the silicone injections? (*Probe, circle ALL that apply.*)

- (1) Medical professional in the US
- (2) Medical professional in another country
- (3) A non-medical person who regularly performs this service for transgenders
- (4) Yourself
- (5) A friend
- (6) Other:_____
- (7) Don't know
- (8) Refuse

*74d. Where do you obtain the needles and syringes you use for silicone injections? (*Probe, circle ALL that apply.*)

- (1) They come with the silicone.
- (2) By prescription, from a drug store.
- (3) Buy new ones on the street or from a friend.
- (4) Buy used ones on the street or from a friend.
- (5) From a diabetic acquaintance.
- (6) From needle exchange
- (7) From another country (*specify*:_____)
- (8) Other:_____
- (98) Don't know
- (99) Refuse

75. Are you taking any other gender-related medications or substances?

(1) Yes	(2) No (<i>End survey.</i>)	(98) Don't know (<i>End survey.</i>)	(99) Refuse (<i>End survey.</i>)
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*75a. What are they? (*specify*_____)

*75b. How do you get them? (*Probe, circle ALL that apply.*)

(1) Doctor's prescription

(2) Hospital

(3) Clinic

(4) Mexico

(5) From a friend

(6) Non-prescription (*specify*:_____)

(98) Don't know

(99) Refuse

End of Survey

APPENDIX B: HORMONAL REGIMENS

STUDY	YEAR	FTM STANDARD THERAPY	MTF STANDARD THERAPY
Van Kesteren, Asscheman, Megens, Gooren <i>Free University Hospital, Amsterdam, The Netherlands</i> *Largest TG Health Study to-date: 293 FTM, 816 MTF	1997	Parenteral Testosterone esters 250mg, intramuscular, every 2 weeks <u>Or:</u> Oral Testosterone undecanoate 160mg per day	Ethinyl esterdiol 100µg, oral, daily <u>And:</u> Cyproterone acetate 100mg, oral, daily [40-years old and over + high incidence of venous thromboembolism: transdermal Estradiol] <u>"Recommended Hormonal Treatment Regimen:"</u> Ethinyl esterdiol, 100µg, oral, daily <u>Or:</u> Conjugated estradiol (equine estrogen), 2.5mg, oral, daily [40-years old and over: transdermal Estradiol] [If estrogen doses reach twice above recommendations, add Spironolactone, Cyproterone acetate, or GnRH agonists to minimize estrogen requirement] <u>"Estraderm IIS" 50 or 100 (delivering 50 or 100 µg estradiol per 24hours transdermally when applied 2x weekly, reduced to 50 µg per 24-hours "post-gender reassignment surgery")</u> <u>Or:</u> Oral Ethinylestradiol 100-150 µg daily in divided doses (50 µg twice a day or three times a day, reducing to 50 µg daily "post-surgery") <u>Or:</u> Oral estradiol valerate ("Progynova") 4-6mg daily (2mg twice a day or three times a day, reducing to 1-2mg "post-surgery") <u>Often in combination with:</u> Spironolactone 100-300mg, oral, daily <u>Or:</u> Cyproterone acetate 50-100mg, oral daily
Moore, Wisniewski, Dobs (REVIEW ARTICLE) <i>School of Medicine, The Johns Hopkins Baltimore, MD</i>	2003	<u>"Recommended Hormonal Treatment Regimen:"</u> Testosterone esters, 200mg, every other week, intramuscular <u>Or:</u> Testosterone (patch), 5g, transdermal, daily	
Levy, Crown, Reid (REVIEW ARTICLE) <i>University Research Center for Neuroendocrinology Bristol University Bristol, UK</i>	2003	"Sustanon" 250mg, intramuscular, every 2 weeks <u>Or:</u> Testosterone enanthate ("Primoteston Depot"), if patient is sensitive to peanut (arachis) oil, 100mg	

Ortiz (REVIEW ARTICLE) University of Wisconsin, School of Medicine Madison, Wisconsin	2000	Testosterone 150-200mg, intramuscular, every 2 weeks	<p><u>"Estrogen dosing range,"</u> Conjugated Estrogen, 0.625 – 2.5mg, oral, daily</p> <p><u>Or:</u> Estradiol ("Estrace") 1-2mg, oral, daily</p> <p><u>Or:</u> Esterified Estrogens ("Estratab") 0.0625-5.0mg, oral, daily</p> <p><u>Or:</u> Estinyl estradiol ("Estinyl") 0.05-.5mg, oral, daily</p> <p><u>Often in combination with:</u> Spironolactone 200-400mg daily (usually discontinued after "gender reassignment surgery")</p> <p><u>Standard treatment regimen:</u> Ethinyl estradiol, 100 µg, oral, daily</p> <p><u>Or:</u> Conjugated estrogen ("Premarin"), 1.25-2.5mg, orally, daily</p> <p><u>And (initially):</u> Medroxyprogesterone acetate ("Provera") 5-10mg, oral, daily for 10-days per month</p>
Futterweit Mt. Sinai School of Medicine New York, NY	1998	<p><u>Standard treatment regimen:</u> Testosterone esters (cypionate or testosterone enanthate), 250-400mg, intramuscular, every 2 to 3-weeks</p>	

Israel and Tarver <i>San Francisco, CA</i>	1997	<p>Testosterone cypionate or testosterone enanthate 200mg, intramuscular, 2-times month</p> <p><u>Or:</u> Transdermal testosterone, 2-patches, 2.5mg, daily (for 5mg daily)</p>	<p>Conjugated estrogen (“Premarin”) 1.25-2.5mg, oral, daily</p> <p><u>Or:</u> Synthetic ethinyl estradiol (“Estrace”) 0.1-0.5mg, oral, daily</p> <p><u>Or:</u> Estradiol valerate (“Delestrogen”), 15-80mg, intramuscular, monthly</p> <p><u>Or:</u> Estradiol undecanoate, 200-800mg, monthly</p> <p><u>Or:</u> Estradiol cypionate, (“Depo-Estradiol”) 1-5mg per week</p> <p><u>Or:</u> Estradiol Benzoate, 0.5-1.5mg two-three times per week</p> <p>[Patients over 40-years old: Transdermal estradiol (“Estraderm”) 50-100mg 2x per week]</p> <p><u>“Frequent Supplement:”</u> Progesterone (“Provera”) 2.5-10mg, oral, daily</p> <p><u>Or:</u> Micronized natural progesterone, 100-400mg, 2x day</p> <p><u>“Commonly prescribed supplement:”</u> Spironolactone 200-600mg, oral, daily</p> <p><u>Or:</u> Cyproterone acetate (“Anadron,” “Androcur”), 50-100mg, oral, daily</p>
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Asscheman & Gooren <i>Free University Hospital, Amsterdam, The Netherlands</i>	1992	<p>Testosterone ester (“Testoviron” or “Sustanon”) 200-250mg, intramuscular, every 2 weeks</p> <p><u>Or:</u> Testosterone undecanoate, 160-240mg, oral, daily</p>	<p>ANTIANDROGENS:</p> <p>Lueprorelin (“Lucrin depot”) or Triptorelin (“Decapepty 1-CR”) 3.75mg, injection, every 4weeks</p> <p><u>Or:</u> Spironolactone (“Aldactone”) 100m-200mg, oral, daily, Or Flutamide (“Eulexin”) 250mg, orally, 3x day Or Cyproterone acetate (“Androcur”) 100-150mg, oral, daily</p> <p><u>Or:</u> Medroxyprogesterone (“Provera”) 5-10mg, oral, daily Or “Depo-Provera”, 150mg, intramuscular, daily Or “Farlutai”, 5-10mg, oral, daily Or “Farlutai depot”, 100mg, intramuscular, monthly</p> <p>ESTROGENS:</p> <p><u>Standard Treatment:</u> Ethinyl Estradiol (“Lynorai”) 100µg, oral, daily, Or Conjugated Estrogens (“Premarin”) 5-10mg, oral, daily, Or 17β estradiol (“Progynova”) 2-4mg, oral, daily Or (“Progynon depot”) 10mg, intramuscular, every 2-weeks to 100mg every month Or (“Estraderm TTS”) 50-100 µg, transdermally, daily,</p> <p><u>Or:</u> Estril (“Synapause”) 4-6mg, oral, daily</p>
Asscheman, Gooren, Eklund <i>Free University Hospital, Amsterdam, The Netherlands</i>	1989	<p>Testosterone ester 250mg, intramuscular, every 2 weeks</p> <p><u>Or:</u> Testosterone undecanoate 120-160mg, orally, daily</p> <p><u>OR:</u> Both, but not simultaneously <u>A satisfactory hormonal regimen:</u></p>	<p>Ethinyl esterdiol 100µg, oral, daily</p> <p><u>And:</u> Cyproterone acetate 100mg, oral, daily,</p>
Meyer, Webb, Stuart, Finkelstein, Lawrence, Walker <i>The University of Texas, Medical Branch Galveston, TX</i>	1986	<p>Testosterone cypionate 200mg, intramuscular, every 2-weeks</p>	<p><u>A satisfactory hormonal regimen:</u> Ethinyl estradiol, 0.1-0.5mg, oral, daily</p> <p><u>Or:</u> Conjugated estrogen, 7.5-10mg, oral, daily</p>

Meyer, Finkelstein, Stuart, Webb, Smith, Payer, Walker <i>The University of Texas Medical Branch</i> Galveston, TX	1981	<u>"Best treatment regimen seems to be:"</u> Testosterone cypionate 200mg, intramuscular, every 2- weeks,	<u>"Best treatment regimen seems to be:"</u> Ethinyl estradiol, 0.1mg, oral, daily
Benjamin, Harry	1969	Testosterone 200-250mg, intramuscular, once a week	Ethinyl Estradiol ("Estinyl") 0.5mg 3x day <u>Or:</u> Conjugated Estrogen ("Premarin") 5mg per day <u>Or:</u> Estradiol Valerate ("Delestrogen") 30-40mg and Hydroxyprogesterone caproate ("Delalutin") 30-60mg every 2 weeks

Progesterone therapy is rarely – if ever – discussed

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APPENDIX C: INTAKE SCREENING QUESTIONNAIRE

Name:

B#:

AKA:

Date of Screening:

Intake Screening

Gender Identification for data base (not self-identification)

☐ MTF

☐ FTM

Ethnicity

☐ Caucasian/ Euro-American

☐ African American

☐ Latino(a)/Hispanic

☐ Asian/Pacific Islander

☐ Native American/Alaskan Native

☐ Mixed

☐ Other

Country of Origin: _____

Primary Language: _____

Date of Entry to U.S.: _____

Immigration Questions? ☐ No ☐ Yes

Need interpretation?

☐ No

☐ Yes

Are you currently homeless?

☐ No

☐ Yes

for how long? _____

How long in SF? _____

Have you had any special medical problems or any mental health issues that we should know about?

Have you been hospitalized?

☐ No

☐ Yes

Allergies?

☐ No

☐ Yes

Type of reaction? _____

Do you use any substances?

☐ No

☐ Yes

☐ ETOH

☐ Marijuana

☐ Crack/Cocaine

☐ Heroin

☐ Amphetamine

☐ IVDU

☐ Other _____

☐ Unspecified

Risk Behaviors: ☐ unsafe sex ☐ share needles ☐ multiple sex partners

If you have multiple sex partners, do you find this necessary for financial support? ☐ No ☐ Yes

Harassment: ☐ community ☐ police ☐ domestic

Have you been tested for HIV?

☐ No ☐ Yes Results: _____ Date: _____

If yes, have you had any prior treatment for HIV?

☐ No ☐ Yes Where? _____

CD4 Count: _____ Viral Load: _____

How have you been feeling? _____

Have you ever received psychiatric diagnosis? ☐ No ☐ Yes

If yes, please specify: _____

Have you ever received psychiatric medications?

☐ No ☐ Unknown

☐ Yes Please specify medication and prescribing physician:

Do you want medications for gender reassignment? ☐ No ☐ Yes ☐ Undecided

Are you currently taking hormones? ☐ No ☐ Yes ☐ Injectables ☐ Other

Have you had Gender Related Surgery: Type _____

Do you have plans for surgery? ☐ No ☐ Yes ☐ Undecided

Silicone Injections: ☐ No ☐ Yes

Do you currently have primary care? ☐ No ☐ Yes

If yes, please specify _____

If yes, are you planning to retain this medical care? ☐ No ☐ Yes

At what age are your earliest memories? _____

Do you live the gender that you identify? ☐ No ☐ Yes for how long? _____

Risk category (check one):

- ☐ Low: high functioning, has job, housing
- ☐ Moderate: generally healthy; has 1 or 2 risk factors
- ☐ High: HIV+, sex work, homeless, acute med/psych issues, multiply dx

Notes:

Signature: _____ Date: _____

Appt Date and Time for Psych/Social Intake: _____

10 TIPS FOR WORKING WITH TRANSGENDER INDIVIDUALS

AN INFORMATION AND RESOURCE PUBLICATION FOR HEALTH CARE PROVIDERS

The Health Care Access Project is funded by grants from The California Endowment, The California Wellness Foundation, and the Liberty Hill Foundation.

A GUIDE FOR HEALTH CARE PROVIDERS

As a health care provider, you likely encounter and serve a population that is diverse with regards to race, nationality, immigration status, socioeconomic status, sexual orientation, gender identity, HIV status, medical condition, and disability, among other issues. At the Transgender Law Center, we recognize that many health care providers are eager to provide a safe, welcoming treatment environment for members of the transgender community, yet may not have had the opportunity to access information about the needs and experiences of this marginalized population. With this barrier in mind, we have created this pamphlet so that we may work in partnership with providers to improve quality of care and provider-patient outcomes.

Introduction to the Transgender Community

Gender identity, a characteristic that we all possess, is our internal understanding of our own gender. The term “transgender” is used to describe people whose gender identity does not correspond to their birth-assigned sex and/or the stereotypes associated with that sex. A male-to-female transgender individual is a transgender woman and a female-to-male transgender individual is a transgender man. There are also gender non-conforming people who do not identify as transgender and some individuals in the transgender community who do not identify as male or female.

For many transgender individuals, the lack of congruity between their gender identity and their birth sex creates stress and anxiety that can lead to severe depression, suicidal tendencies, anti-social behavior, and/or increased risk for alcohol and drug dependency. Transitioning— the process that many transgender people undergo to bring their outward gender expression into alignment with their gender identity— is a medically necessary treatment strategy that effectively relieves this stress and anxiety.

Transgender people are medically underserved.

Access to affordable and appropriate health care is central to avoiding negative health consequences, yet most insurance companies exclude gender identity-related care and services, including mental health therapy, hormonal therapy, and surgeries. In addition, many transgender people have had multiple negative experiences in health care settings in the care of providers and office staff who have lacked the information necessary to provide sensitive services. Discrimination in the provision of services causes transgender people to delay or avoid necessary health care services, including health care that is not transition-related, often to the point of putting their overall health at severe risk.



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THE FOLLOWING ARE TEN SUGGESTIONS FOR IMPROVING SERVICES FOR TRANSGENDER PEOPLE:

- 1. Welcome transgender people by getting the word out about your services and displaying transgender-positive cues in your office.** You can utilize LGBT community centers, services, newspapers, and Internet resources to advertise your services. Posters, buttons, stickers, and literature about transgender people can demonstrate that you are transgender-friendly. You can rewrite your intake form to include “chosen name” in addition to “legal name,” as well as a third, blank option for “sex/gender” where someone can more accurately describe their gender. And single-use restrooms are a welcome addition for many, including transgender people.
- 2. Treat transgender individuals as you would want to be treated.** You can show respect by being relaxed and courteous, avoiding negative facial reactions, and by speaking to transgender clients as you would any other patient or client.
- 3. Remember to always refer to transgender persons by the name and pronoun that corresponds with their gender identity.** Use “she” for transgender women and “he” for transgender men, even if you are not in the patient’s presence.
- 4. If you are unsure about a person’s gender identity, or how they wish to be addressed, ask politely for clarification.** It can be uncomfortable to be confused about someone’s gender. It can also feel awkward to ask someone what their gender is. However, if you let the person know that you are only trying to be respectful; your question will usually be appreciated. For instance, you can ask, “How would you like to be addressed?” “What name would you like to be called?” “Which pronoun is appropriate?” In order to facilitate a good provider-patient relationship, it is important not to make assumptions about the identity, beliefs, concerns, or sexual orientation of transgender and gender non-conforming patients.
- 5. Establish an effective policy for addressing discriminatory comments and behavior in your office or organization.** Ensure that all staff in your office or organization receives transgender cultural competency training and that there is a system for addressing inappropriate conduct.
- 6. Remember to keep the focus on care rather than indulging in questions out of curiosity.** In some health care situations, information about biological sex and/or hormone levels is important for assessing risk and/or drug interactions. But in many health care situations, gender identity is irrelevant. Asking questions about one’s transgender status, if the motivation for the question is only your own curiosity and is unrelated to care, is inappropriate and can quickly create a discriminatory environment.
- 7. Keep in mind that the presence of a transgender person in your treatment room is not always a “training opportunity” for other health care providers.** Many transgender people have had providers call in others to observe their bodies and the interactions between a patient and health care provider, often out of an impulse to train residents or interns. However, like in other situations where a patient has a rare or unusual finding, asking a patient’s permission is a necessary first step before inviting in a colleague or trainee. For transgender patients, in particular, it is often important to maintain control over who sees you unclothed. Therefore, when patients are observed without first asking their permission, it can quickly feel like an invasion of privacy and creates a barrier to respectful, competent

health care.

8. **It is inappropriate to ask transgender patients about their genital status if it is unrelated to their care.** A person's genital status—whether one has had surgery or not—does not determine that person's gender for the purposes of social behavior, service provision, or legal status.
9. **Never disclose a person's transgender status to anyone who does not explicitly need the information for care.** Just as you would not needlessly disclose a person's HIV status, a person's gender identity is not an item for gossip. Having it known that one is transgender can result in ridicule and possible violence towards that individual. If disclosure is relevant to care, use discretion and inform the patient whenever possible.
10. **Become knowledgeable about transgender health care issues.** Get training, stay up to date on transgender issues, and know where to access resources.

For medical and mental health protocols, you can learn about the World Professional Association for Transgender Health's Standards of Care for the treatment of gender identity disorders by visiting www.wpath.org. These internationally recognized protocols are intended as flexible guidelines. Clinical departures may be warranted based on patient characteristics, the provider's evolving sensibilities, or research protocol.

You can view the Tom Waddell treatment protocols at www.dph.sf.ca.us/chn/HlthCtrs/transgender.htm. These comprehensive guidelines reflect the expertise of this San Francisco community clinic, which has been providing transition-related hormone therapy and primary care for low-income transgender individuals since 1993.

With attention to these guidelines, you can provide a vital service to a medically underserved population. By enhancing your knowledge and skills and demonstrating culturally competent behavior with transgender people, you will be on your way to building trust with individuals in the community by providing the respectful care that they need and deserve.

Thank you for doing your part to ensure health care access for all!

This pamphlet was produced by TLC's Health Care Access Project (HCAP), a joint effort of TLC, the California Endowment and the California Wellness Foundation. If you have questions about HCAP or would like to book a training on transgender cultural competency, medical, or health law issues, contact the Transgender Law Center at info@transgenderlawcenter.org or 415-865-0176.

Information updated January 2008.



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Transgender Health and the Law: Identifying and Fighting Health Care Discrimination

Health Care Access

Like most people in the United States, transgender and gender non-conforming people have great difficulty securing affordable, comprehensive health care. The situation is compounded by systemic discrimination and health care providers' lack of basic cultural competency on transgender issues. Gender identity discrimination in the form of ignorance, insensitivity, and outright bigotry is alienating and keeps people from accessing medically necessary care, such as hormone therapy, surgery, and mental health services. Health care injustice has life-long effects on people's ability to learn, work, and care for themselves mentally and physically.

What is Gender Identity Discrimination?

Gender identity discrimination in health care settings occurs when you are denied equal access to health care and services, and/or you are subjected to a hostile or insensitive environment because you are, or are perceived to be, transgender or gender non-conforming. Such discrimination may be compounded with discrimination based on other characteristics (i.e. race, sex, sexual orientation, disability, etc.). Some examples of gender identity-related health care discrimination are: 1) being denied complete or partial health insurance coverage; and 2) inappropriate treatment from health care providers, facilities, or community-based organizations.

Discrimination in Private Health Insurance¹

Denial of Coverage

Many transgender people have their applications for health insurance denied when they disclose their transgender status or transition-related medical history (such as hormone level tests) to a potential insurer. Such denial of coverage is most common when applying for a private individual plan, but could also happen when applying for employer-based and other group plans. If your application for coverage is denied on the basis of your transition-related medical history or transgender status, you may have some legal recourse. Depending on the reason given for the denial, you may be able to take action against the insurance company. Contact TLC for suggestions on filing an appeal.

¹This section of this pamphlet pertains particularly to private health insurance. TLC has a separate publication on public health insurance titled: *Medi-Cal and Gender Reassignment Procedures*.

Treatment Exclusion for Transgender-Related Care and Services

Most health insurance policies still specifically exclude transgender-related care and services. This often means that you will not be covered for procedures like: hormone therapy, transition-related surgery, and/or gender identity-related mental health services. While the legality of such exclusions is not yet clear, you do have options other than filing a lawsuit. If you are denied coverage under one of these exclusions, you should file a timely appeal with your insurance company. Filing such an appeal can be time-consuming, but it generally costs little, if any, money. Even if you do not prevail, the information you provide about the medical necessity of the procedures you have requested helps educate the insurer about transgender health issues, thus advancing transgender access to health care. TLC can give you some suggestions on how to file a comprehensive appeal.

If transgender-related care and services are not specifically excluded in your policy, your insurance company might still deny the claim on the basis that these procedures are considered cosmetic or experimental. However, in deciding cases related to Medi-Cal, California courts have determined that transition-related procedures are neither cosmetic nor experimental. If your insurance company has used this explanation to justify denial of coverage, contact TLC about appealing the decision.

Treatment Exclusion for Non-Transgender Services

Unfortunately, some insurance companies broadly interpret language excluding transgender-related care and services to deny coverage for non-transition-related procedures for transgender individuals. Insurers justify these exclusions by stating that your current medical problem is somehow related to your transition. For example, the insurer might argue (often times without any proof) that liver damage or blood clotting results from hormone therapy. Or, they may refuse to cover expenses related to a defective breast implant on the basis that the implant was “elective surgery.” While the law is unclear in this area, such a denial is likely a violation of your policy. If your insurance company has used this explanation to justify denial of coverage, contact TLC about appealing the decision.

Treatment Exclusion for “Gender-Specific” Services

Because the U.S. health care system largely overlooks the needs of transgender people, certain health care services are believed to be accessed only by men and other services only by women. This system of binary gender designation can be problematic for transgender health care recipients. Sometimes, transgender patients will have trouble scheduling certain appointments (such as an FTM getting a gynecological appointment) or making sure that they receive thorough examinations (such as an MTF having to remind her primary care physician to test her for prostate cancer).

And all too often, transgender people are denied coverage for medically necessary procedures because their documented gender does not correspond to the “gender-specific” service. Female-to-male transgender people, in particular, may have difficulty obtaining gynecological services or treatment for gynecological cancers. If you experience a denial of this sort, you should not hesitate to appeal it. Contact TLC if you would like assistance preparing your appeal.

Should I Change My Gender Marker on My Current Insurance?

Because of such problems, many transgender people are rightfully concerned about changing the gender marker in their medical records to reflect their gender identity. Changing the gender marker on your insurance is likely to alert the insurance company that you are transgender, and could possibly jeopardize your benefits. We urge you to contact TLC before doing so.

Which Gender Marker Should I Use When I Sign Up With A New Insurer?

The unfortunate reality is that regardless of what your gender marker is in your health records, it is possible that you will face denial for gender-specific procedures. FTMs who list their gender as male may have no trouble receiving testosterone, but may not be able to access gynecological services, or vice versa. Similarly, MTFs who designate female in their medical records may access female hormones but not care for prostate or testicular cancer. If you want to discuss what avenue might be best in your situation, contact TLC.

Discrimination by Providers of Health Care and Services

In addition to being denied health insurance coverage, you may experience gender identity-related health care discrimination when seeking care and services from doctors, nurses, hospital staff, and/or other health care providers (such as acupuncturists, chiropractors, or mental health therapists). Gender identity discrimination can also occur in residential/long-term care facilities (such as mental health or drug treatment facilities) and public health community-based organizations (such as HIV prevention agencies).

Discriminatory conduct can include: inappropriate name or pronoun use, invasive inquiries about your genitalia or transgender status, denial of access to the restroom or housing facility that corresponds to your gender identity, use of epithets, and/or hostile or intimidating behavior.

Some examples of discrimination are: being forced to revert to the gender you were assigned at birth in order to access health care, or having a dentist or ear/nose/throat doctor ask questions about your genitals.

Since most medical schools and other health care training programs do not educate their students on transgender health issues, this kind of inappropriate behavior happens too often. While state law is not explicit on this issue, such conduct is likely illegal. If you experience this kind of discrimination, you can contact TLC or you can contact one of the following agencies:

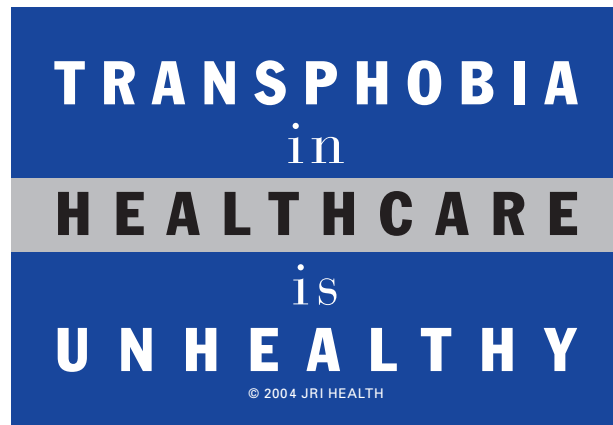
The Department of Fair Employment and Housing is the state agency that investigates complaints of discrimination, including discrimination in public accommodations. They can be reached at 1-800-884-1684. You can find out more information about them at www.dfeh.ca.gov.

The Medical Board of California is the state agency that licenses and investigates misconduct of a variety of health care professionals in California (see a list of which professionals at www.medbd.ca.gov). The Board can also accept discrimination complaints against health care professionals and will send an advisory letter to a professional when a complaint is filed. To file a complaint, call 1-800-633-2322.

This pamphlet was produced by TLC's Health Care Access Project (HCAP), a joint effort of TLC and The California Endowment. If you have questions about HCAP or would like to book a free workshop on transgender health law issues, contact Willy Wilkinson at Willy@transgenderlawcenter.org.

The information in this pamphlet is not meant to substitute for advice from an attorney or appropriate agency. Because of the changing nature of the law, we cannot be responsible for any use to which it is put.

July 2004



Deserves the same care,
no matter
which pronoun is used.



Transgender, gay, lesbian, and bisexual people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They're working to eliminate barriers to healthcare access, so everyone can be treated well. And *stay* well.

The Gay, Lesbian, Bisexual and Transgender Health Access Project
MASSACHUSETTS DEPARTMENT *of* PUBLIC HEALTH

