

# ***2009 SC Transgender Health Initiative Survey***

Sponsored by the SC HIV Planning Council and the STD/HIV Division  
of the SC Department of Health and Environmental Control

The purpose of this study is to learn about the health needs and concerns of transgender people living in South Carolina. This statewide survey includes questions about your health status and ability to get health care, and life experiences such as violence, substance abuse, housing, employment, and HIV/AIDS. The survey results will be used to train providers and increase awareness and transgender-sensitive services for the transgender community in South Carolina. We assure you that your identity and confidentiality will be protected and that the information you provide will not be linked to you in any way. The questionnaire will take approximately 30-40 minutes to complete. Your participation is completely voluntary. You may skip questions you do not want to answer.

You can be given a \$20 Wal-Mart gift card for your time to complete this questionnaire (provided the completed survey is received by **June 5, 2009**). To be paid, it is necessary for you to provide personal information in order for us to account for the funds. Complete the enclosed Incentive Payment Information Card including the special code you identify below and drop it in the mail. Once your survey (with the special code noted below) **and** your Incentive Payment Information Card are received by Capitol Consultants, your Incentive Payment Information Card will be used to process your payment. The Card will be stored separately from your completed survey and in a locked file. Only your completed survey will be shared with SC DHEC for analysis with the other completed surveys. If you wish to remain anonymous, you may return your survey without the Incentive Payment Information Card but you will not receive the gift card.

Thank you for your participation in this important study. The more people that respond, the more beneficial the information will be to South Carolina's transgender community. If you have any questions about the study, please call or email Susan Fulmer at 1-803-898-0684 ([FULMERSL@dhec.sc.gov](mailto:FULMERSL@dhec.sc.gov)), Troy Bowers at 1-803-779-7257 ([TROY.BOWERS@palss.org](mailto:TROY.BOWERS@palss.org)), Donald Wood at 1-803-252-1087 ([DWOOD@capconsc.com](mailto:DWOOD@capconsc.com)) or Gypsey Teague at 1-864-656-4277 ([GTEAGUE@clemsun.edu](mailto:GTEAGUE@clemsun.edu)).

**Please give us your birth date month and year and the last three numbers of your Social Security Number (SSN). This special number cannot identify you in any way, but will help us create an unduplicated individual code for your survey. Make sure the numbers below match those you provide on your Incentive Payment Information Card.**

**Birth Date Month \_\_\_\_\_ Year \_\_\_\_\_ Last three numbers of your SSN: \_\_\_\_\_**

**Thank you for taking time to complete and return this questionnaire. The results will be useful to help develop transgender-sensitive services.**

**ELIGIBILITY:** For the purposes of this study, we consider you to be **transgender** if you:

- have lived or want to live full-time in a gender opposite your birth or physical sex;
- have or want to physically modify your body to match who you feel you really are inside; or,
- have or want to wear the clothing of the opposite sex, in order to express an inner, crossgender identity.

Now, using the above definition, answer each of the following questions:

- ♦ Do you consider yourself to be a transgender person? Yes \_\_\_\_ No \_\_\_\_
- ♦ Are you 18 years old or older? Yes \_\_\_\_ No \_\_\_\_
- ♦ Do you live in (or attend school in) South Carolina? Yes \_\_\_\_ No \_\_\_\_

If you answered **YES** to **all three of the questions above**, **please continue**.

If you answered **NO** to one or more of the questions above, please return the unanswered survey and the card in the enclosed business reply envelope so it can be used for someone else.

**SECTION I:**

1. Where did you *FIRST* hear about this study? Check **ONE** only:

- ☐ 1 A spouse or partner
- ☐ 2 A friend
- ☐ 3 A family member
- ☐ 4 An acquaintance
- ☐ 5 A stranger
- ☐ 6 My counselor/psychotherapist
- ☐ 7 My health care provider
- ☐ 8 A newsletter
- ☐ 9 The Internet
- ☐ 10 A flyer/poster
- ☐ 11 My support group
- ☐ 12 My church

2. What was your physical, assigned sex at birth? Check **ONE** only:

- ☐ 1 Male
- ☐ 2 Female

3. What is your present gender identity? Check **ONE** only:

- ☐ 1 Man
- ☐ 2 Woman
- ☐ 3 Transgender
- ☐ 4 Androgynous
- ☐ 5 Questioning
- ☐ 6 Gender Queer
- ☐ 7 Other (please specify): \_\_\_\_\_

4. What is your sexual orientation? Check **ONE** only:

- ☐ 1 Heterosexual
- ☐ 2 Gay
- ☐ 3 Lesbian
- ☐ 4 Bisexual
- ☐ 5 Questioning
- ☐ 6 Queer
- ☐ 7 Asexual (I'm not interested in sex)
- ☐ 8 I do not label my sexual orientation
- ☐ 9 Other (please specify): \_\_\_\_\_

5. What is your racial background? Check **ALL** that apply:

- ☐ 1 African American/Black
- ☐ 2 White (Caucasian)
- ☐ 3 Asian or Pacific Islander
- ☐ 4 Native American/American Indian
- ☐ 5 Caribbean
- ☐ 6 Biracial or multiple races
- ☐ 7 Other (please specify): \_\_\_\_\_

6. Are you of Hispanic or Latino origin?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know/Unsure

7. Please check the box that represents your age category:

- ☐ 1 18-24
- ☐ 2 25-34
- ☐ 3 35-44
- ☐ 4 45-54
- ☐ 5 55-64
- ☐ 6 65 or older

8. Do you currently live in South Carolina? (If you are a full-time, out of state student attending college or university in South Carolina, you are considered to be a South Carolina resident for the purposes of this study).

- ☐ 1 Yes (Answer **8a** below)
- ☐ 2 No (STOP! You are not eligible to complete this survey)

8a. What is the zip code in South Carolina where you live or attend school? \_\_\_\_\_

9. How much education have you completed? Check **ONE** only:

- ☐ 1 8<sup>th</sup> grade or less
- ☐ 2 Some high school (no diploma)
- ☐ 3 High school graduate/ GED
- ☐ 4 Technical certificate/Associate's degree (incl. cosmetology)
- ☐ 5 Some college (no degree)
- ☐ 6 College graduate
- ☐ 7 Some graduate school (no degree)
- ☐ 8 Graduate or professional degree

10. What is your current employment status? Check **ONE** only:

- ☐ 1 Full time (35 hours or more per week)
- ☐ 2 Part time (fewer than 35 hours per week)
- ☐ 3 Student
- ☐ 4 Retired
- ☐ 5 Out of work, on disability
- ☐ 6 Currently unemployed (not a student, retired, or disabled)
- ☐ 7 Other (please specify): \_\_\_\_\_

11. Which of the following categories best describes your **individual** income in 2008 from all sources before taxes? Check **ONE** only:

- ☐ 1 I had no source of income
- ☐ 2 \$1 to \$4,999
- ☐ 3 \$5,000 to \$9,999
- ☐ 4 \$10,000 to \$16,999
- ☐ 5 \$17,000 to \$23,999
- ☐ 6 \$24,000 to \$29,999
- ☐ 7 \$30,000 to \$39,999
- ☐ 8 \$40,000 to \$49,999
- ☐ 9 \$50,000 or more

12. Do you have any biological **or** adopted children?

- ☐ 1 Yes (Answer **12a** below)
- ☐ 2 No (Go to question **13**)
- ☐ 3 Don't know/Unsure (Go to question **13**)

12a. Are any of them living with you?

- ☐ 1 Yes
- ☐ 2 No

13. What is your current living arrangement? Check **ONE** only:

- ☐ 1 I live in a house, condominium or co-op that I own/co-own
- ☐ 2 I live in a house or apartment that I rent/share
- ☐ 3 I live rent-free in a house or apartment
- ☐ 4 I live in assisted housing through a religious group, private agency, or state/county agency
- ☐ 5 I live in temporary/transitional housing or a halfway house
- ☐ 6 I live in a hospice
- ☐ 7 I am homeless and live in a shelter
- ☐ 8 I am homeless and live on the street
- ☐ 9 Other (please specify) \_\_\_\_\_

14. Who else shares your living space? Check **ALL** that apply:

- ☐ 1 I live alone
- ☐ 2 I live with transgendered roommate(s)
- ☐ 3 I live with gay, lesbian or bisexual roommate(s)
- ☐ 4 I live with straight roommates (not gay, lesbian, bisexual or transgendered)
- ☐ 5 I live with my spouse (husband or wife through marriage)
- ☐ 6 I live with my significant other (partner, lover, etc.)
- ☐ 7 I live with my immediate birth family
- ☐ 8 I live with other birth family members
- ☐ 9 I live with strangers (shelter)
- ☐ 10 I live with others (please specify) \_\_\_\_\_

15. Including yourself, how many adults (18 years old or older) live in your household?

\_\_\_\_\_ (please write #)

16. How many children (17 years old or younger) live in your household?

\_\_\_\_\_ (please write #)

## SECTION II:

17. Do you currently have health insurance?

- ☐ 1 Yes (Answer **17a** below)
- ☐ 2 No (Go to question **18**)
- ☐ 3 Don't know/Unsure (Go to question **18**)

17a. Which of the following do you have? Check **ALL** that apply:

- ☐ 1 Medicare
- ☐ 2 Medicaid

- ☐ <sub>3</sub> Private health insurance through my employer
- ☐ <sub>4</sub> Private health insurance I pay for directly
- ☐ <sub>5</sub> Private health insurance through my parents or family
- ☐ <sub>6</sub> Other: (please specify) \_\_\_\_\_

	Strongly Agree (1)	Agree (2)	Neither Agree nor Disagree (3)	Disagree (4)	Strongly Disagree (5)
18. I have a doctor that I see regularly for routine health care.					
19. I am “out” to my doctor.					
20. It is important for me to discuss my transgender status and transgender-specific health care needs with my doctor.					
21. I am comfortable discussing my transgender status and transgender-specific health care needs with my doctor.					
21a. If you answered EITHER Disagree or Strongly Disagree, why do you feel that way? Please check <b>ALL</b> that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> <sub>1</sub> Fear of a hostile reaction</li> <li><input type="checkbox"/> <sub>2</sub> Fear of an insensitive reaction</li> <li><input type="checkbox"/> <sub>3</sub> Fear of being denied treatment</li> <li><input type="checkbox"/> <sub>4</sub> Fear of ridicule</li> <li><input type="checkbox"/> <sub>5</sub> Other (please specify): _____</li> </ul>					
22. My doctor is knowledgeable about transgender health care issues.					
23. I have had to educate my doctor about my health care needs as a transgender person.					
24. I would be comfortable discussing my transgender status and/or transgender-related health care needs with a doctor I did not know.					

25. I have experienced discrimination by a doctor or other health care provider due to my transgender status or gender expression.					
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26. How old were you when you first became aware that your internal sense of your gender did not match your body or physical appearance? \_\_\_\_\_ years old

27. Have you found any information about transgender-related health care?

- ☐ 1 Yes (Answer **27a** below)
- ☐ 2 No (Go to question **28**)
- ☐ 3 Don't know/Unsure (Go to question **28**)

27a. Where did you find the information? Check **ALL** that apply:

- ☐ 1 Word of mouth
- ☐ 2 Phone book
- ☐ 3 Gay newspapers
- ☐ 4 Transgender newsletters/magazines
- ☐ 5 Transgender support groups
- ☐ 6 Transgender outreach worker(s)
- ☐ 7 My doctor
- ☐ 8 Health clinic/Community-based organization
- ☐ 9 Counselor/psychotherapist
- ☐ 10 Internet
- ☐ 11 Other (please specify): \_\_\_\_\_

### SECTION III:

28. Which best describes your current employment status?

- ☐ 1 Employed by someone else (Answer **28a** below)
- ☐ 2 Self-employed (Go to question **29**)
- ☐ 3 Unemployed (Go to question **29**)

28a. Is your current employer aware of your transgender status?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/Unsure

29. Have you ever been denied a job you applied for due to your transgender status and/or gender expression?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/Unsure

30. Have you ever been fired from a job due to your employer's reaction to your transgender status and/or gender expression?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/Unsure

31. Have you ever been homeless?

- ☐ 1 Yes (Answer **31a** below)
- ☐ 2 No (Go to question **32**)
- ☐ 3 Don't know/Unsure (Go to question **32**)

31a. Are you currently homeless?

- ☐ 1 Yes (Answer **31b and 31c** below)
- ☐ 2 No (Go to question **32**)
- ☐ 3 Don't know/Unsure (Go to question **32**)

31b. What is preventing you from having your own living space? Check **ALL** that apply:

- ☐ 1 My estrangement from my birth family
- ☐ 2 Lack of affordable housing in my area
- ☐ 3 My economic situation
- ☐ 4 My lack of employment
- ☐ 5 Discrimination due to HIV/AIDS status
- ☐ 6 Problems with drugs or alcohol
- ☐ 7 Discrimination due to my disability status
- ☐ 8 Discrimination due to gender identity or transgender status
- ☐ 9 Racial discrimination
- ☐ 10 My immigration status
- ☐ 11 Other (please specify): \_\_\_\_\_

31c. Have you ever been denied a bed in a homeless shelter due to your transgender status and/or gender expression?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/Unsure
- ☐ 4 Did not seek a bed in a shelter

32. Have you ever lost housing or a housing opportunity due to your transgender status and/or gender expression?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Unsure

#### SECTION IV:

33. Since the time you were 13 years old, have you ever been forced to engage in unwanted sexual activity?

- ☐ 1 Yes (Answer **33a through 33e** below)
- ☐ 2 No (Go to question **34**)
- ☐ 3 Don't know/Unsure (Go to question **34**)

33a. How many times? \_\_\_\_\_ (# of incidents)

33b. Consider all incidents in which you were forced to engage in unwanted sexual activity. **Who** forced you to have sex? Check **ALL** that apply:

- ☐ 1 My spouse or primary partner
- ☐ 2 My ex-spouse or ex-partner
- ☐ 3 My father/stepfather
- ☐ 4 My mother/stepmother
- ☐ 5 My brother and/or sister
- ☐ 6 Member of my spouse's/partner's family
- ☐ 7 My children/stepchildren
- ☐ 8 A roommate/ex-roommate
- ☐ 9 A sex work client

- ☐ <sub>10</sub> A complete stranger
- ☐ <sub>11</sub> A co-worker
- ☐ <sub>12</sub> An acquaintance
- ☐ <sub>13</sub> Other: (please specify) \_\_\_\_\_

33c. How old were you when the **first** incident occurred? \_\_\_\_\_ years old

33d. When did the **most recent** incident occur? \_\_\_\_ / \_\_\_\_ (month/year)

33e. Did you report the most recent incident to the police?

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No
- ☐ <sub>3</sub> Don't know/Unsure

**34. Other than any incidents already mentioned above**, since the time you were 13 years old, have you ever been physically attacked? A physical attack includes being grabbed, punched, choked, stabbed with a sharp object, being hit with an object (like a rock, etc.), and being shot with any type of weapon.

- ☐ <sub>1</sub> Yes (Answer **34a through 34d** below)
- ☐ <sub>2</sub> No (Go to question **35**)
- ☐ <sub>3</sub> Don't know/Unsure (Go to question **35**)

**34a.** Consider all incidents in which you were physically attacked. Who attacked you? Check **ALL** that apply:

- ☐ <sub>1</sub> My spouse or primary partner
- ☐ <sub>2</sub> My ex-spouse or ex-partner
- ☐ <sub>3</sub> My father/stepfather
- ☐ <sub>4</sub> My mother/stepmother
- ☐ <sub>5</sub> My brother and/or sister
- ☐ <sub>6</sub> Member of my spouse's/partner's family
- ☐ <sub>7</sub> My children/stepchildren
- ☐ <sub>8</sub> A roommate/ex-roommate
- ☐ <sub>9</sub> A sex work client
- ☐ <sub>10</sub> A complete stranger
- ☐ <sub>11</sub> A co-worker
- ☐ <sub>12</sub> An acquaintance
- ☐ <sub>13</sub> Other: (please specify) \_\_\_\_\_

34b. How old were you when the first incident occurred? \_\_\_\_\_ years old

34c. When did the most recent incident occur? \_\_\_\_ / \_\_\_\_ (month/year)

34d. Did you report the most recent incident to the police?

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No
- ☐ <sub>3</sub> Don't know/Unsure

## SECTION V:

**35.** In general, how supportive of your gender identity or expression are the following people?

Check **ONE** for each:

	Not at all supportive (1)	Not very supportive (2)	Somewhat supportive (3)	Very Supportive (4)	Not applicable to me (5)
_____					



1. My birth family					
2. My family by marriage					
3. My transgender friends					
4. My non-transgender friends					
5. My transgender support group					
6. My church, temple, or mosque					
7. My co-workers					
8. Others: (specify) _____ _____					

36. Have you ever thought about killing yourself?

- ☐ 1 Yes (Answer **36a & 36b** below)
- ☐ 2 No (Go to question **37**)

36a. How much did your issues with your gender identity or expression cause these thoughts? Check **ONE** only:

- ☐ 1 Not at all
- ☐ 2 Some
- ☐ 3 Most
- ☐ 4 The main reason

36b. Have you ever tried to kill yourself?

- ☐ 1 Yes (Answer **36c, 36d & 36e** below)
- ☐ 2 No (Go to question **37**)

36c. How many times have you tried to kill yourself? \_\_\_\_\_ times

36d. How old were you when you first tried to kill yourself? \_\_\_\_\_ years old

36e. How old were you the last time you tried to kill yourself? \_\_\_\_\_ years old

37. Have you **EVER** drunk alcohol?

- ☐ 1 Yes (Answer **37a** below)
- ☐ 2 No (Go to question **38**)
- ☐ 3 Don't know/Unsure (Go to question **38**)

a. Do you **CURRENTLY** drink alcohol?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/Unsure (Go to question **38**)

38. Have you **EVER** used tobacco?

- ☐ 1 Yes (Answer **38a** below)
- ☐ 2 No (Go to question **39**)
- ☐ 3 Don't know/Unsure (Go to question **39**)

38a. Do you **CURRENTLY** use tobacco?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/Unsure (Go to question **39**)

39. For each substance listed below, please indicate if you have **ever** used it.

Substance	Ever used?	
1. Marijuana (Pot, Reefer, Hash)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
2. Heroin (H, Horse)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
3. Cocaine (Blow, powder)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
4. Crack Cocaine (rock)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
5. Hallucinogens (LSD, Acid, Peyote, Mushrooms, etc.)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
6. Club Drugs (Ecstasy, GHB, Liquid X, Ketamine, etc.)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
7. Methamphetamine (Meth, Tina, Crystal, Speed)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
8. PCP (Dipper, Angel Dust)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
9. Poppers (amyl nitrate, butyl nitrate)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
10. Downers (Valium, Ativan, Xanax, etc.)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
11. Painkillers (Oxycontin, Vicodin, Percocet, etc.)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
12. Other drug (please specify): _____	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
13. Other drug (please specify): _____	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
14. Other drug (please specify): _____	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No

40. Have you **EVER** injected drugs

- ☐ 1 Yes (Answer **40a**, **40b** and **40c** below)  
☐ 2 No (Go to question **41**)  
☐ 3 Don't know/Unsure (Go to question **41**)

40a. How old were you when you first injected drugs? \_\_\_\_\_ years old

40b. Have you **EVER** shared a syringe with someone else?

- ☐ 1 Yes (Answer **c** below)  
☐ 2 No (Go to question **41**)  
☐ 3 Don't know/Unsure (Go to question **41**)

40c. Did you or they clean the syringe after each use?

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Don't know/Unsure

41. Indicate the extent to which you agree with each of the following statements by checking the appropriate box.

	Strongly Agree (1)	Agree (2)	Neither Agree nor Disagree (3)	Disagree (4)	Strongly Disagree (5)
1. Whether I get HIV or not is mostly a matter of luck.					
2. You have to have sex with a lot of different people to get HIV.					
3. Information about HIV and AIDS is so depressing that I tend to avoid it.					
4. Every time I get sick I am afraid it					

might be AIDS.					
5. Safer sex is too difficult to practice every time I have sex.					
6. The only risky sex is anal sex.					
7. If someone looks really healthy, they probably don't have HIV.					
8. Because of new treatments available, AIDS is no longer such a big deal.					
9. Cleaning syringes that are shared to inject drugs greatly reduces chances of getting HIV.					
10. Cleaning syringes that are shared to inject hormones greatly reduces chances of getting HIV.					
11. Transgender people are much less at risk for getting HIV/AIDS than are gay people.					

42. Where have you gotten your information about HIV & AIDS? Check **ALL** that apply,

- ☐ 1 My doctor's office
- ☐ 2 Hospital
- ☐ 3 Other health care facility
- ☐ 4 Counseling sessions
- ☐ 5 Support group
- ☐ 6 School
- ☐ 7 Church
- ☐ 8 Internet searches
- ☐ 9 Internet chat rooms
- ☐ 10 Outreach workers
- ☐ 11 TV/radio/magazines
- ☐ 12 Gay/lesbian bar or club
- ☐ 13 Seminar, workshop, focus group
- ☐ 14 From my peers (including those who are HIV+)
- ☐ 15 Health Department
- ☐ 16 Other (please specify): \_\_\_\_\_

## SECTION VI:

43. In your lifetime, have you **EVER** had sex?

- ☐ 1 Yes (Answer **43a** below)
- ☐ 2 No (Go to question **44**)
- ☐ 3 Don't know/Unsure (Go to question **44**)

43a. In your **lifetime**, with whom have you had sex? Check **ALL** that apply:

- ☐ 1 Non-transgender man or men (Answer **43i** below)
- ☐ 2 Non-transgender woman or women (Answer **43ii** below)
- ☐ 3 Transgender man or men (FTM) (go to question **44**)
- ☐ 4 Transgender woman or women (MTF) (go to question **44**)
- ☐ 5 Other (please specify): \_\_\_\_\_

43i. Do you agree with this statement? "I feel more real when I have sex with a non-transgender man"

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/Unsure

43ii. Do you agree with this statement? "I feel more real when I have sex with a non-transgender woman"

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/Unsure

44. Have you had sex in the **past 6 months**?

- ☐ 1 Yes (Answer **44a** below)
- ☐ 2 No (Go to question **45**)
- ☐ 3 Don't know/Unsure (Go to question **45**)

44a. In the **past six months**, with whom have you had sex? Check **ALL** that apply:

- ☐ 1 Non-transgender man or men
- ☐ 2 Non-transgender woman or women
- ☐ 3 Transgender man or men (FTM)
- ☐ 4 Transgender woman or women (MTF)
- ☐ 5 Other (please specify): \_\_\_\_\_

45. How would you describe your **CURRENT** relationship status? Check **ONE** only:

- ☐ 1 Monogamous relationship (only one partner)
- ☐ 2 Non-monogamous relationship (one primary sexual partner and one or both of us has other sexual partners)
- ☐ 3 I'm not in a relationship, but I'm looking
- ☐ 4 I'm not in a relationship, and I'm not looking

46. If you have a primary partner, how would you describe the **FREQUENCY** of your use of condoms (male or female condoms) or other protective barriers with your primary partner? Check **ONE** only:

- ☐ 1 Always
- ☐ 2 Most of the time
- ☐ 3 Sometimes
- ☐ 4 Rarely
- ☐ 5 Never
- ☐ 6 Not applicable

47. If you have partners other than a primary partner, how would you describe the **FREQUENCY** of your use of condoms (male or female) or other protective barriers with your other partners? Check **ONE** only:

- ☐ 1 Always
- ☐ 2 Most of the time
- ☐ 3 Sometimes
- ☐ 4 Rarely
- ☐ 5 Never
- ☐ 6 Not applicable

48. When you have sex, who decides whether to use protection or not? Check **ONE** only:

- ☐ 1 I always decide
- ☐ 2 I usually decide
- ☐ 3 Sometimes I decide, sometimes my partner(s) decides
- ☐ 4 Usually we decide together
- ☐ 5 I usually let my partner(s) decide
- ☐ 6 I always let my partner(s) decide

49. Are you currently abstaining from sex?

- ☐ 1 Yes (Answer **49a** below)
- ☐ 2 No (Go to question **50**)
- ☐ 3 Don't know/Unsure (Go to question **50**)

49a. Why are you currently abstaining from sex? Check **ALL** that apply:

- ☐ 1 I don't like the way my body looks.
- ☐ 2 I am HIV positive.
- ☐ 3 I have not found a partner who I want to have sex with.
- ☐ 4 Other (please specify): \_\_\_\_\_

## SECTION VII:

50. Have you ever had an HIV test?

- ☐ 1 Yes (Answer **50a** below)
- ☐ 2 No (Answer **50b** below)
- ☐ 3 Don't know/Unsure (Go to question **57**)

50a) When was your most recent HIV test? Check **ONE** only (then go to question **51**):

- ☐ 1 Less than 6 months ago
- ☐ 2 Six months to almost 1 year ago
- ☐ 3 One to almost 2 years ago
- ☐ 4 Two or more years ago

50b) Why have you not had an HIV test? Check **ALL** that apply

- ☐ 1 It is not important to me to get tested.
- ☐ 2 I've never had sex, so I don't believe I need to get tested.
- ☐ 3 I always have safer sex, so I don't believe I need to get tested.
- ☐ 4 I feel healthy, so I don't believe I need to get tested.
- ☐ 5 I don't know where to get free testing.
- ☐ 6 I don't know where to get anonymous testing.
- ☐ 7 I'm afraid to get tested because:
  - ☐ 8 I don't want my partner to know I got tested.
  - ☐ 9 I don't want people other than my partner to know I got tested.
  - ☐ 10 I don't want my health insurance company to know my HIV status.
  - ☐ 11 I am afraid I might be HIV positive.
  - ☐ 12 The HIV testing staff are/have been hostile or insensitive to me.
  - ☐ 13 Other (please specify): \_\_\_\_\_

**SKIP to question #57 if you have never had an HIV test**

51. Since your last HIV test, have you done any of the following? Check **ALL** that apply:

- ☐ 1 Had unprotected sex (including assault)
- ☐ 2 Gotten a tattoo and/or piercing(s)
- ☐ 3 Shared syringes with others
- ☐ 4 Injected drugs (a substance not specifically prescribed for you)

52. What was the result of your most recent HIV test? Check **ONE** only:

- ☐ 1 I don't know the results of my most recent test (Go to question 57)
- ☐ 2 HIV negative (Go to question 57)
- ☐ 3 HIV positive

53. How long ago did you find out that you are HIV positive? Check **ONE** only:

- ☐ 1 Less than 6 months ago
- ☐ 2 Six months to almost 1 year ago
- ☐ 3 One to almost 2 years ago
- ☐ 4 Two or more years ago

54. How do you think you became HIV positive? Check **ALL** that may apply:

- ☐ 1 I don't know
- ☐ 2 Unprotected sex w/a non-transgender man
- ☐ 3 Unprotected sex w/a non-transgender woman
- ☐ 4 Unprotected sex w/a transgender man (FTM)
- ☐ 5 Unprotected sex w/a transgender woman (MTF)
- ☐ 6 Sharing needles while injecting drugs
- ☐ 7 Sharing needles while injecting hormones
- ☐ 8 Received tainted blood product
- ☐ 9 Sexually assaulted or raped
- ☐ 10 Needle stick as a health care worker
- ☐ 11 Tattoos or piercing(s)
- ☐ 12 Infected parent
- ☐ 13 Other (please specify): \_\_\_\_\_

55. Now, please check the **ONE** response that is **the most likely way** you became HIV positive?

- ☐ 1 I don't know
- ☐ 2 Unprotected sex w/a non-transgender man
- ☐ 3 Unprotected sex w/a non-transgender woman
- ☐ 4 Unprotected sex w/a transgender man (FTM)
- ☐ 5 Unprotected sex w/a transgender woman (MTF)
- ☐ 6 Sharing needles while injecting drugs
- ☐ 7 Sharing needles while injecting hormones
- ☐ 8 Received tainted blood product
- ☐ 9 Sexually assaulted or raped
- ☐ 10 Needle stick as a health care worker
- ☐ 11 Tattoos or piercing(s)
- ☐ 12 Infected parent
- ☐ 13 Other (please specify): \_\_\_\_\_

56. Are you currently taking any medications to treat HIV/AIDS?

- ☐ 1 Yes (Answer 56a below)
- ☐ 2 No (Go to question 57)

☐ 3 Don't know/Unsure (Go to question 57)

56a. Are you also currently taking transgender-related hormones with your HIV medications?

☐ 1 Yes (Answer 56b below)

☐ 2 No (Go to question 57)

☐ 3 Don't know/Unsure (Go to question 57)

56b. Does the doctor who prescribed your HIV medications know you also take hormones?

☐ 1 Yes (Answer 56c below)

☐ 2 No (Go to question 57)

☐ 3 Don't know/Unsure (Go to question 57)

56c. Did the doctor discuss any possible interactions between the hormones and the HIV medications, or the effects of HIV on hormonal levels in your body?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know/Unsure (Go to question 57)

**57. PLEASE COMPLETE THE FOLLOWING TABLE *REGARDLESS OF YOUR HIV STATUS.***

For each HIV-related service, please indicate if you have ever received the service. If you have received it, please rate the **Quality** of the service and/or care that you most recently received in column 3 and the **Sensitivity of the provider** to you as a transgender person in column 4 by circling the appropriate number.

Column 1	Column 2	Column 3	Column 4
HIV-Related Service	Have you ever received this service?	Quality of the service and/or care that you received most recently	Transgender sensitivity of the service provider
		1=Extremely Poor 2=Poor 3=Fair 4=Good 5=Excellent	
1. Printed HIV-related prevention and education materials	<input type="checkbox"/> 2 No <input type="checkbox"/> 1 Yes ⇒	1 2 3 4 5	1 2 3 4 5
2. HIV-related outreach services	<input type="checkbox"/> 2 No <input type="checkbox"/> 1 Yes ⇒	1 2 3 4 5	1 2 3 4 5
3. HIV crisis intervention/hotline	<input type="checkbox"/> 2 No <input type="checkbox"/> 1 Yes ⇒	1 2 3 4 5	1 2 3 4 5
4. HIV prevention group/ Workshop	<input type="checkbox"/> 2 No <input type="checkbox"/> 1 Yes ⇒	1 2 3 4 5	1 2 3 4 5

**COMPLETE THE FOLLOWING TABLE ONLY IF YOU ARE HIV POSITIVE.**

**OTHERWISE, GO TO QUESTION 59.**

Column 1	Column 2	Column 3	Column 4
HIV-Related Treatment and Support Services	Have you ever received this service?	Quality of the service and/or care that you received most recently	Transgender sensitivity of the service provider
		1=Extremely Poor 2=Poor 3=Fair 4=Good 5=Excellent	
5. HIV-related emergency room visits	<input type="checkbox"/> 2 No <input type="checkbox"/> 1 Yes ⇒	1 2 3 4 5	1 2 3 4 5

6. HIV-related hospitalization	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
7. HIV-related outpatient clinical care	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
8. HIV-related medications	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
9. HIV-related testing, resource & referral information	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
10. HIV-related case management	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
11. HIV-related counseling/therapy	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
12. HIV-related support groups	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
13. HIV-related substance abuse treatment	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
14. HIV-related home health care	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
15. HIV-related food services	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
16. HIV-related legal services	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
17. HIV-related financial assistance	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5
18. HIV-related transportation services	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>1</sub> Yes ⇒	1   2   3   4   5	1   2   3   4   5

***If you are HIV+, please complete the next question.  
If not, please skip the next page and go on to question 59.***

**COMPLETE THE FOLLOWING TABLE ONLY IF YOU ARE HIV POSITIVE.  
OTHERWISE, GO TO QUESTION 59.**

58. For each HIV-related treatment service listed, please indicate if you currently need it but are unable to obtain it, for any reason. If you check 'Yes' for any service in column 2, select the main reason why you cannot obtain it from the list of reasons located under the table and write the corresponding number into column 3.

Column 1	Column 2	Column 3
HIV-Related Treatment Service	Do you currently need this treatment service but are unable to obtain it, for	Use the list below to indicate the MAIN reason you were unable to



	any reason?	obtain this treatment service
1. HIV-related emergency room visits	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
2. HIV-related hospitalization	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
3. HIV-related outpatient clinical care	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
4. HIV-related medications	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
5. HIV-related testing, resource & referral information	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
6. HIV-related case management	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
7. HIV-related counseling/therapy	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
8. HIV-related support groups	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
9. HIV-related substance abuse treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
10. HIV-related home health care	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
11. HIV-related food services	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
12. HIV-related legal services	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
13. HIV-related financial assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
14. HIV-related transportation services	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	_____ (# from list below)
List of <b>MAIN</b> reasons why you have been unable to receive <u>each</u> of these services.		
<div> <div> 1. I don't know if these services are available in my area.  2. I know that the services are not available in my area.  3. I cannot afford/obtain transportation to these services.  4. I cannot afford to pay for them.  5. I've been unable to receive assistance to pay for them.  6. Fear of my transgender status being revealed.  7. Fear of my HIV+ status being revealed.  8. Fear of my immigration status being revealed </div> <div> 9. Lack of transgender staff/outreach workers  10. Doctors', nurses' or staff transgender insensitivity/hostility.  11. Lack of appropriate bathrooms in the healthcare setting.  12. I was denied them while in jail 2  13. Lack of bilingual services  14. Waiting List  15. Other reason (please specify): _____  _____  _____ </div> </div>		

**YOUR INPUT IS VALUABLE! PLEASE ANSWER THESE QUESTIONS REGARDLESS OF YOUR HIV STATUS.**

**SECTION VIII:**

59. **OPTIONAL:** Use this space to provide input on topics not covered or questions not asked on this questionnaire. Also, if you would like to elaborate on certain answers you provided, please do so here. Use a separate sheet of paper if necessary.

60. **OPTIONAL:** Use this space to provide feedback on the questionnaire itself. Use a separate sheet of paper if necessary.

**Thank you for taking the time to complete this questionnaire and for contributing  
to our understanding of the health issues and needs of transgender people  
living in South Carolina.**