

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 (go to 48.)	(98) Don't know (go to 48.)	(99) Refuse (go to 48.)
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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 (go to 49.)	(98) Don't know (go to 49.)	(99) Refuse (go to 49.)
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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 (go to 49)	(3) Between 6 and 12 months ago (go to 49)	(4) Between 1 and 3 years ago (go to 49)	(5) More than 3 years ago (go to 49)	(98) Don't know (go to 49)	(99) Refuse (go to 49)
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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 (go to 50.)	(98) Don't know (go to 50.)	(99) Refuse (go to 50.)
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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 (go to 50)	(3) Between 6 and 12 months ago (go to 50)	(4) Between 1 and 3 years ago (go to 50)	(5) More than 3 years ago (go to 50)	(98) Don't know (go to 50)	(99) Refuse (go to 50)
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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 (go to 51.)	(98) Don't know (go to 51.)	(99) Refuse (go to 51.)
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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 <i>(go to 51)</i>	(3) Between 6 and 12 months ago <i>(go to 51)</i>	(4) Between 1 and 3 years ago <i>(go to 51)</i>	(5) More than 3 years ago <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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*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 <i>(go to 52.)</i>	(98) Don't know <i>(go to 52.)</i>	(99) Refuse <i>(go to 52.)</i>
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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 <i>(go to 52)</i>	(3) Between 6 and 12 months ago <i>(go to 52)</i>	(4) Between 1 and 3 years ago <i>(go to 52)</i>	(5) More than 3 years ago <i>(go to 52)</i>	(98) Don't know <i>(go to 52)</i>	(99) Refuse <i>(go to 52)</i>
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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 <i>(go to 53.)</i>	(98) Don't know <i>(go to 53.)</i>	(99) Refuse <i>(go to 53.)</i>
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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 <i>(go to 53)</i>	(3) Between 6 and 12 months ago <i>(go to 53)</i>	(4) Between 1 and 3 years ago <i>(go to 53)</i>	(5) More than 3 years ago <i>(go to 53)</i>	(98) Don't know <i>(go to 53)</i>	(99) Refuse <i>(go to 53)</i>
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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 <i>(go to 54.)</i>	(98) Don't know <i>(go to 54.)</i>	(99) Refuse <i>(go to 54.)</i>
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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 <i>(go to 54)</i>	(3) Between 6 and 12 months ago <i>(go to 54)</i>	(4) Between 1 and 3 years ago <i>(go to 54)</i>	(5) More than 3 years ago <i>(go to 54)</i>	(98) Don't know <i>(go to 54)</i>	(99) Refuse <i>(go to 54)</i>
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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 (<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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*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 (<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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*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 (<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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69. Have you EVER shared your needles or syringes for hormones with others?

(1) Yes	(2) No (<i>go to *69b.</i>)	(98) Don't know (<i>go to *69b.</i>)	(99) Refuse (<i>go to *69b.</i>)
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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