

# Affirming Gender Affirming Lives

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A Report of the 2011  
Transition Survey

Colin Close  
July 2012

**GATE**  
Gender Advocacy  
Training & Education



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## About the Author

Colin Close co-founded FTM Sonoma County in 2004 and served as Director for six years. FTMSC ([www.FTMSC.org](http://www.FTMSC.org)) is an all-volunteer network for trans men, trans masculine people, and their loved ones. Colin is also a passionate advocate who speaks with dozens of college classes, civic groups, and faith based organizations each year to raise awareness and understanding about gender diversity.

As the sole proprietor of GATE (Gender Advocacy Training & Education), he provides consulting services, technical assistance, and training for medical and mental health care providers, government agencies, nonprofits, social service organizations, educational institutions, and businesses that are seeking to better serve transgender and gender nonconforming employees, patients, students, and clients.

By day he works as a civil servant, managing environmental projects for a city in Northern California and serving on that agency's Inclusion Council and diversity training team.

Colin is also pursuing a master's degree in history focused on early twentieth-century ideas about gender in the U.S. He can be reached by email at [CloseConnections@yahoo.com](mailto:CloseConnections@yahoo.com).

## Acknowledgements

First and foremost, a heartfelt "thank you" is offered to all of the study participants. By sharing your deeply personal experiences, you have made it possible to compile a unique and powerful body of knowledge about the impacts of using medical technology to affirm gender identity. Thank you.

Before the survey was distributed, a number of individuals contributed to its success. Input from members of FTM Sonoma County improved the wording of some questions. In addition, Leslie Hansen, M.F.T., provided enthusiastic encouragement and helped to refine the sections relating to emotional processing and sexuality. Amy Moore suggested much needed improvements to the structure of the survey. Nick Lawrence, M.A., offered a vote of confidence and technical advice for data analysis and the formulation of findings. The readability and sensibility of this report benefited from the sharp mind and warm generosity of Meredith Guest, M.Div.

All of these contributions were invaluable. However, it should be noted that any shortcomings or errors that may exist in the survey tool, data analysis, or this report are the sole responsibility of the author.

### RECOMMENDED CITATION

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# Executive Summary

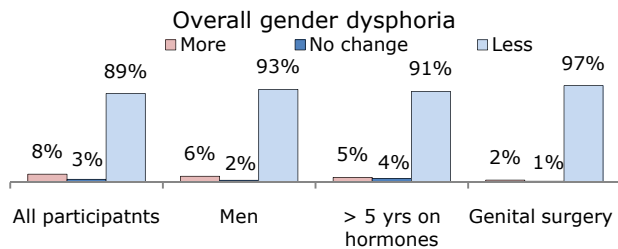
The 2011 Transition Survey Report examines the impacts of medically-assisted transition (the process of changing one’s outward gender presentation with hormones and/or surgery to better align with one’s gender identity) on the lives of 448 transgender people. The study was conducted in an effort to bridge a gap, as previously no large-scale studies had been conducted to assess how medically-assisted transition affects gender dysphoria (feeling a mismatch between anatomical sex and gender identity), quality of life, emotional well-being, and sexuality. The survey sample includes a diverse group of people who identified themselves as men, women, or a nonbinary gender (something other than exclusively man or woman). By sharing their deeply personal experiences, they made it possible to document many of the ways transition has affected their lives.

## KEY FINDINGS

Most participants reported that medically-assisted transition resulted in less gender dysphoria, better quality of life, and more emotional well-being. Time on hormones and genital surgery appeared to have positive impacts on participants.

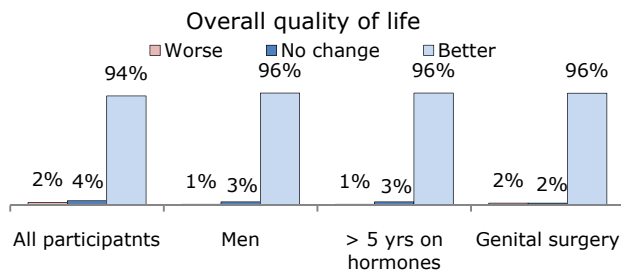
### GENDER DYSPHORIA

Almost all participants reported feeling less gender dysphoria than before they transitioned. Rates were higher for men, participants on hormones for more than five years, and those who had started or completed genital surgery.



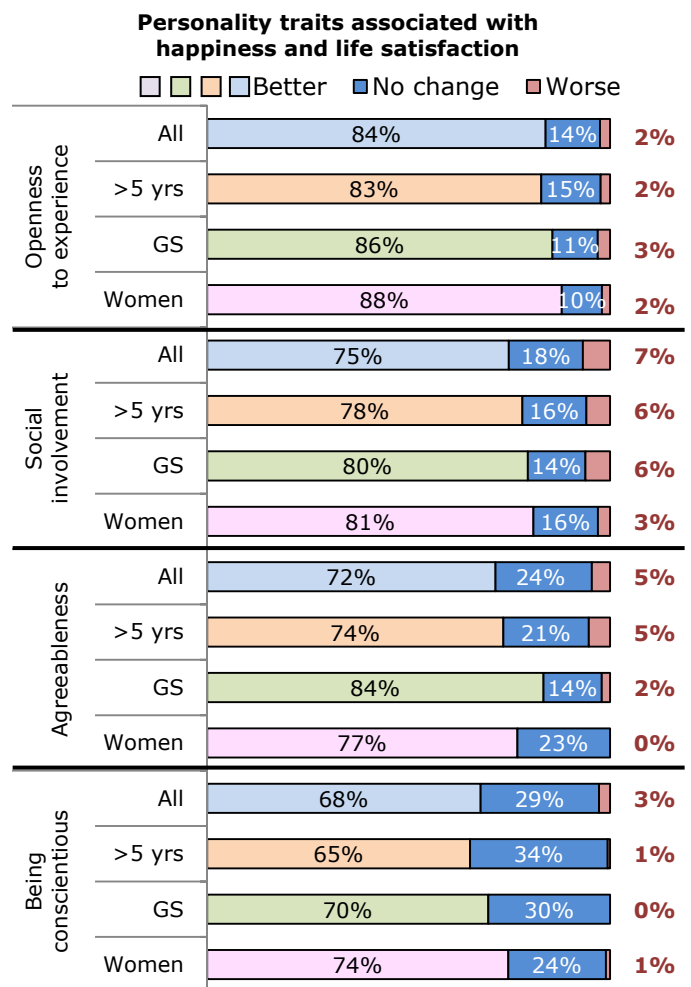
### QUALITY OF LIFE

Almost all participants reported improvements in their quality of life compared to before they transitioned. Men, participants on hormones for more than five years, and those who started or completed genital surgery were more likely to report improvements.



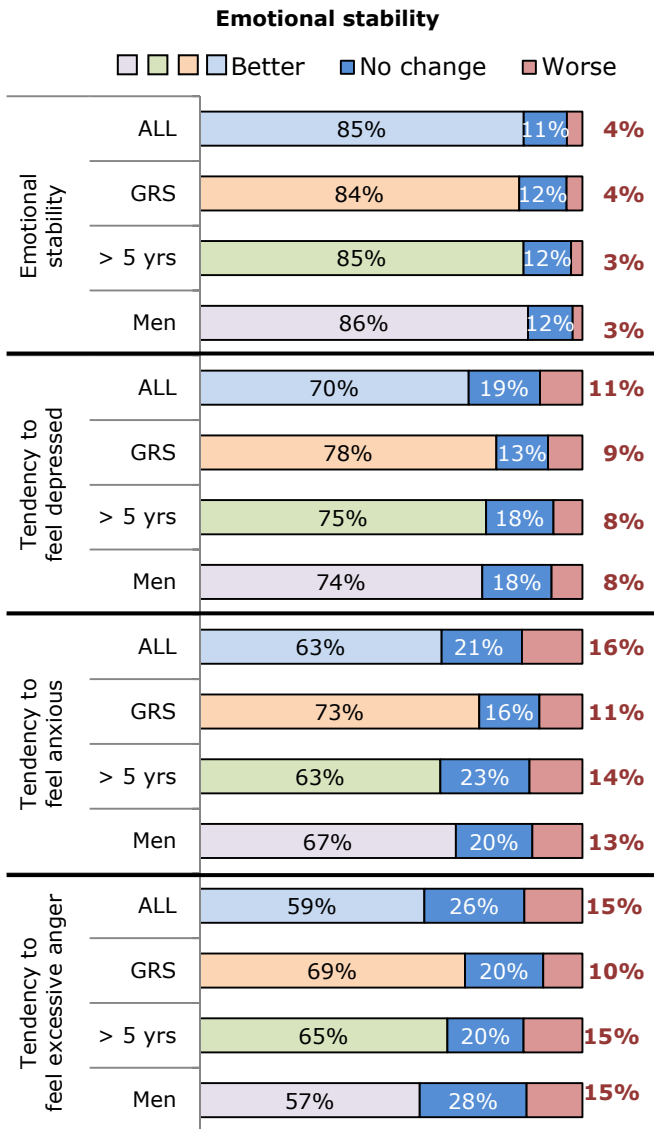
## PERSONALITY TRAITS

More than two-thirds of participants reported improvements in four personality traits associated with happiness and life satisfaction. Women, participants with more than five years on hormones, and those who have started or completed genital surgery were more likely to report improvements.



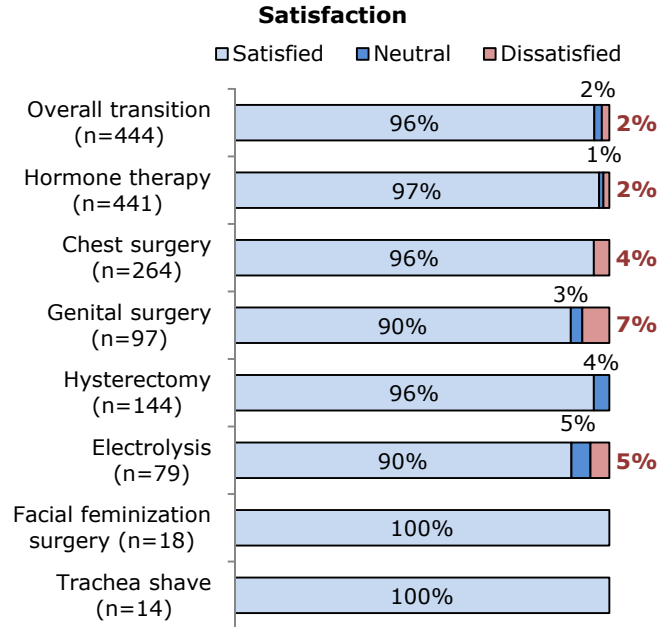
## EMOTIONAL STABILITY

Most participants reported feeling more emotionally stable after transition. Additionally, about two-thirds reported feeling less depression, anxiety, and excessive anger. Men, participants on hormones for more than five years, and those who had started or completed genital surgery were more likely to report improvements in emotional stability.



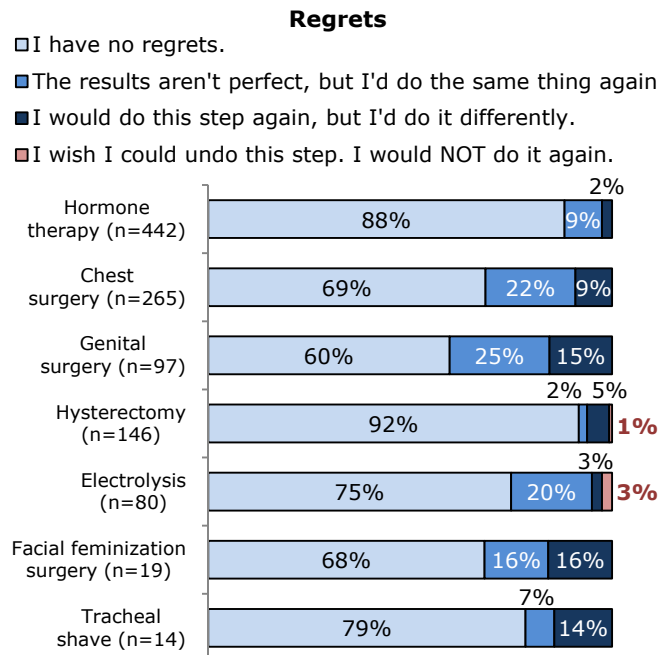
## SATISFACTION

Nearly all participants reported feeling satisfied with the steps they took to transition.



## REGRETS

Almost all participants had no regrets or would repeat the steps they took to transition even if the results were not perfect.



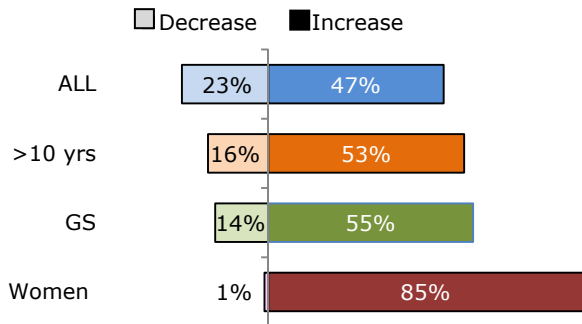


## EMOTIONAL AWARENESS AND EXPRESSION

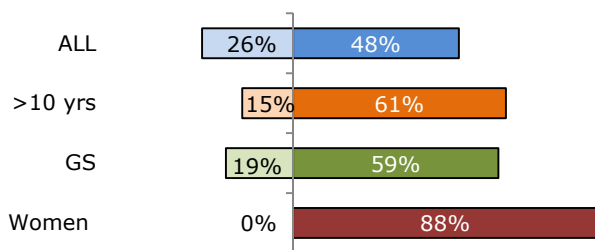
Many participants reported increased emotional awareness and expression compared to before transition. Women, participants with more than ten years of hormone therapy, and those who started or completed genital surgery were more likely to report improvements. Results for four of the eight questions posed to participants are shown below.

### How has transition affected ...

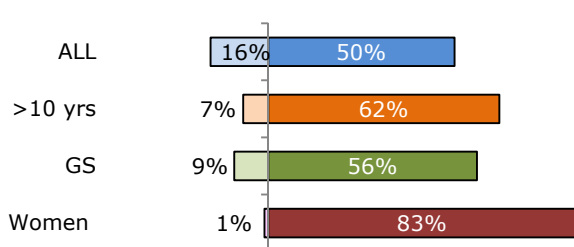
#### Frequency of noticing your emotions?



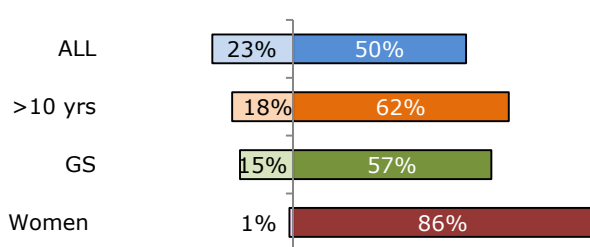
#### Ease of accessing your emotions?



#### Ability to identify your emotions?



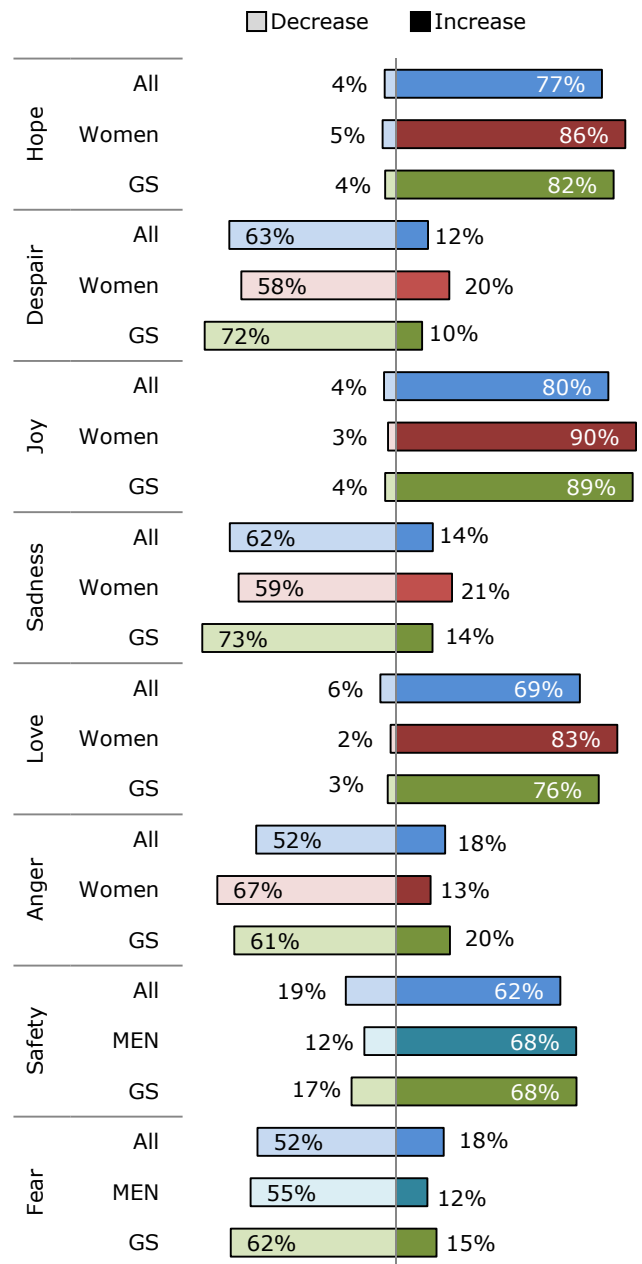
#### Ability to express your emotions?



## EXPERIENCING BASIC EMOTIONS

The majority of participants reported feeling more joy, hope, love and safety, and less sadness, despair, anger, and fear after they transitioned. Women were more likely to report increases in joy, hope, and love, while men were more likely to report an increase in safety. Participants who had started or completed genital surgery were also more likely than other participants to report feeling more joy, hope, love, and safety and less despair, sadness, anger, and fear.

### Experiencing basic emotions

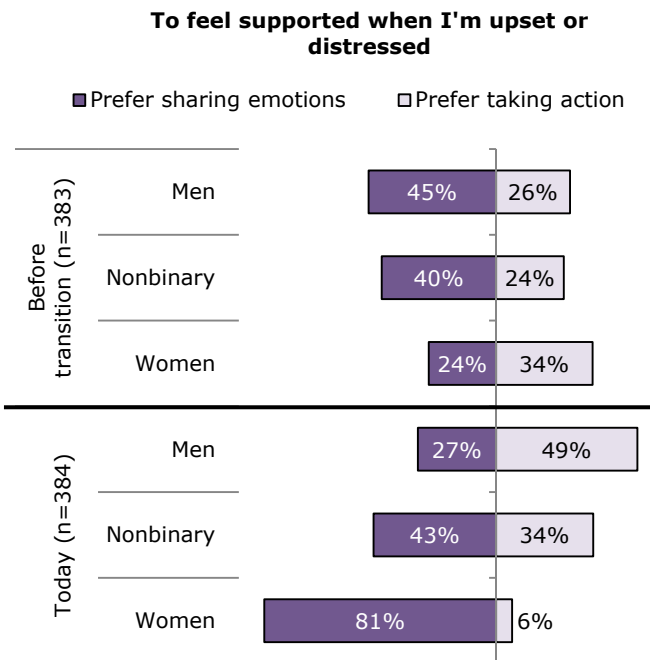


## EMOTIONS IN CLOSE RELATIONSHIPS

Women were about three times more likely than men to report increases in talking about emotions with a close friend or intimate partner after transition. About one-third of men reported decreases, while very few women did so (only 3% in one scenario). Ratings by nonbinary gender (NBG) participants tended to fall in between those of men and women. Time on hormones and status of genital surgery did not appear to have an impact.

## PREFERENCE FOR SHARING EMOTIONS AND TAKING ACTION

Before transition, NBG participants were more likely to prefer sharing emotions, followed closely by men, while women were least likely to prefer sharing emotions in most scenarios posed. After transition, women were two to three times more likely than men and NBG participants to prefer sharing emotions. Conversely, men were at least five times more likely than women and 50% more likely than NBG participants to prefer taking action after transition. Time on hormones and status of genital surgery did not appear to impact preferences for sharing emotions or taking action.



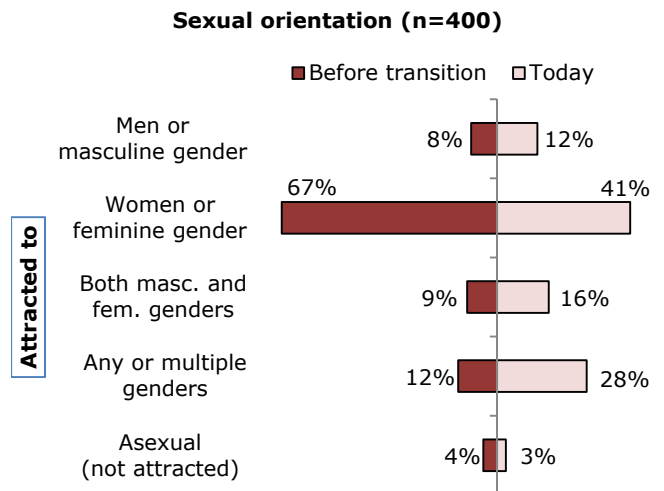
## SEXUALITY

About 70% of participants reported experiencing less gender dysphoria (feeling a mismatch between anatomical sex and gender identity) during sex and indicated that their sex lives were better compared to before transition. When asked more detailed questions about how transition had impacted their sexuality, men and women reported very different experiences.

Almost nine out of ten men said that their sex drive increased and indicated that they had sexual thoughts more frequently compared to before transition. Conversely, more than seven out of ten women indicated that their sex drive decreased and nearly two-thirds reported that they had sexual thoughts less frequently compared to before transition.

Six out of ten men said that sex became more important in their intimate relationships after transition, while only 6% said that sex became less important. While about 20% of women agreed that sex became more important after transition, almost half indicated it became less important.

A minority of participants reported that their sexual orientation changed after transition. The overall rate of attraction only to women or feminine people fell by about one-third, while the rate of attraction to men or masculine people increased by half. Attraction to both masculine and feminine genders and attraction to any or multiple genders roughly doubled. Asexuality decreased by one-quarter.



# Affirming Gender, Affirming Lives

## A Report of the 2011 Transition Survey

### Introduction

In recent years, a series of excellent studies have documented the discrimination and bias facing many transgender people in their daily lives. In addition, numerous case studies published in medical journals have provided important insight about whether individuals feel satisfaction or regret following genital surgery.

However, it appears that no large scale studies have been conducted to assess the overall impacts of medically-assisted transition (the process of changing one's outward gender presentation with hormones and/or surgery to better align with one's gender identity). No body of data exists to confirm or correct common assumptions about how medically-assisted gender affirmation changes the lives of transgender people.

The 2011 Transition Survey was undertaken in an effort to bridge that gap. This study was not done in pursuit of a graduate degree, and it was conducted without financial assistance or staff support from any organization. For better or worse, I did this project on my own – from developing and distributing the survey, to collecting and analyzing the data, to identifying and presenting the findings.

It sounds onerous, but in fact it was a labor of love. I wanted to create something that I wished had been available 10 years ago when I was considering whether to undergo a transition from female to male. At that time, I searched voraciously for sound information about the impacts of transition on emotional life, personality traits, and sexuality. I was the only transgender person I knew, and I found it incredibly difficult to sort through the results of online searches and “friendly” advice from people around me.

From what I could gather, transition would either make my life truly livable – or it would fill me with testosterone-driven rage, convert me from being a feminist to being a chauvinist, alter my personality in unwelcome ways, change

my sexual orientation, and mutilate my body. Depending on which source I considered, the outcomes of hormones and surgery looked to be either exhilarating or terrifying.

I had no way to effectively sort fact from fiction. So after the excruciating process of weighing worst case scenarios against my current condition and desired outcomes, I decided to take a leap of faith and risk everything in the hopes of creating a more livable life. I'm glad I did. It was the right path for me, and a very rewarding one. None of the doomsday scenarios came true, and I have never regretted my choices – other than wishing I'd been able to transition much earlier in my life.

Looking back on that difficult period of my life, I can vividly recall the uncertainty and fear I felt before transition. I also know from years of facilitating support groups, social networks, and online forums that people considering whether transition is right for them continue to face uncertainty and a dearth of reliable data about how transition affects lives.

In 2011 it occurred to me that a community survey was needed. I believed that such a study would be very helpful, but I also knew that it was a risky undertaking. The findings could confirm or they could counter my own assumptions about how transition affected people. After some careful thought I realized that the findings would be valuable either way because they would be based on reputable data collection and analysis rather than on allegory, urban legend, or transphobic bias. Thus, this project was born.

Although it took nearly a year to develop the survey, launch it, clean and analyze the data, and write this report, it was worth every minute. In large part, this is because I have been moved repeatedly by the participants' bravery, honesty, and integrity. Their responses to this study have been one the greatest gifts I've received in my lifetime.

# Methodology

## THE SURVEY INSTRUMENT

This project was designed as a community study, not as a formal research project. After the original survey instrument was developed, it was revised with input from the community and from professionals with experience in mental health, social science research, and data analysis.

The survey instrument includes 20 questions, with 10 focused on demographic details and 10 focused on the impacts of transition. Eleven questions were compound (asked respondents to rate or assess multiple sub parts) and nine asked only one question. In total, participants were asked to provide 111 responses and offered the opportunity to add comments to 15 of the questions.

## TARGET POPULATION

The target population included transgender people who have undergone or are undergoing transition. For the purposes of this study, *transgender* was defined as not identifying exclusively as the sex assigned at birth and *transition* was defined as the use of hormones and/or surgery to affirm gender identity. These definitions seek to allow for nonbinary gender identities (i.e. gender identities other than exclusively man or woman) and for differing approaches to medical transition.

## SURVEY DISTRIBUTION

The survey was conducted entirely online from early September through late November 2011 using SurveyMonkey, a web-based survey platform. An announcement was distributed by email to transgender individuals and allies, support groups, social networks, list serves, and nonprofit organizations. It was also posted on a variety of online trans-related discussion groups, support groups, bulletin boards, and the FTM Sonoma County website ([www.ftmsc.org](http://www.ftmsc.org)).

The announcement included a brief explanation of the survey, contact information, a link to the online survey, and a request that recipients forward the announcement to other individuals, organizations, and groups that might find the survey of interest.

It may be worth noting that online studies offer distinct advantages, even though they inadvertently exclude those without internet access. The transgender community tends to be widely dispersed rather than geographically concentrated. Without the internet, it would have been far more challenging and resource intensive to find and engage participants in a large-scale study. The existence of population-specific and topic-driven cyber networks provide avenues of quick and inexpensive communication, reaching people who might otherwise be difficult to locate. In fact, the anonymity of using an online survey may facilitate participation by those transgender people who live in very remote areas and those who are stealth (those who do not disclose to others the sex they were assigned at birth).

In addition, online survey platforms circumvent many of the time consuming and expensive processes associated with paper surveys (photocopying, distribution, collection, and data entry) and face-to-face interviews (scheduling, traveling, meeting, and data entry).

## DATA CLEANING

Over 600 people answered one or more survey questions. Before analyzing the responses, the data set was filtered using three criteria. In total, 448 questionnaires met these criteria and are included in the final data set.

1. Does gender identity differ from assigned sex?
2. Have hormones and/or surgery been used?
3. Is the survey complete through question 9? (60% of survey)

Open-ended answers were examined to identify those that could be placed into listed answer choices. For example, question 3 asked “Which of the following best matches your gender identity?” and provided these choices: man, woman, both man and woman, neither, two spirit, third gender, genderqueer, and “The term I use is \_\_\_\_” accompanied by a text box for participants to describe their gender identity in their own words. Those who typed in answers such as “trans man” or “male” were coded as “man,” while those who wrote answers like “trans woman” or “female” were coded as “woman.” Those who indicated a term outside the binary of “man” or “woman” (i.e. those who selected a listed choice like “genderqueer” or wrote in something like “hybrid”) were classified as having a nonbinary gender (NBG).

## DATA ANALYSIS

The data was analyzed to determine the percent of respondents who selected each choice for each question. Percents were rounded to the nearest whole percent (e.g. 5.9% appears as 6%), resulting in small discrepancies in some instances (i.e. a total of 99% or 101% instead of 100%).

Some respondents skipped questions or portions of compound questions. Therefore, the results were tabulated based on the actual number of responses. For example, if 400 people responded to a given question, the report indicates this number as (n = 400).

In some cases, data analysis was further limited to those respondents for whom the question was applicable. For example, question 5 asked participants to indicate how long it had been since they started or completed various steps of transition, and question 8 asked whether they were satisfied with the results. If a respondent indicated in question 5 that they had not taken a specific step but provided a satisfaction rating for that step in question 8, that satisfaction response was excluded from analysis.

The data set was sorted by gender identity, years of hormone therapy, and status of genital surgery (started/completed versus no genital surgery) to analyze subsets of the sample. When this revealed notable differences between groups, the results are highlighted. Sorting the data by age, household income, and race (comparing white non-Hispanic participants with people of color) did not appear to reveal significant differences.

Whenever feasible, verbatim quotes from open-ended comments are provided throughout the report in italics.

## GENDER CATEGORIES

Participants who selected “man” as their gender identity are referred to as men in this report, while those who selected “woman” are referred to as women, and those who indicated something other than man or woman are referred to as nonbinary gender (NBG) participants.

In a few areas, participants are grouped as trans feminine (those assigned male at birth who identify as female or a nonbinary gender) and trans masculine (those assigned female at birth who identify as male or a nonbinary gender).

## LIMITATIONS

Due to time and fiscal constraints, the survey was available only online and in English. Unfortunately, this excluded people lacking internet access or English proficiency skills.

As the survey did not undergo a university-based Institutional Review Board process, the results are not eligible for publication in peer-reviewed academic or research journals.

The survey sample was not randomly selected, and it is not appropriate to generalize the findings to all transgender people. At this time it is impossible to generate a truly random sample of transgender people as large-scale and national population research studies by government agencies have not included questions on transgender identity to date.

Differences between subsets of the data and between the survey sample and general population are noted in this report. However, testing was not conducted to establish the statistical significance of these differences.

This project was not sponsored by a national organization or university, and this probably limited participation. Potential respondents may have felt unwilling to complete the survey or redistribute it due to their uncertainty about who was conducting the study and how the data would be used.

Despite best intentions, the survey announcement was unevenly distributed because the author had better access to – and a direct presence in – more online networks serving trans masculine people than those serving trans feminine people. Not surprisingly, 75% of respondents are trans masculine and 25% are trans feminine.

Finally, the wording and structure of some questions could have been improved. For example, question 2 asked “What is your sex today, as you define it?” and offered a list of options (male, female, intersex male, or intersex female) but did not provide an “other” option with a text box for participants to describe their sex today in their own words. Question 14 asked about sexual orientation (prior to transition and today), but the answer options were poorly worded and did not allow participants to select more than one category. If this survey is repeated in the future, such issues would need to be resolved.

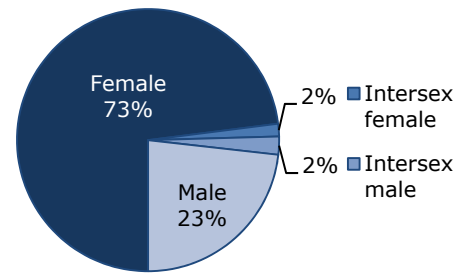
# Participants

## SEX AND GENDER

### Sex assigned at birth

Respondents were asked which sex they were assigned at birth. In total, three quarters indicated that they were assigned female at birth and one quarter was assigned male at birth. This includes those who were born intersex (4% of all respondents), half of whom were assigned male at birth and half of whom were assigned female.

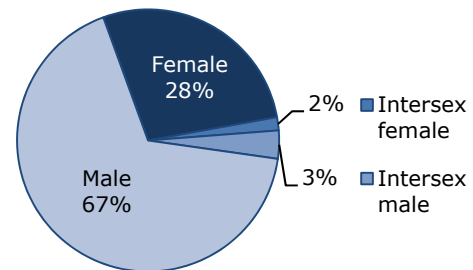
**Q1. What sex were you assigned at birth? (n=448)**



### Sex today as defined by participants

Respondents were asked how they define their sex today. Two-thirds selected "male," 3% selected "intersex male," more than one quarter selected "female," and 2% selected "intersex female." Some participants felt that the four listed choices were not adequate. As one respondent stated, "My sex is both male and female, but not intersex."

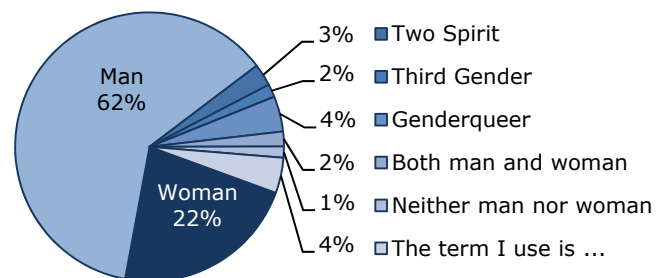
**Q1. What is your sex today, as you define it? (n=433)**



### Gender identity

Participants were asked to indicate their gender identity. More than six out of ten selected "man," more than two out of ten selected "woman," and more than one in six selected another listed choice (both man and woman, neither, third gender, genderqueer, or two spirit) or selected "The term I use is \_\_\_\_" and typed in their own answer (e.g. "ambisexual" or "agender").

**Q3. Which term best matches your gender identity? (n=447)**

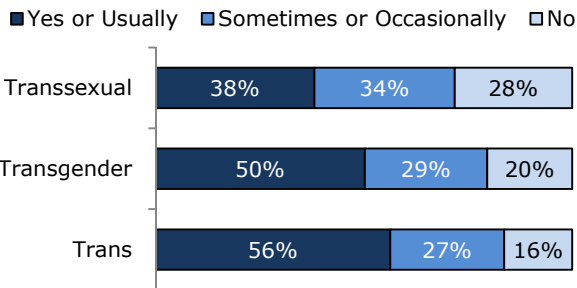


In this report, those who selected "man" are referred to as men, those who selected "woman" are called women, and those who indicated something other than man or woman are referred to as nonbinary gender (NBG) participants.

## Trans, transgender, transsexual

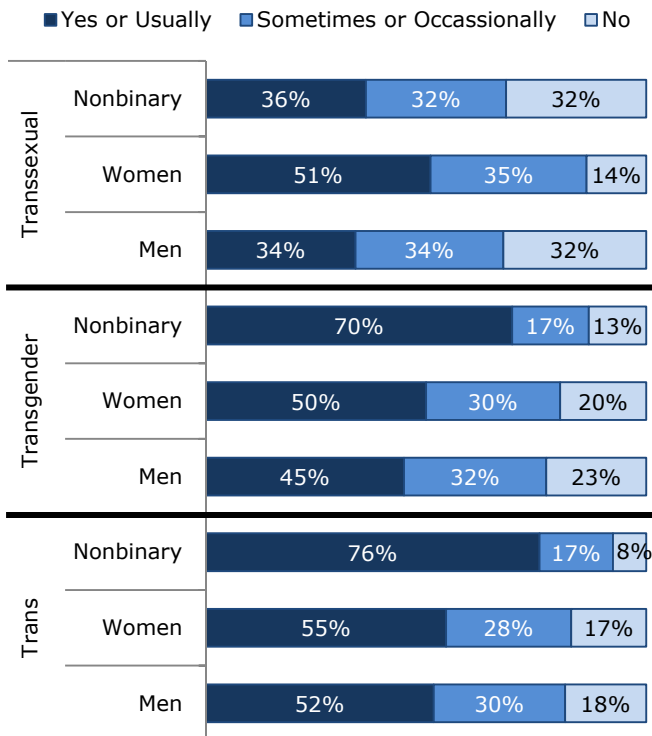
Participants were asked if they identified with the terms “trans,” “transgender,” and “transsexual.” Slightly more than half identified with the term “trans,” while half identified with “transgender,” and more than one third identified with “transsexual.” A few participants (5%) did not identify with any of these terms (8% of men, 2% of women, and 1% of NBG participants).

### Q4. Do you identify as trans, transgender, or transsexual? (n=445)



Sorting the data by gender identity reveals that men, women, and NBG participants responded differently to the terms, as shown in the chart below.

### Q4. Trans, transgender, and transsexual by gender identity (n=443)



## DEMOGRAPHIC PROFILE

### Race / ethnicity

Respondents were asked to indicate their racial/ethnic identity by selecting as many categories (shown below) as they deemed appropriate. Ninety percent (90%) of participants selected only one category and 10% selected two or more.

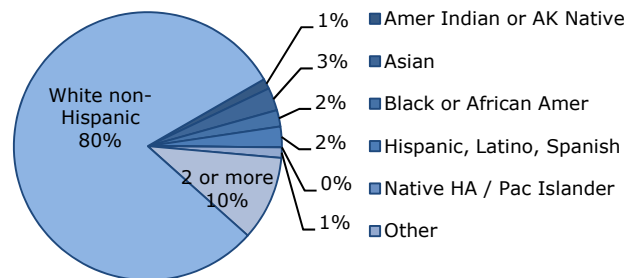
Four out of five participants selected white only, while one out of five selected at least one race/ethnicity category that was not white and/or wrote in an answer that could not be categorized with the listed choices (e.g. “Creole”).

Overall, six percent (6%) of the participants indicated that they are of Hispanic, Latino, or Spanish origin. Most of them (two-thirds) selected at least one other race choice. One-third of those who indicated that they are of Hispanic, Latino, or Spanish origin (2% of all participants) indicated this as their only race/ethnicity choice.

### Q15. What is your race/ethnicity? (n=401)

Category	Count	Percentage
ONE CATEGORY ONLY	360	90%
American Indian or Alaska Native	5	1%
Asian	11	3%
Black or African American	8	2%
Hispanic, Latino, or Spanish origin	10	2%
Native Hawaiian or Pacific Islander	0	0%
Other	5	1%
White	321	80%
TWO OR MORE CATEGORIES	41	10%

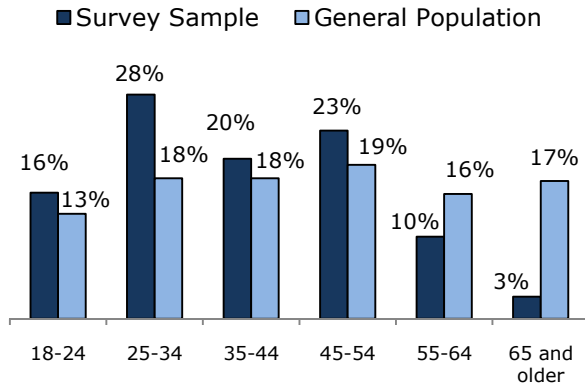
### Q15. What is your racial/ethnic identity? (n=401)



## Age

The survey sample had a larger percentage of young people than the US population as a whole.<sup>1</sup>

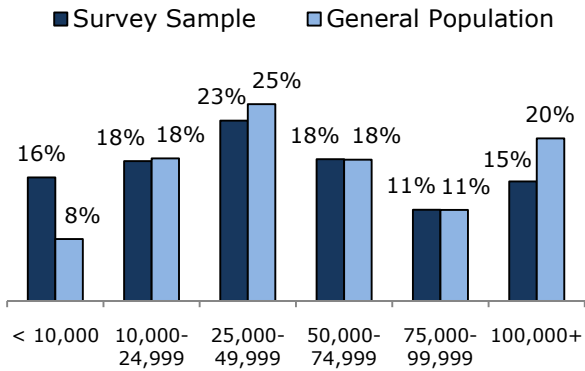
**Q16. How old are you? (n=401)**



## Income

Compared to the general population, participants were twice as likely to have a household income less than \$10,000 per year and 25% less likely to have a household income of more than \$100,000.<sup>2</sup>

**Q17. What is your annual household income? (n=393)**



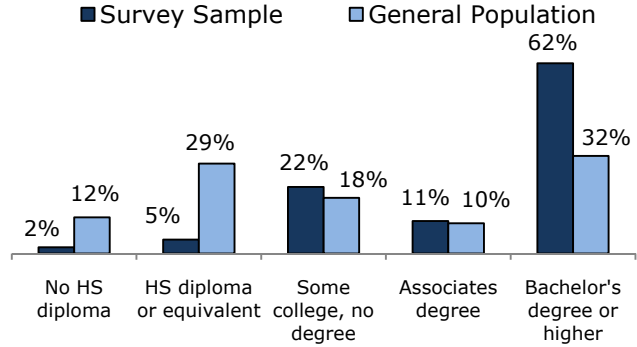
<sup>1</sup> US Census Bureau, 2010 Census Summary File 2.

<sup>2</sup> U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement.

## Education

Compared to the general population, participants were nearly twice as likely to have achieved a bachelor's degree or higher.<sup>2</sup>

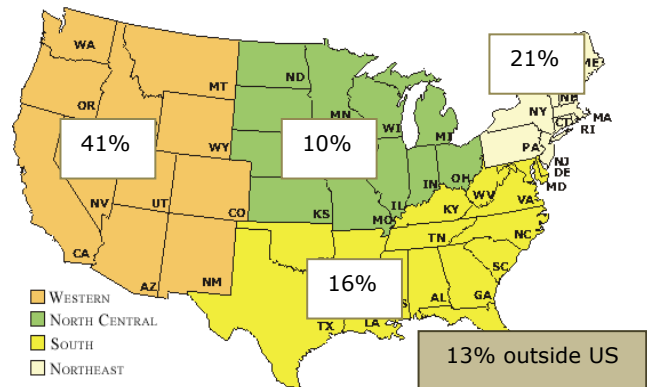
**Q18. What is your highest level of education? (n=400)**



## Place of residence

Most participants reported that they live in the US (representing 33 states and the District of Columbia).<sup>3</sup> About three out of 25 respondents indicated that they live outside of the U.S. (representing 16 countries).<sup>4</sup>

**Q19. In which US state or territory do you live? (n=380)**



<sup>3</sup> U.S. states: AZ, CA, CO, CT, FL, GA, IL, IN, IA, MD, MA, MI, MN, MO, NV, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI, and Wash. DC.

<sup>4</sup> Other countries: Australia, Austria, Belgium, Canada, Denmark, Finland, France, India, Italy, Malaysia, Mexico, Netherlands, New Zealand, Singapore, Sweden, and United Kingdom.



## STATUS OF MEDICAL TRANSITION

*“My only regret is not doing this in my 20s and waiting so long.”*

### Hormone therapy

Many transgender people use hormones to better align their bodies with their gender identity. Testosterone is used by trans masculine people to develop and maintain masculine physical traits, while estrogen (often in conjunction with progesterone) is used by trans feminine people to develop and maintain feminine physical traits.

Nearly all of the respondents in the survey sample reported being on hormone therapy. Overall, the men and women in this study have been on hormones for longer than the NBG participants.

Only 1% of respondents were not using hormone therapy at the time of the survey. (These five participants were included in the final data set because they were assigned female at birth, defined their sex today as male, and had chest surgery to align their bodies with their gender identity.)

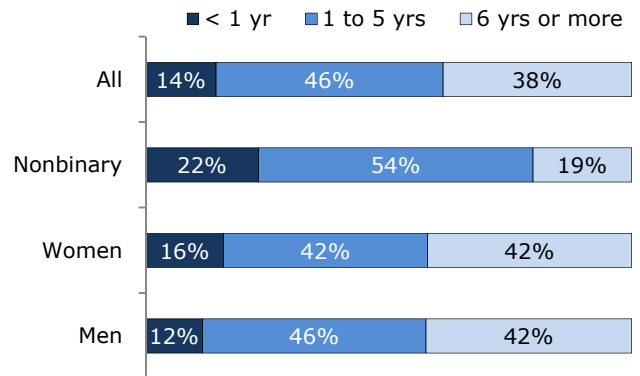
### Chest surgery

Many trans masculine people undergo chest surgery to remove breast tissue and create a male contoured chest. Trans feminine people typically develop breasts through hormone therapy and may or may not feel the need for breast augmentation surgery.

Six out of ten respondents reported that they had chest surgery while more than two out of ten said that they want it or might want it and nearly two out of ten did not want chest surgery or felt it was not applicable to them. Almost eight out of ten men and slightly more than half of NBG participants reported that they had chest surgery, compared to about one out of ten women.

*“Male clothing finally fits and looking good in my clothes is extremely rewarding.”*

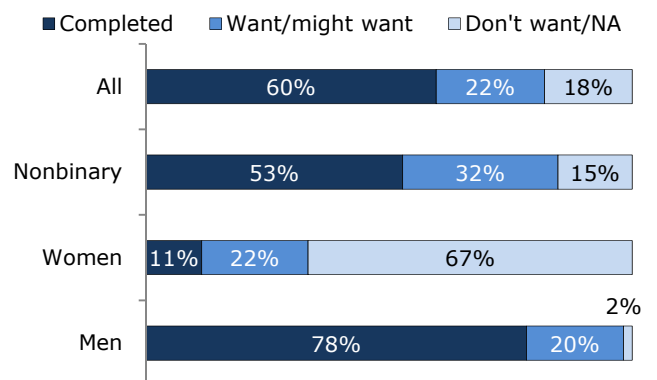
**Q5. Time on hormones by gender identity (n=448)**



*“In retrospect, starting hormone therapy at 16 instead of spending nine years trying to convince myself to be a guy would have been the better choice.”*

*“I’m so much more at ease with my whole being, especially since chest surgery.”*

**Q5. Chest surgery by gender identity (n=444)**



**Genital surgery**

*“I urgently want genital surgery, but can’t afford it.”*

Some transgender people undergo surgical procedure(s) to better align the appearance of their genitals with their gender identity.

About one in five respondents reported that they had already started or completed genital surgery, while slightly more than half indicated that they want or might want it in the future and nearly one-quarter did not want genital surgery or felt it was not applicable to them.

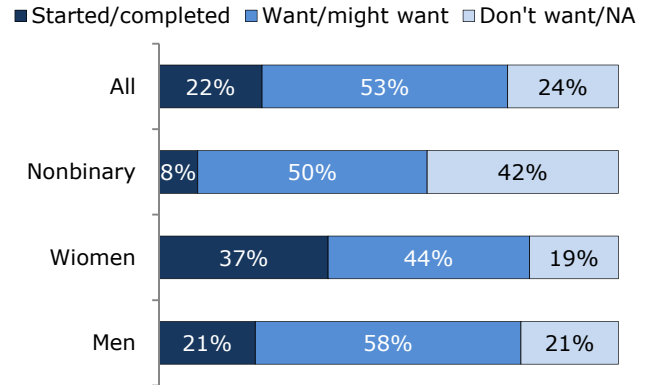
Sorting the data by gender identity reveals that nearly four in ten women started or completed genital surgery compared with two out of ten men and fewer than one in ten NBG participants. Nearly two in ten women and slightly more than two in ten men reported that they did not want genital surgery or indicated it was not applicable to them, while more than four out of ten NBG participants reported that they did not want genital surgery or felt it was not applicable to them.

**Hysterectomy**

Sorting the data by gender identity reveals that nearly half of the men, one in five NBG participants, and one participant who was born intersex and assigned male had a hysterectomy. Nearly half of the men and NBG participants indicated that they want or might want a hysterectomy in the future.

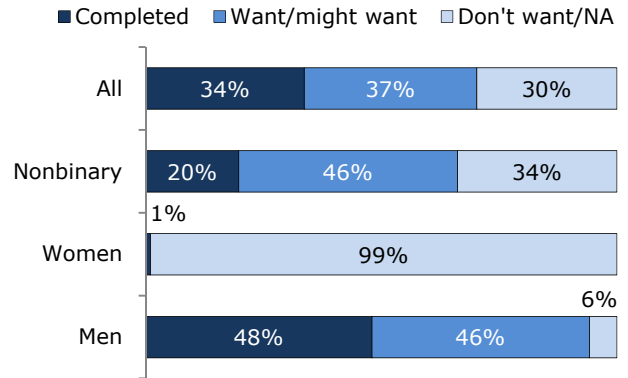
Focusing on responses from trans masculine participants reveals that almost half had a hysterectomy and almost half reported that they want or might want one, while less than one in ten indicated that they do not want a hysterectomy or feel it is not applicable to them.

**Q5. Genital surgery by gender identity (n=443)**

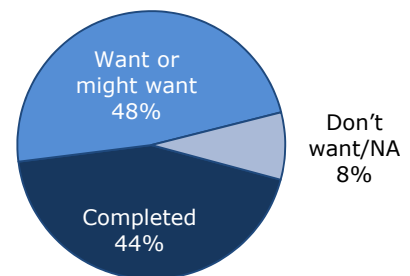


*“I would love to have all lower surgery done. Unfortunately, I can’t afford it financially and possibly physically.”*

**Q5. Hysterectomy by gender identity (n=437)**



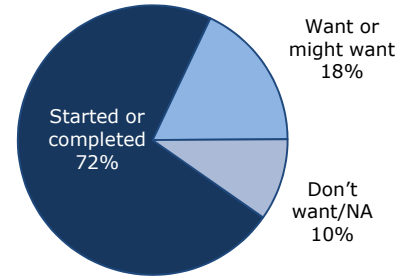
**Q5. Hysterectomy among trans masculine participants (n=333)**



### Electrolysis

More than seven out of ten trans feminine participants started or completed electrolysis, while almost two out of ten reported that they want or might want it and one of ten reported that they do not want it or feel it is not applicable to them.

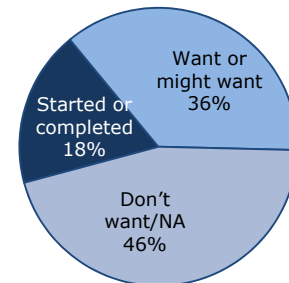
**Q5. Electrolysis among trans feminine participants (n=112)**



### Facial feminization surgery

Almost two out of ten trans feminine participants started or completed facial feminization surgery, while nearly four out of ten reported that they want or might want it, and nearly half indicated that they do not want facial feminization surgery or feel it is not applicable to them.

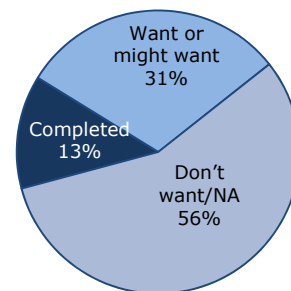
**Q5. Facial feminization surgery among trans feminine participants (n=110)**



### Trachea shave

More than one in ten trans feminine participants had a trachea shave, while more than three in ten reported that they want or might want this in the future, and slightly more than half indicated that they do not want a trachea shave or feel it is not applicable to them.

**Q5. Trachea shave among trans feminine participants (n=108)**



*“I made choices to get the most successful surgeries I could afford and I am really happy with the results, but I do know they are not perfect and if I had the money to do it differently I would.”*

# Findings

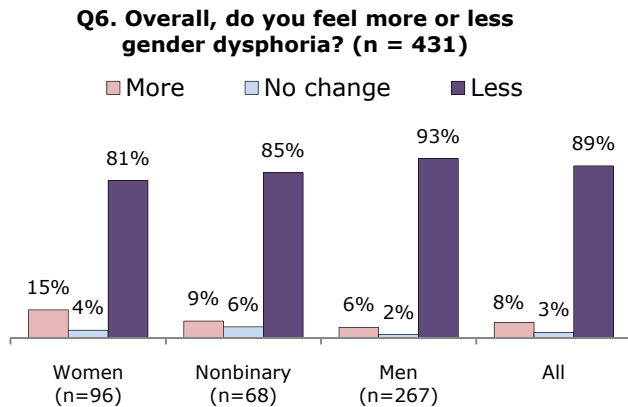
*"I have more energy, my confidence sky-rocketed, my overall attitude is positive, and I no longer dwell on being upset about something. It literally passes in ten minutes and the issue is forgotten. It's awesome!"*

## GENDER DYSPHORIA

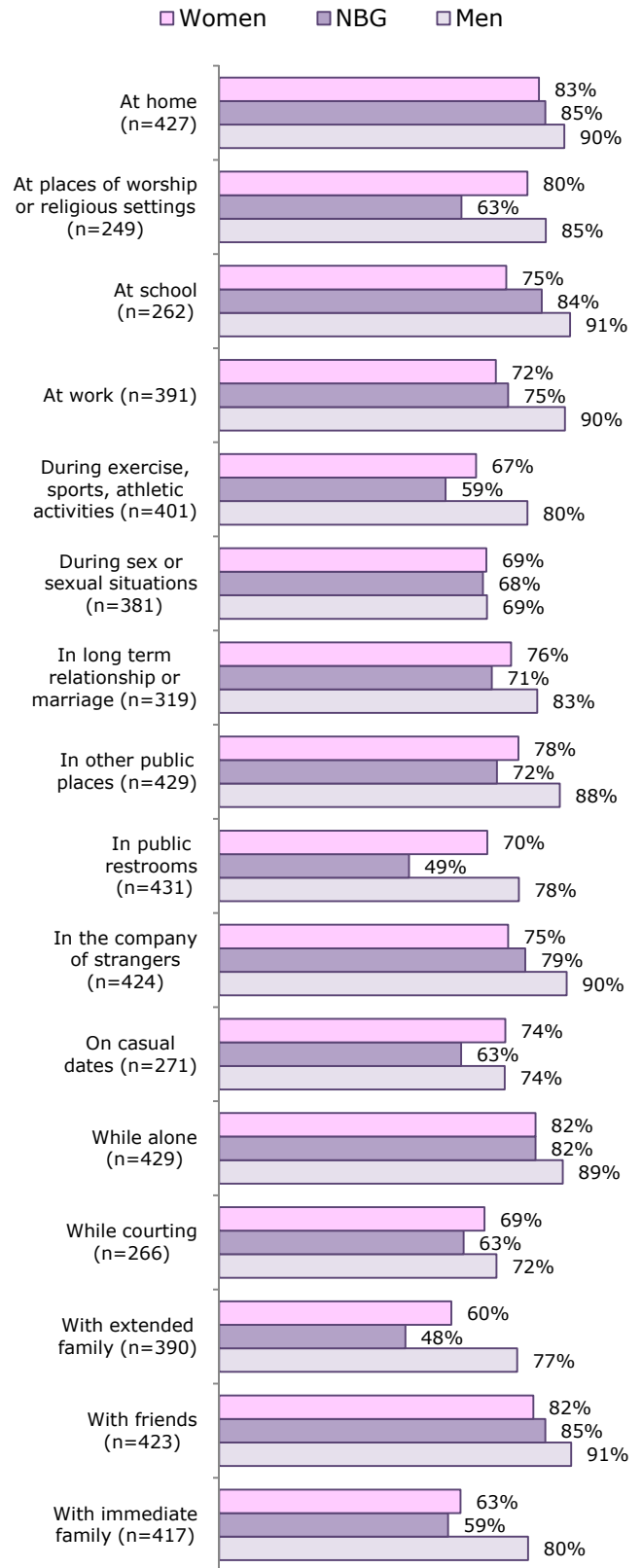
### Gender dysphoria by gender identity

Almost nine out of ten respondents reported an overall reduction in gender dysphoria (feeling a mismatch between anatomical sex and gender identity) since they began to transition.

Sorting the data by gender identity reveals that a majority of men, women, and NBG participants reported feeling less gender dysphoria in a number of scenarios. A larger percentage of men reported decreases than either women or NBG participants, especially in the areas of work, school, and family.



### "Less" gender dysphoria ratings By gender identity

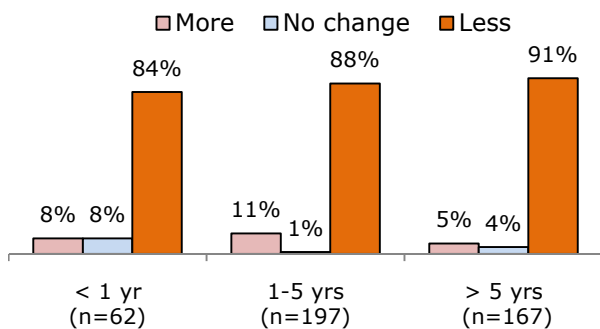


## Gender dysphoria by years of hormone therapy

Many transgender people use hormone therapy to better align their bodies with their gender identity. Testosterone is used by trans masculine people to develop and maintain masculine physical traits, and estrogen (often in conjunction with progesterone) is used by trans feminine people to develop and maintain feminine physical traits.

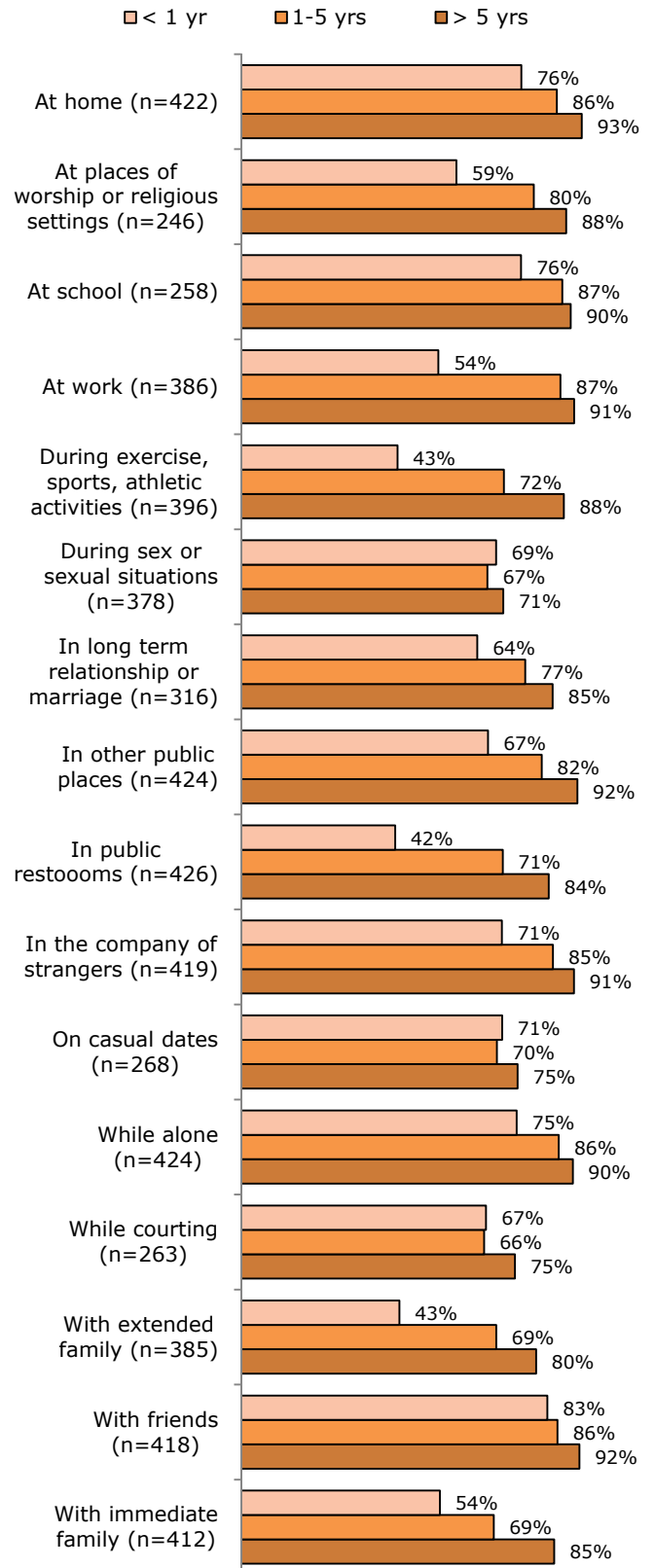
It appears that the number of years on hormones had an impact on reducing gender dysphoria. As the chart below shows, about nine out of ten participants with more than five years on hormones (> 5 yrs) reported a decrease in gender dysphoria compared to more than eight out of ten participants with less than one year on hormones (< 1 yr).

**Q6. Overall, do you feel more or less gender dysphoria (by years of hormone therapy)? (n=426)**

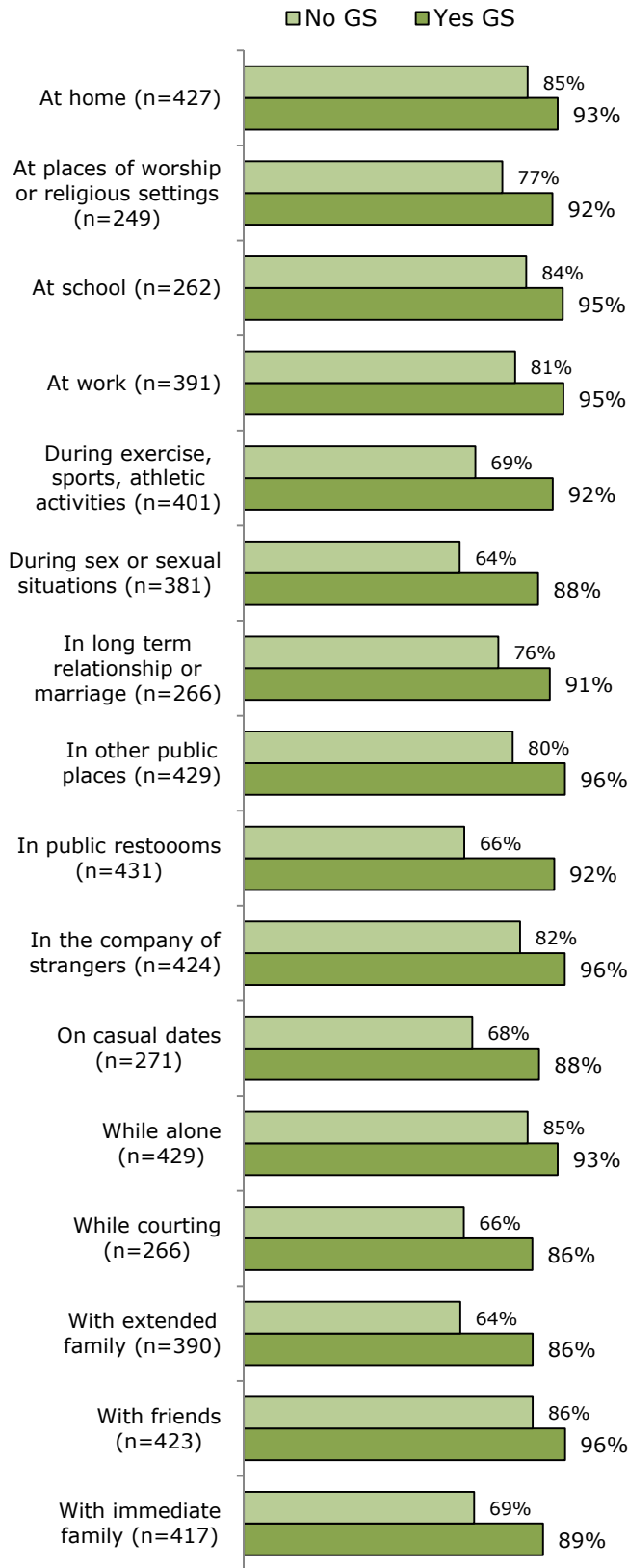


In fact, the length of time on hormones appears to have a significant impact on reducing gender dysphoria in a wide variety of scenarios. The chart on the right shows the percentage of participants (by time on hormones) who reported feeling less gender dysphoria. In all areas, more years on hormones seems to have a significant impact on reducing gender dysphoria.

**"Less" gender dysphoria ratings  
By years on hormones**



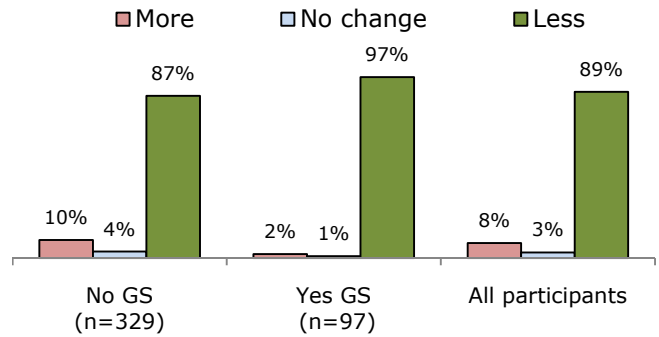
**"Less" gender dysphoria ratings  
By status of genital surgery**



**Gender dysphoria by status of genital surgery**

Some transgender people undergo surgical procedure(s) to better align the appearance of their genitals with their gender identity. Participants who had already started or completed genital surgery (Yes GS) were more likely than those without genital surgery (No GS) to report a reduction in overall feelings of gender dysphoria.

**Q6. Overall, do you feel more or less gender dysphoria (by status of genital surgery)? (n=431)**

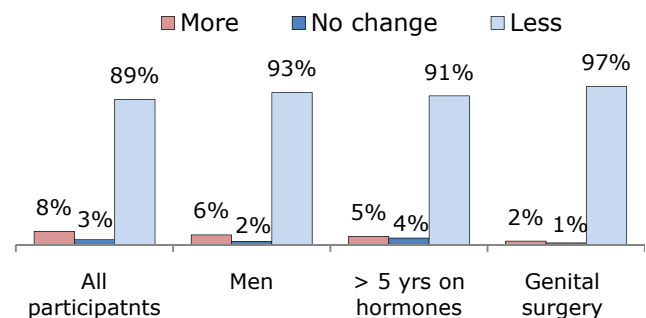


A majority of participants reported decrease in gender dysphoria, regardless of genital surgery status. However, as the chart on the left shows, participants who started or completed genital surgery were more likely than those who had no genital surgery to report decreases in gender dysphoria in all scenarios posed.

**Brief summary: Gender dysphoria**

Almost all participants reported decreases in gender dysphoria compared to before transition. Men, those participants with more than five years on hormones, and those who started or completed genital surgery were more likely to report decreases in gender dysphoria.

**Overall gender dysphoria**



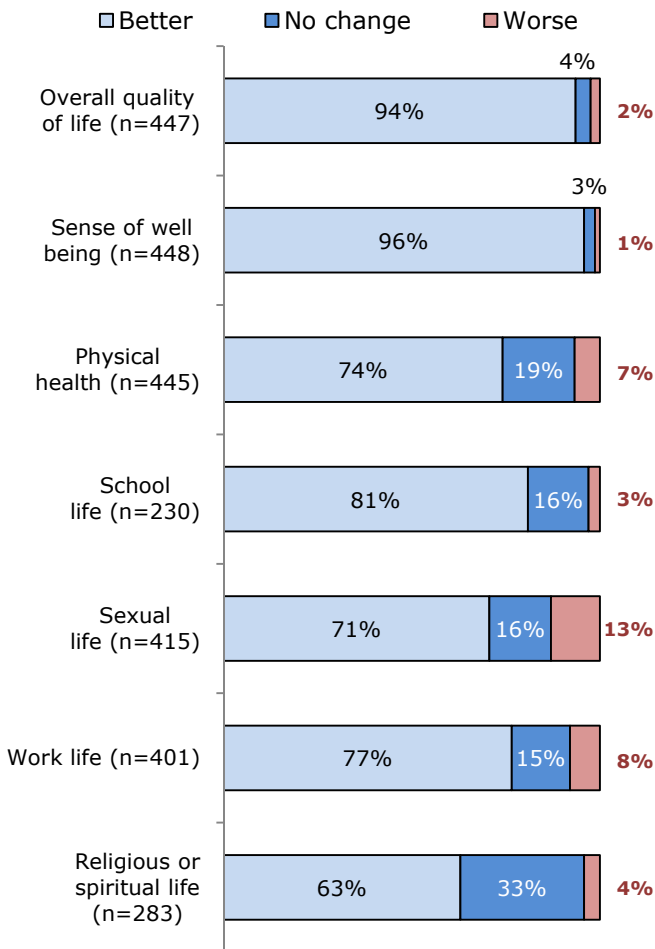
# QUALITY OF LIFE

## Quality of life

*"My quality of life is infinitely better."*

Nearly all respondents reported that transition enhanced their overall quality of life. In fact, roughly two-thirds or more of respondents reported that their quality of life improved in numerous areas.

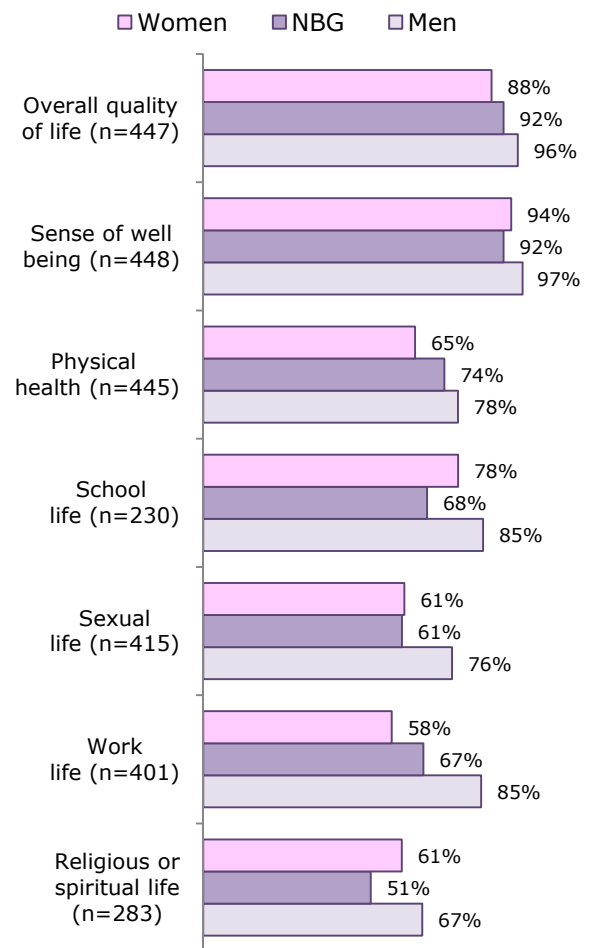
**Q7. How has transition affected these areas? (all participants)**



## Quality of life by gender identity

Sorting the data by gender identity reveals that a higher percentage of the men experienced quality of life improvements than did the women or NBG participants, particularly in the areas of school, sexual life, and work.

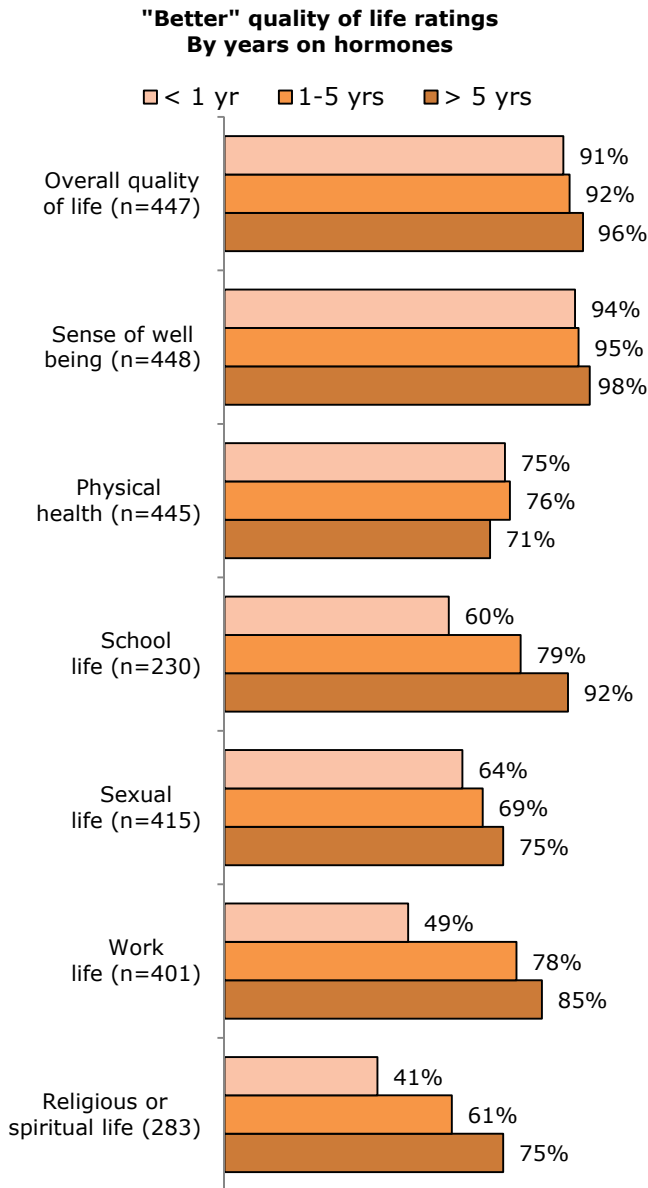
**"Better" quality of life ratings By gender identity**



*"It's a cliché, but it's like night and day. The person I was 10 years ago really is dead. The person I became is unrecognizable physically, but more importantly emotionally and mentally from that original person. It's been a true liberation, and I still marvel that I love life so much."*

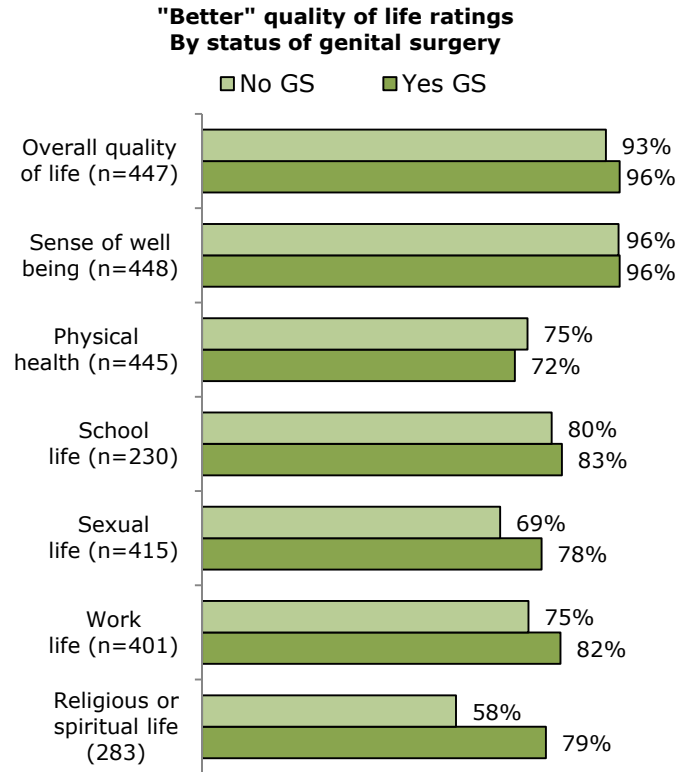
### Quality of life by years on hormones

Length of time on hormones appeared to positively impact all of the quality of life indicators measured except for physical health (which might be more related to age, as those with five years or more on hormones tended to be older than other participants). In some areas, the differences based on years on hormones were quite pronounced.



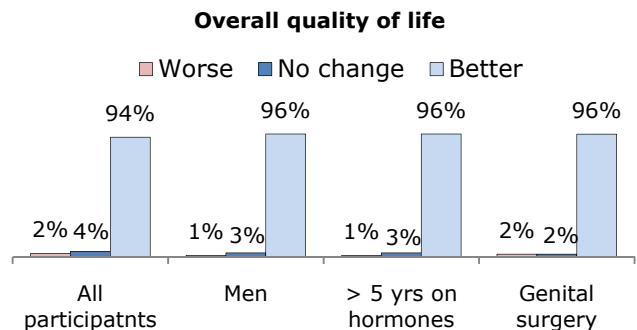
### Quality of life by status of genital surgery

Participants who started or completed genital surgery were more likely to report increases in the quality of life indicators than those without genital surgery. Surgery seemed to have made a significant impact on religious or spiritual life.



### Brief summary: Quality of life

Almost all participants reported improvements in their quality of life compared to before transition. Men, participants with more than five years on hormones, and those who started or completed genital surgery were more likely to report improvements in quality of life.





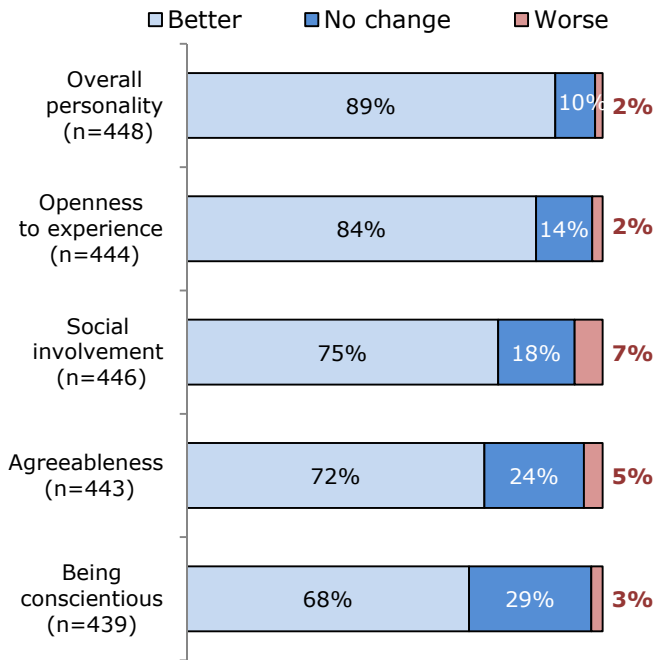
# PERSONALITY TRAITS ASSOCIATED WITH HAPPINESS AND LIFE SATISFACTION

## Personality traits

Researchers have shown that a number of personality traits are associated with happiness and life satisfaction.<sup>5,6</sup> Participants were asked whether transition had affected some of these traits, including openness to experience, social involvement, agreeableness, and conscientiousness.

Almost nine out of ten respondents reported that transition positively affected their overall personality, and more than two-thirds of participants indicated that transition had enhanced personality traits associated with happiness and life satisfaction.

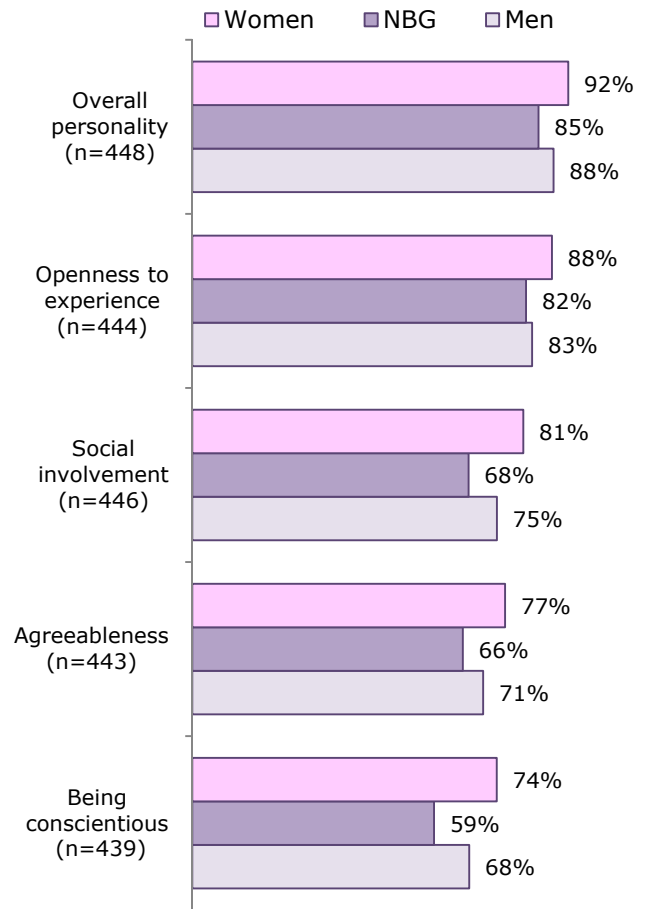
**Q7. How has transition affected these areas? (all participants)**



## Personality traits by gender identity

As shown below, a higher percentage of women than men or NBG participants reported improvements in the four personality traits being assessed.

**"Better" personality trait ratings By gender identity**

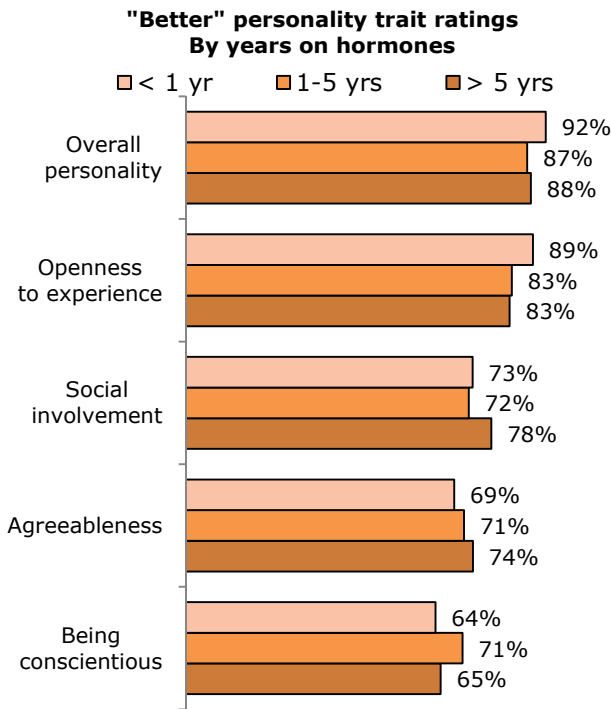


<sup>5</sup> Furnham, Adrian & Christoforou, Irene. "Personality Traits, Emotional Intelligence, and Multiple Happiness." *North American Journal of Psychology*, 2007, Vol. 9, No. 3, 439-462.

<sup>6</sup> Patel, Hemali Rakesh. "An Investigation of the Big Five and Narrow Personality Traits in Relation to Life Satisfaction." Master's Thesis, University of Tennessee, 2011.

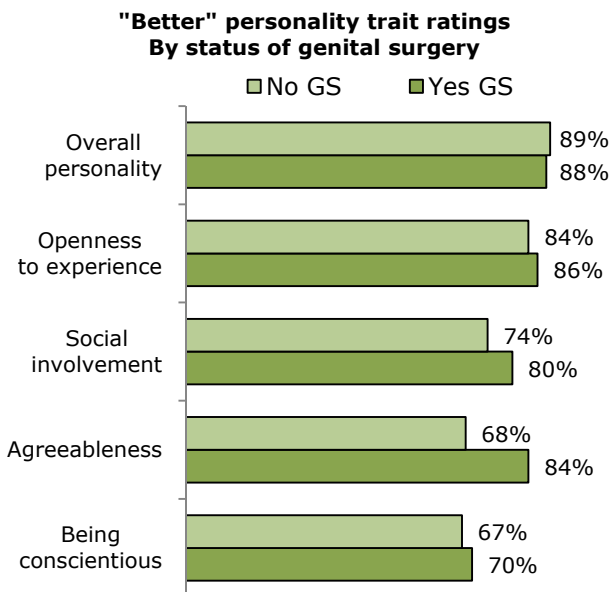
### Personality traits by years on hormones

Length of time on hormones appeared to have a positive impact on most of the personality traits being measured.



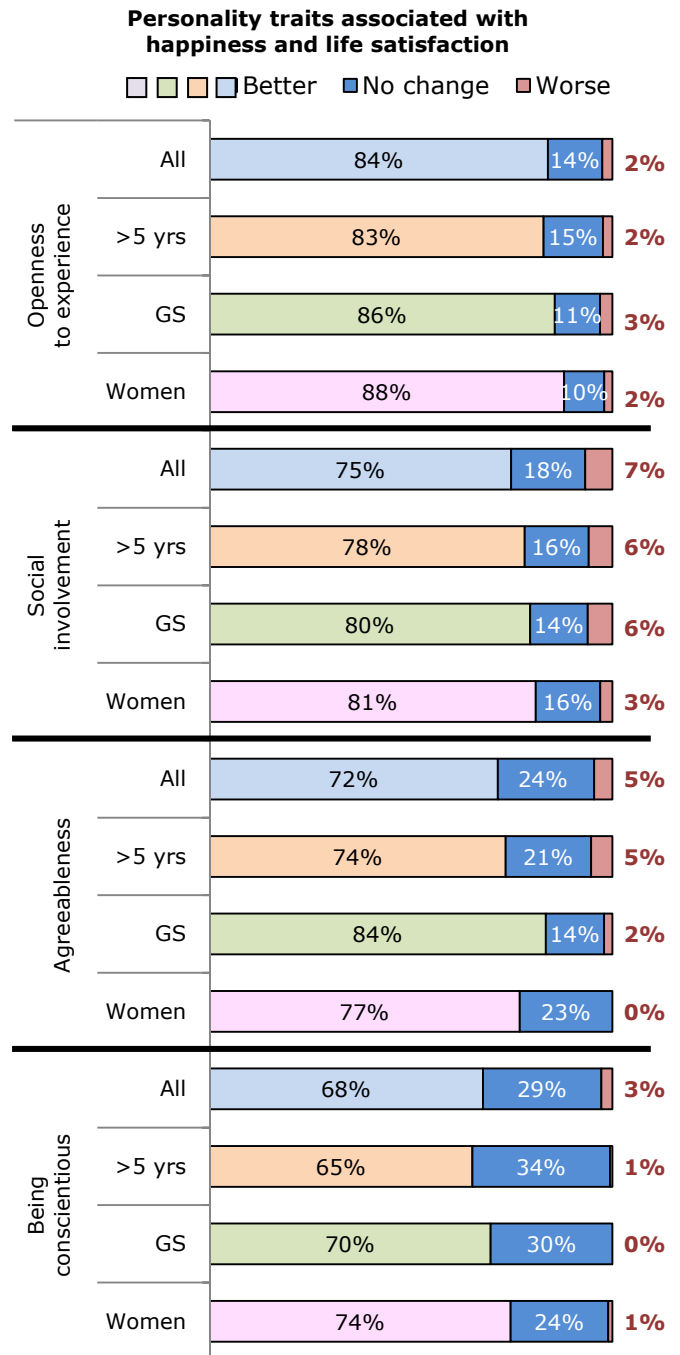
### Personality traits by status of genital surgery

Participants that started or completed genital surgery were more likely than those with no genital surgery to report improvements in the four personality traits being assessed.



### Brief summary: Personality traits

More than two-thirds of participants reported improvements in four personality traits associated with happiness and life satisfaction compared to before transition. Women, participants with more than five years on hormones, and those who started or completed genital surgery were more likely to report improvements.



## EMOTIONAL STABILITY

*“Transition has ups and downs. I am enjoying the process and adapting.”*

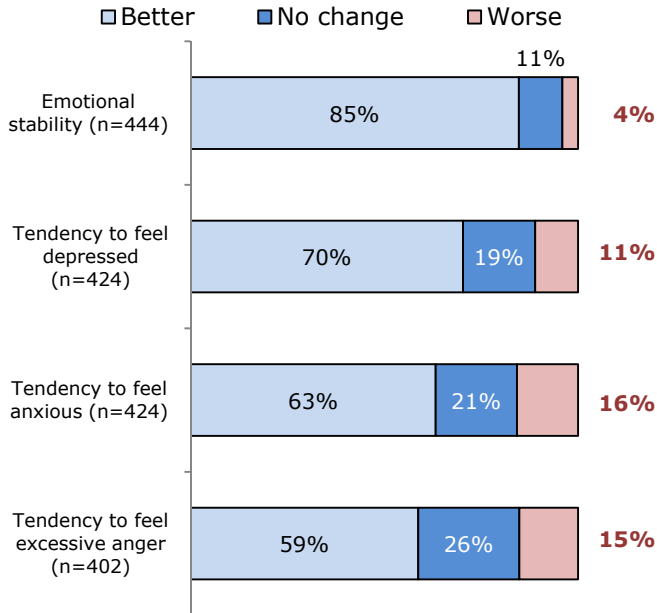
### Emotional stability

Participants were asked whether transition had increased or decreased their overall emotional stability. Almost nine out of ten respondents indicated that transition has positively affected their emotional stability. In addition, about six to seven out of ten reported improvements in the areas of depression, anxiety, and excessive anger.

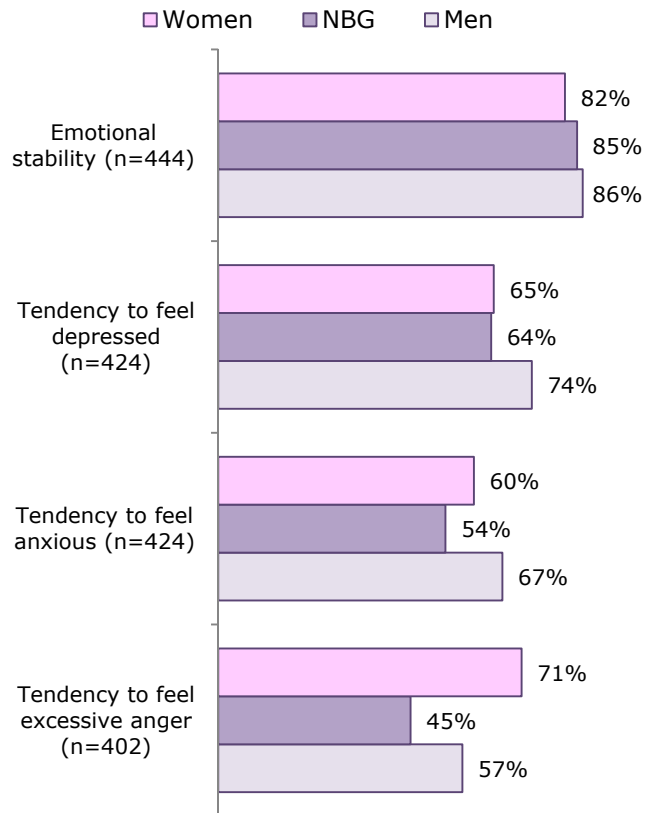
### Emotional stability by gender identity

Looking at the data by gender identity reveals that men were more likely to report improvements in the areas of emotional stability, depression, and anxiety, while women were more likely to report improvements in the area of excessive anger. NBG participants tended to be least likely to report improvements.

**Q7. How has transition affected these areas? (all participants)**



**"Better" emotional stability ratings By gender identity**

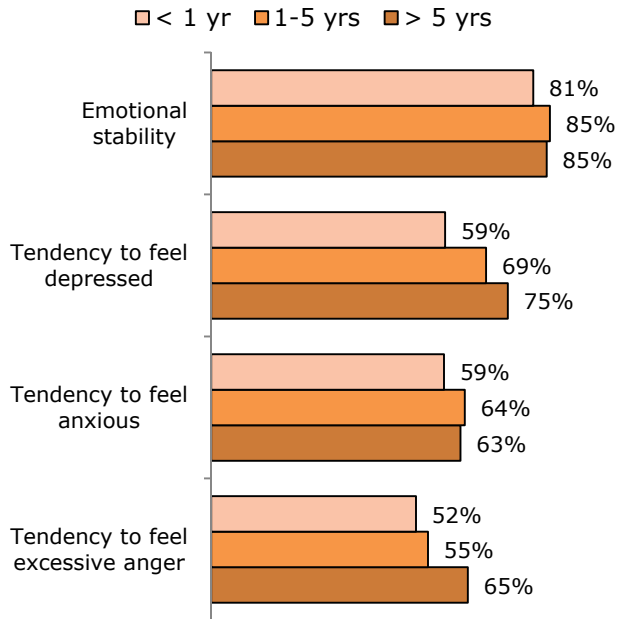


*“Being on testosterone feels like it has brought my emotions to a much more manageable level. Whereas before I avoided talking about emotions because I was embarrassed for crying or things like that, now I can bring a much more level head to an emotional situation, confrontation, or discussion.”*

### Emotional stability by years on hormones

Participants with more time on hormones were more likely to report improvements in the emotional stability indicators.

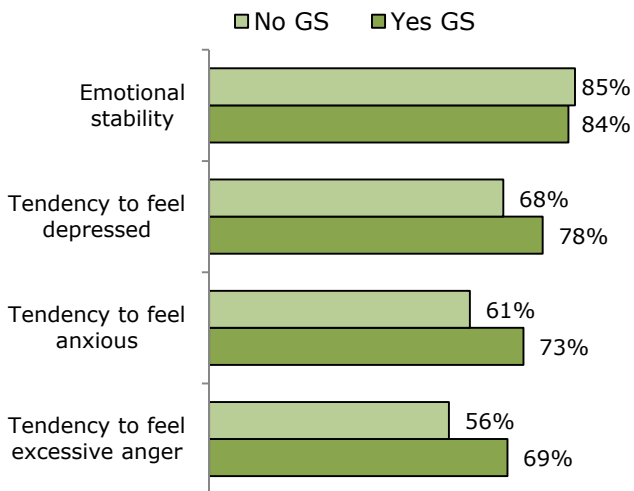
**"Better" emotional stability ratings  
By years on hormones**



### Emotional stability by status of genital surgery

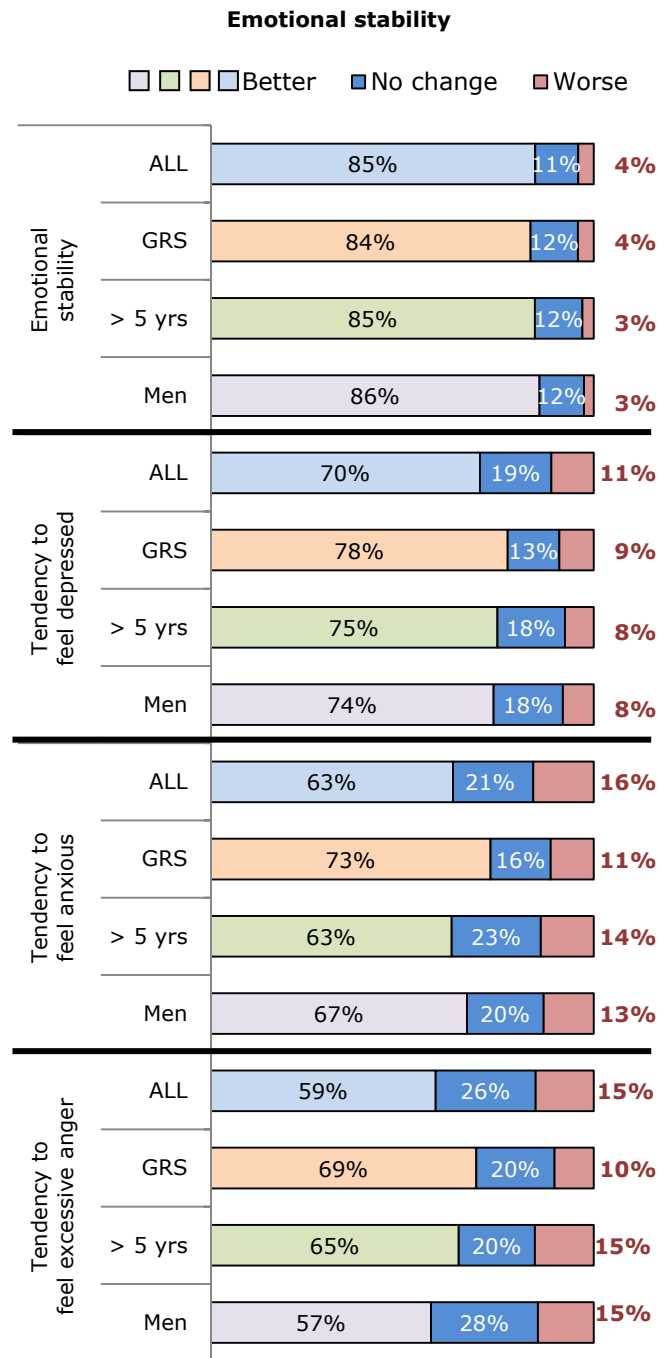
Participants that had already started or completed genital surgery were more likely than those with no genital surgery to report improvements in the emotional stability indicators.

**"Better" emotional stability ratings  
By status of genital surgery**



### Brief summary: Emotional stability

Most participants reported being more emotionally stable and roughly two-thirds reported feeling less depression, anxiety, and excessive anger after transition. Men, participants with more than five years on hormones, and those who started or completed genital surgery were more likely to report improvements in emotional stability.



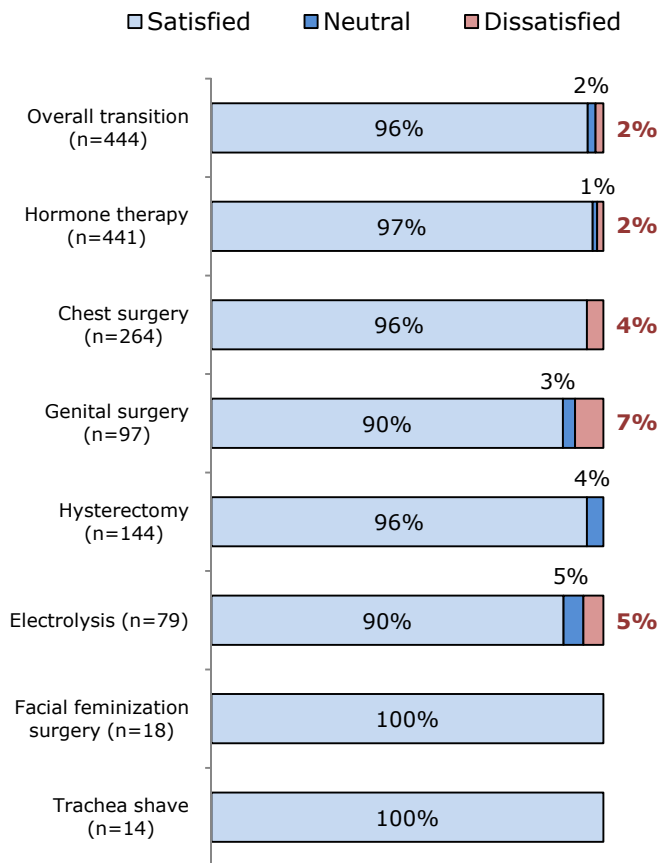
## SATISFACTION AND REGRETS

*"My only regret is that I wasn't conscious enough to begin my transition in my teens."*

### Satisfaction

Nearly all respondents reported feeling satisfied with their overall transition and with each of the medical steps they took to transition.

#### Q8. How do you feel about each of the steps you've taken to affirm your gender?

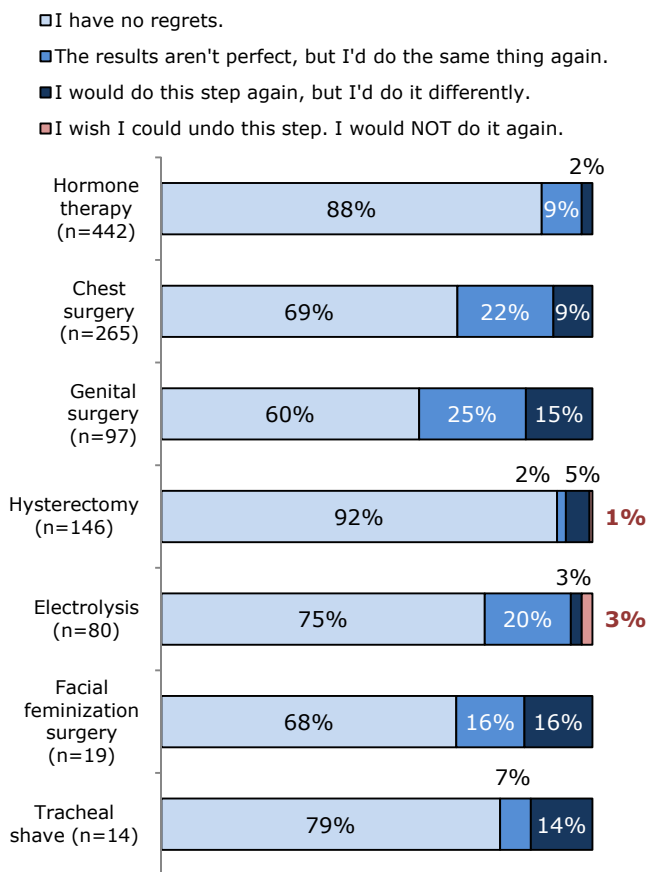


*"I have no regrets, but I still acknowledge that my results aren't 'perfect.'"*

### Regrets

Nearly all participants reported that they had no regrets or would repeat the medical steps they took to transition, even if the results were not perfect. Only three individuals reported wishing they could undo a step (one would not repeat having a hysterectomy and two would not repeat electrolysis).

#### Q9. Do you have regrets about the steps you've taken to affirm your gender?



*"I do regret not saving eggs before starting hormones. But I have no regrets about starting hormones."*

# EMOTIONAL AWARENESS AND EXPRESSION

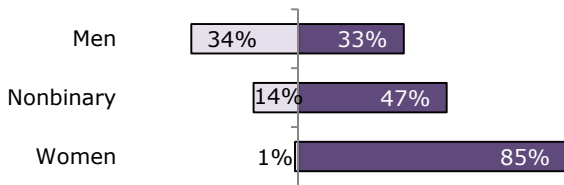
## Emotional awareness and expression by gender identity

Participants were asked whether transition had affected their emotional awareness and expression. While about half of all respondents reported improvements in the areas measured, there were notable differences based on gender identity. In most areas, more than eight out of ten women showed increases, compared to roughly one third of men and half of NBG participants. Conversely, about one third of men reported decreases, compared to fewer than one in ten women and less than one quarter of NBG participants. The smallest differences in ratings by gender in this section were related to the desire to take action when feeling hurt, while the largest differences were seen in ease in the ability to cry.

**Q10. How has transition affected your ...**

□ Decrease ■ Increase

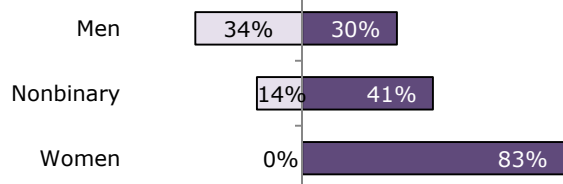
**Frequency of noticing your emotions? (n=426)**



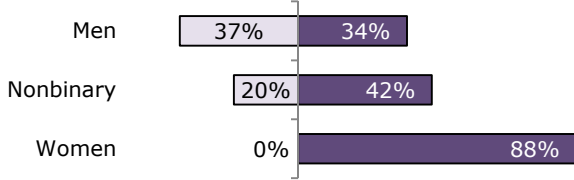
**Q10. How has transition affected your ...**

□ Decrease ■ Increase

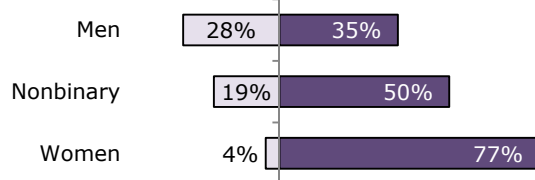
**Level of interest in your emotions? (n=422)**



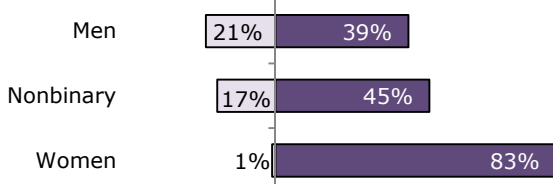
**Ease of accessing your emotions? (n=427)**



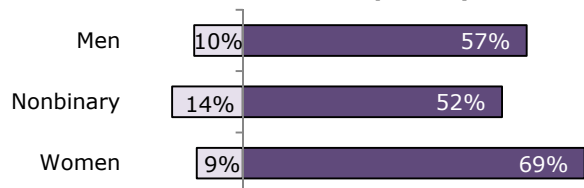
**Desire to process your emotions when you feel upset or distressed? (n=424)**



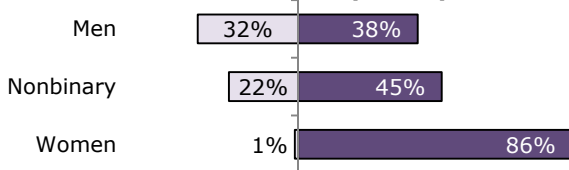
**Ease in your ability to identify your emotions? (n=425)**



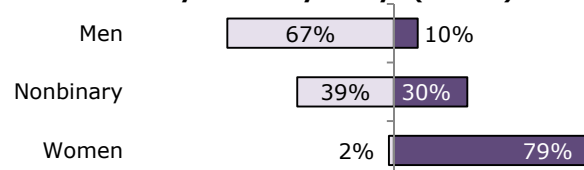
**Desire to take action when you feel upset or distressed? (n=425)**



**Ease in your ability to express your emotions? (n=425)**



**Ease in your ability to cry? (n=425)**



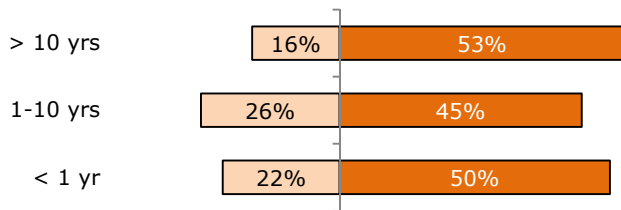
## Emotional awareness and expression by years on hormones

Participants on hormones for more than ten years were roughly 20% to 30% more likely to report increased emotional awareness and expression than those who were on hormones for less time.

**Q10. How has transition affected your ...**

Decrease Increase

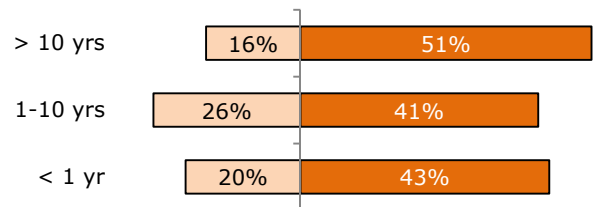
### Frequency of noticing your emotions?



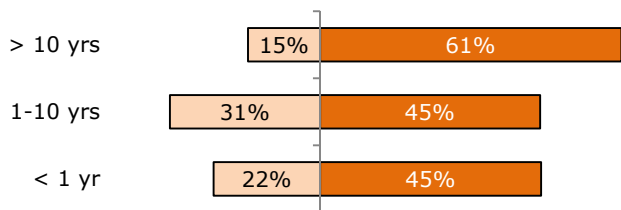
**Q10. How has transition affected your ...**

Decrease Increase

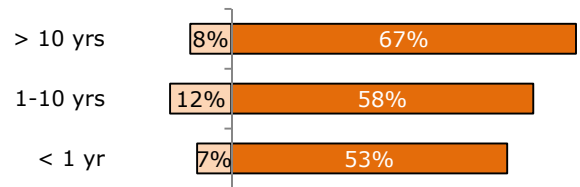
### Level of interest in your emotions?



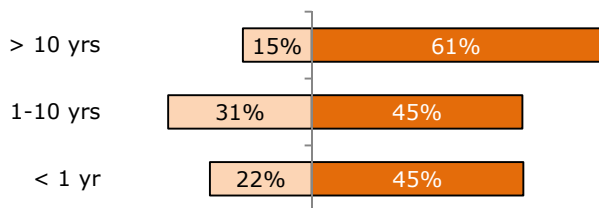
### Ease of accessing your emotions?



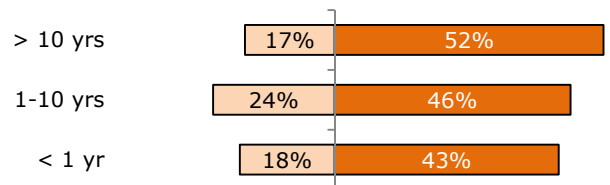
### Desire to take action when you feel upset or distressed?



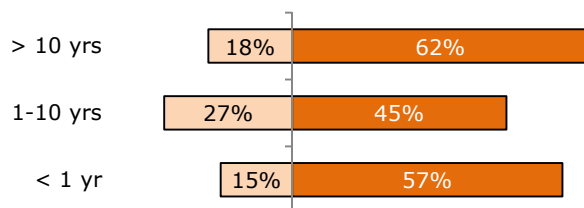
### Ability to identify your emotions?



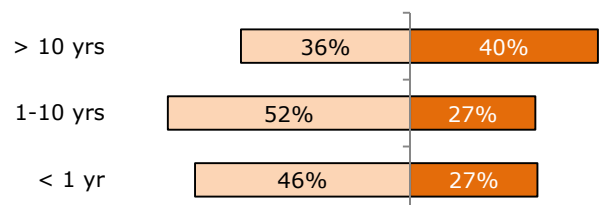
### Desire to process your emotions when you feel upset or distressed?



### Ability to express your emotions?



### Ease in your ability to cry?



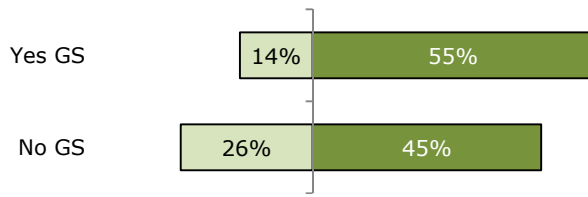
## Emotional awareness and expression by status of genital surgery

Participants who started or completed genital surgery were about 20% to 30% more likely to report increases in emotional awareness and expression than those who had no genital surgery.

### Q10. How has transition affected your ...

Decrease Increase

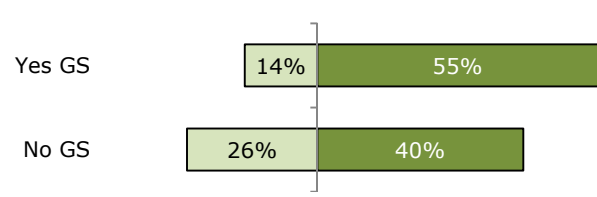
#### Frequency of noticing your emotions?



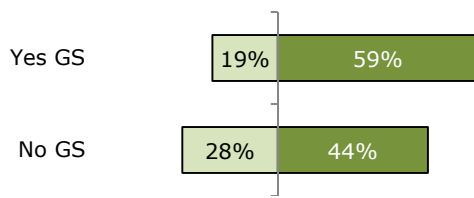
### Q10. How has transition affected your ...

Decrease Increase

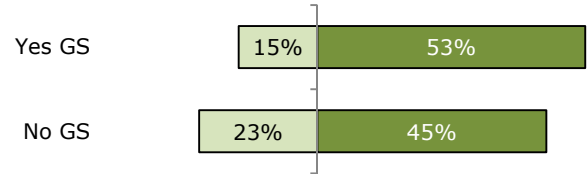
#### Level of interest in your emotions?



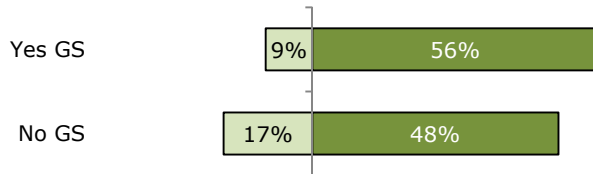
#### Ease of accessing your emotions?



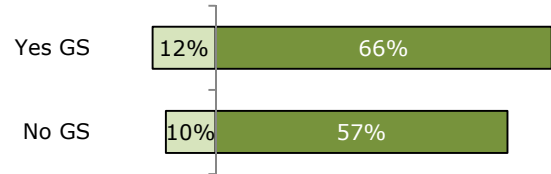
#### Desire to process your emotions when you feel upset or distressed?



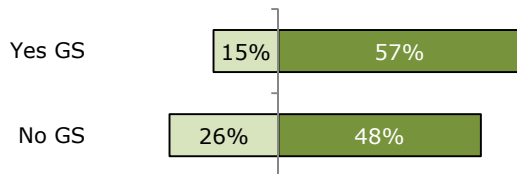
#### Ease in your ability to identify your emotions?



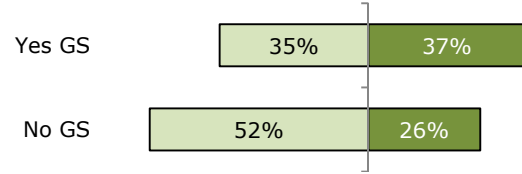
#### Desire to take action when you feel upset or distressed?



#### Ease in your ability to express your emotions?



#### Ease in your ability to cry? ?





**Brief summary: Emotional awareness and expression**

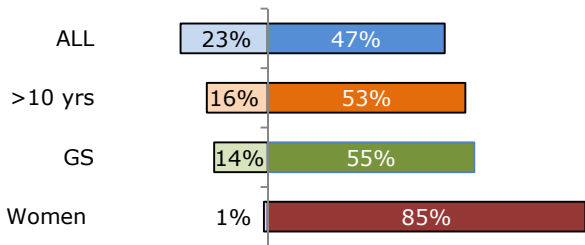
Many participants reported improvements in their emotional awareness and expression compared to before transition. Women, participants with more than ten years of hormone therapy, and those who started or completed genital surgery were more likely to report increases in emotional awareness and expression.

*"I care about my feelings now because I care about myself now."*

**Q10. How has transition affected your ...**

■ Decrease ■ Increase

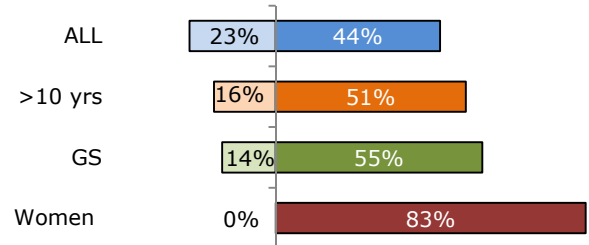
**Frequency of noticing your emotions?**



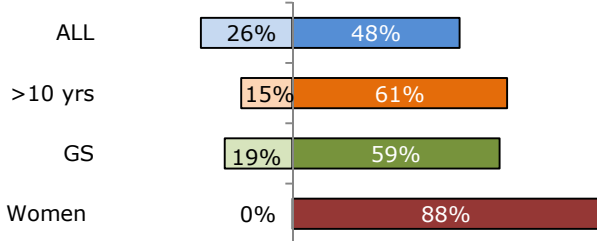
**Q10. How has transition affected your ...**

■ Decrease ■ Increase

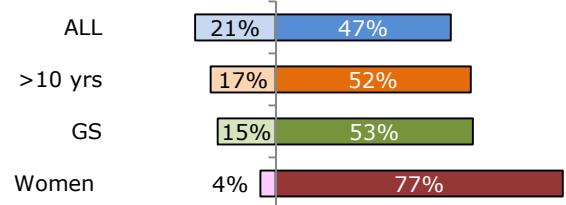
**Level of interest in your emotions?**



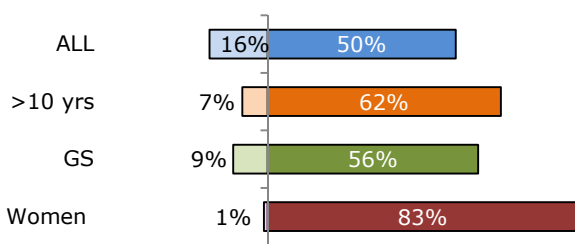
**Ease of accessing your emotions?**



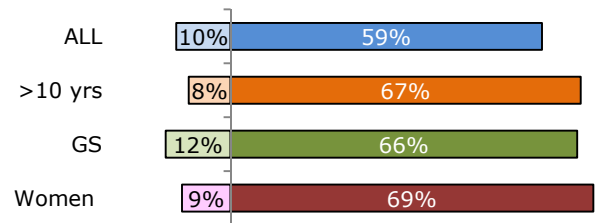
**Desire to process your emotions when you feel upset or distressed?**



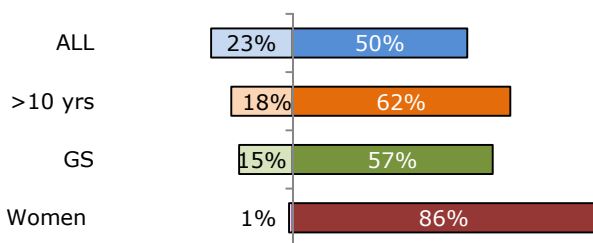
**Ability to identify your emotions?**



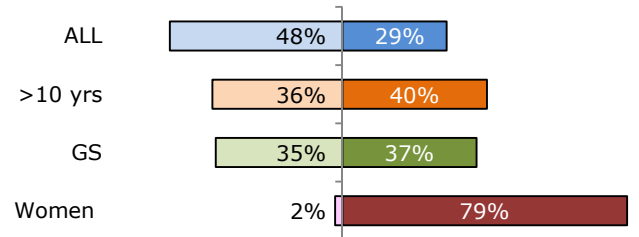
**Desire to take action when you feel upset or distressed?**



**Ability to express your emotions?**



**Ease in your ability to cry?**



## EXPERIENCING BASIC EMOTIONS

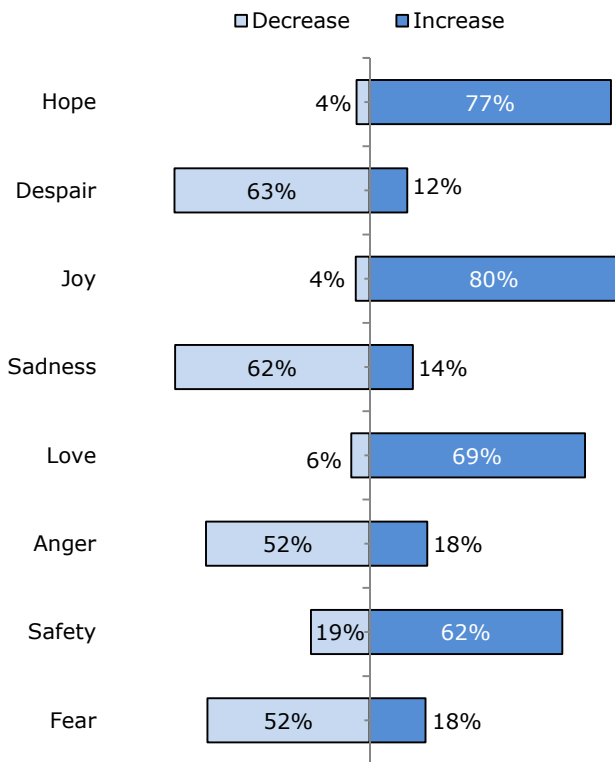
*“Pretty much all of my emotions have become more lively through the course of my transition.  
For even the less favorable emotions, I feel this is a good thing overall.”*

### Experiencing basic emotions

Respondents were asked whether transition had increased or decreased their experiences of basic emotions (hope, joy, love, safety, despair, sadness, anger and fear). The majority of participants reported increases in hope, joy, love, and safety coupled with decreases in despair, sadness, anger, and fear. Participants who reported no changes in their experience of basic emotions are not shown in the charts.

When these results were coupled as four contrasting pairs (joy versus sadness, hope versus despair, love versus anger, and safety versus fear), they revealed the immense impact of transition on participant experiences of basic emotions.

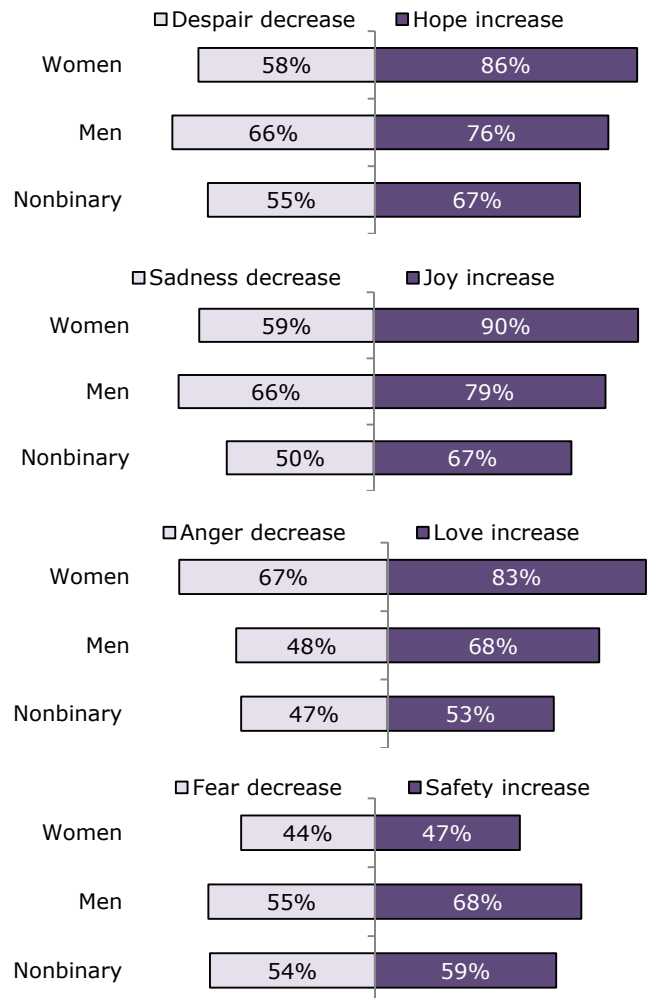
**Q10. How has transition affected your experience of these emotions?**  
(n = 429)



### Experiencing basic emotions by gender identity

Women were more likely to report increases in hope, joy, and love, and decreases in anger but least likely to report increases in safety. Men were more likely to report increases in safety and decreases in despair, sadness and fear. NBG participants were least likely to report increases in joy, love, and hope and decreases in sadness, anger, and despair.

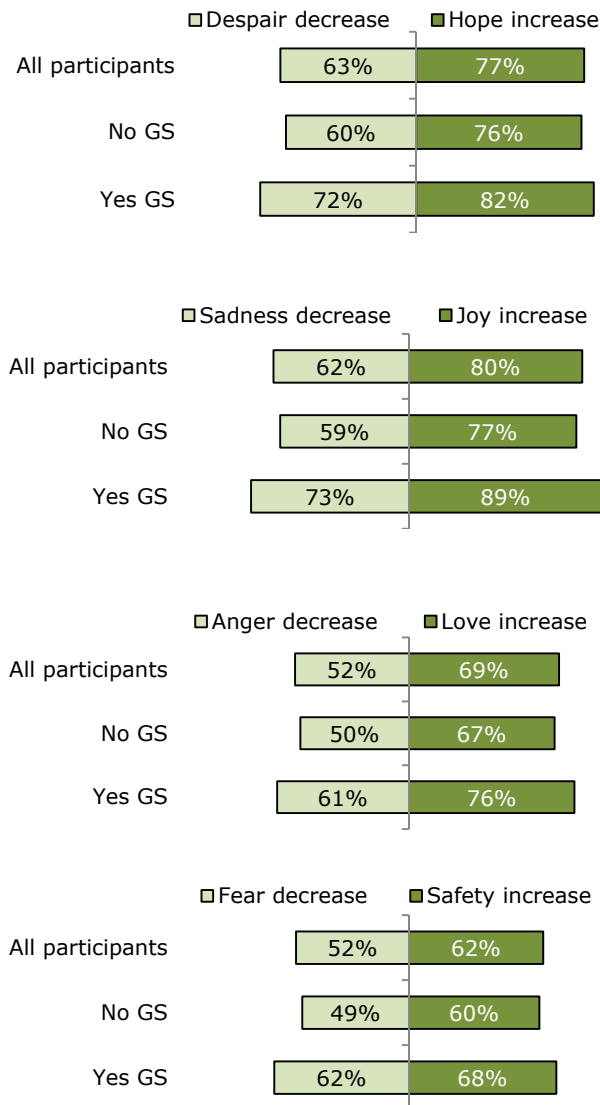
**Q10. How has transition affected your experience of these emotions?**



## Experiencing basic emotions by status of genital surgery

It does not appear that the amount of time on hormones significantly affected experiences of basic emotions. However, genital surgery did appear to do so. A larger percentage of those who started or completed genital surgery reported increases in joy, hope, love, and safety coupled with decreases in sadness, despair, anger, and fear.

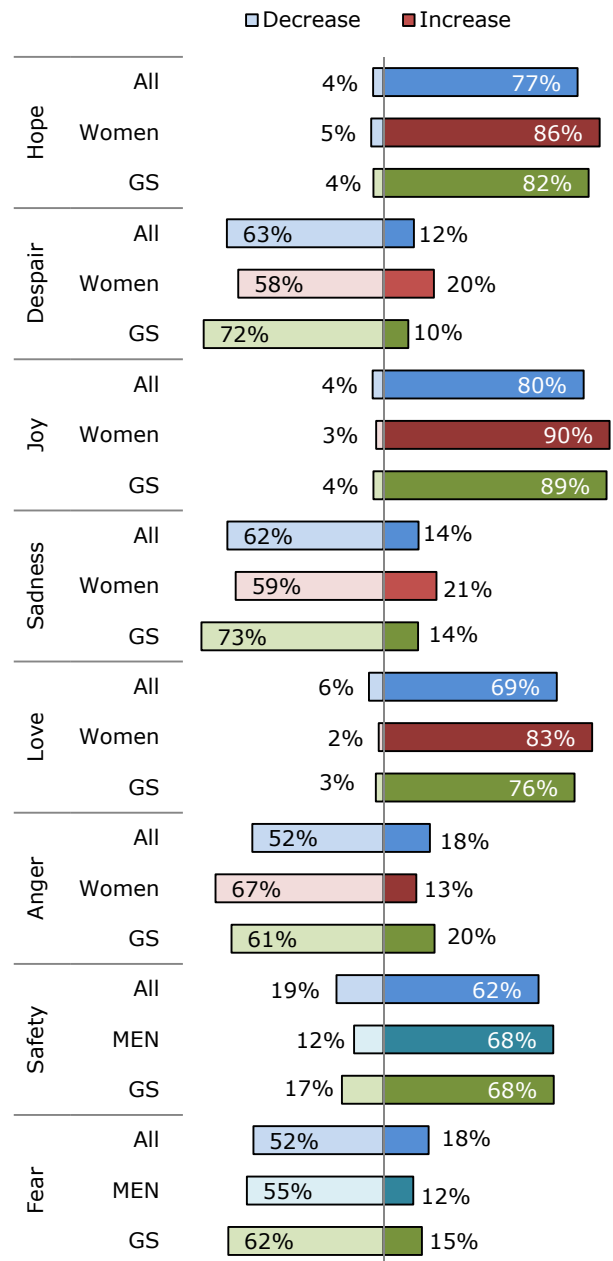
### Q10. How has transition affected your experience of these emotions?



## Brief summary: Experiencing basic emotions

The majority of participants reported feeling more joy, hope, love and safety and less sadness, despair, anger, and fear. Women were more likely to report increases in joy, hope, and love, while men were more likely to report an increase in safety. Participants who started or completed genital surgery were also more likely than other participants to report feeling more joy, hope, love, and safety and less despair, sadness, anger, and fear.

### Experience of basic emotions



## EMOTIONS IN CLOSE RELATIONSHIPS

*“I have opened up tremendously in my ability to trust those closest to me (primarily my partner as well as close friends). Coming out with my identity was the beginning of a surge of a great deal of honesty on my part, and I simply started divulging everything.”*

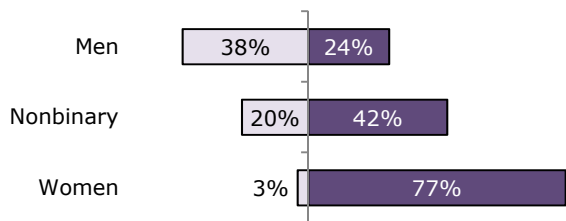
### Emotions in close relationships by gender identity

Participants were asked whether transition had affected how they processed emotions in close relationships. Three-quarters or more of the women reported increases in talking about emotions with a close friend or intimate partner after transition. A minority of men and NBG participants did so. Men were more likely to report decreases in talking about emotions with a friend or partner after transition. Participants who reported no change are not shown below.

**Q11. How has transition affected ...**

□ Decrease    ■ Increase

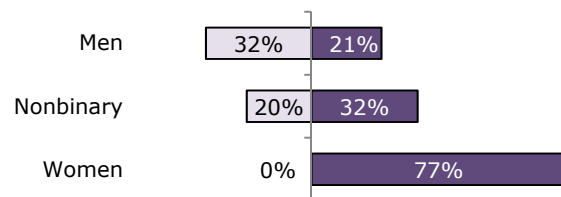
**How often you seek out a friend or partner to talk about emotions? (n=399)**



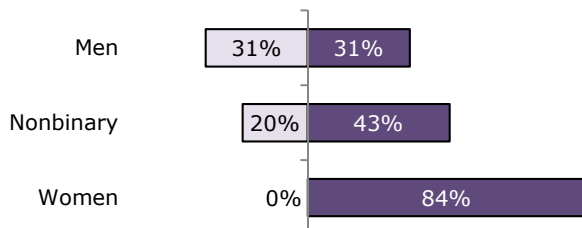
**Q11. How has transition affected ...**

□ Decrease    ■ Increase

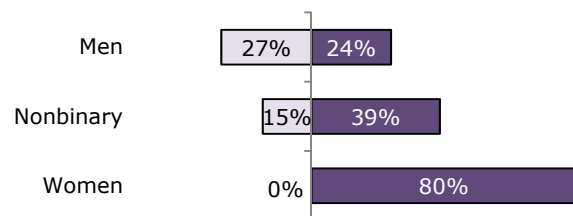
**How much you enjoy talking about emotions with a friend or partner? (n=398)**



**How important you feel it is to talk about feelings and process emotions with a close friend or intimate partner? (n=399)**



**How much satisfaction you get from talking in depth about relationship issues with a friend or partner? (n=390)**



### Brief summary: Emotions in close relationships

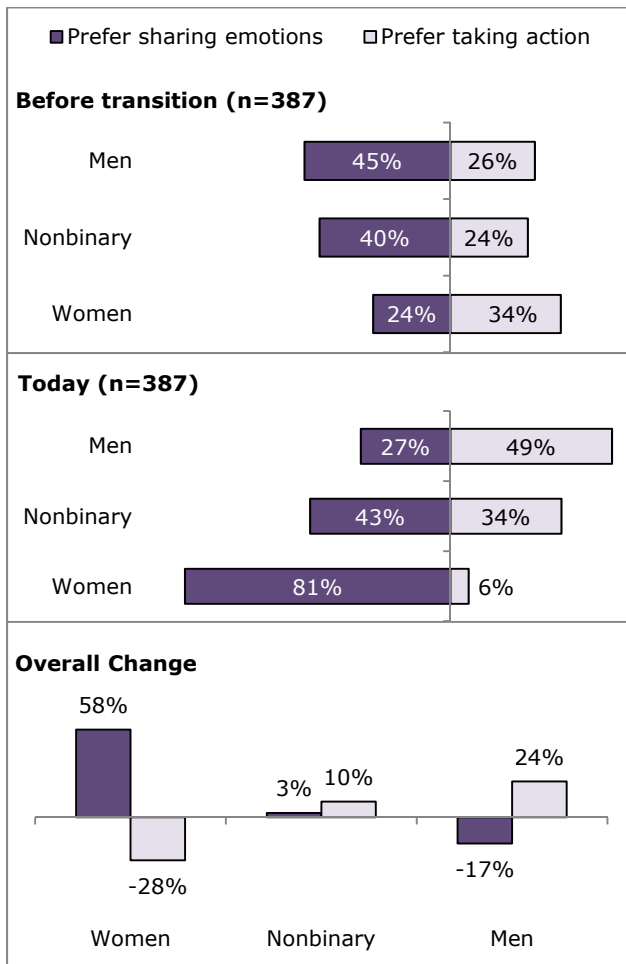
Women were about three times more likely than men to report increases in talking about emotions with a close friend or intimate partner after transition. About one-third of men reported decreases, while very few women did so (only 3% in one scenario, and none in the other scenarios). Ratings by NBG participants tended to fall in between those of men and women. Time on hormones and status of genital surgery did not appear to have an impact on ratings.

# PREFERENCE FOR SHARING EMOTIONS AND TAKING ACTION

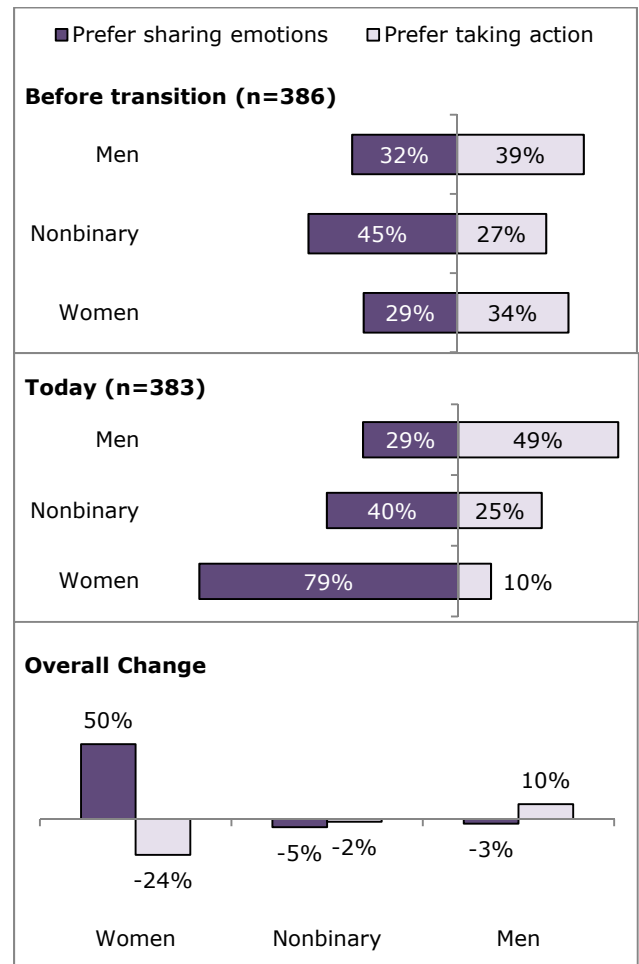
## Preference for sharing emotion and taking action by gender identity

Participants were asked whether transition had affected their preference for sharing emotions and taking action in four scenarios. As a group, men reported a slight increase in their preference for taking action and a slight decrease in their preference for sharing emotions after transition. Conversely, women as a group reported a noticeable decrease in their preference for taking action and a significant increase in their preference for sharing emotions. The results were mixed for NBG participants. Participants who reported no preference are not shown in the tables.

**Q12. To feel supported when you're upset or distressed**



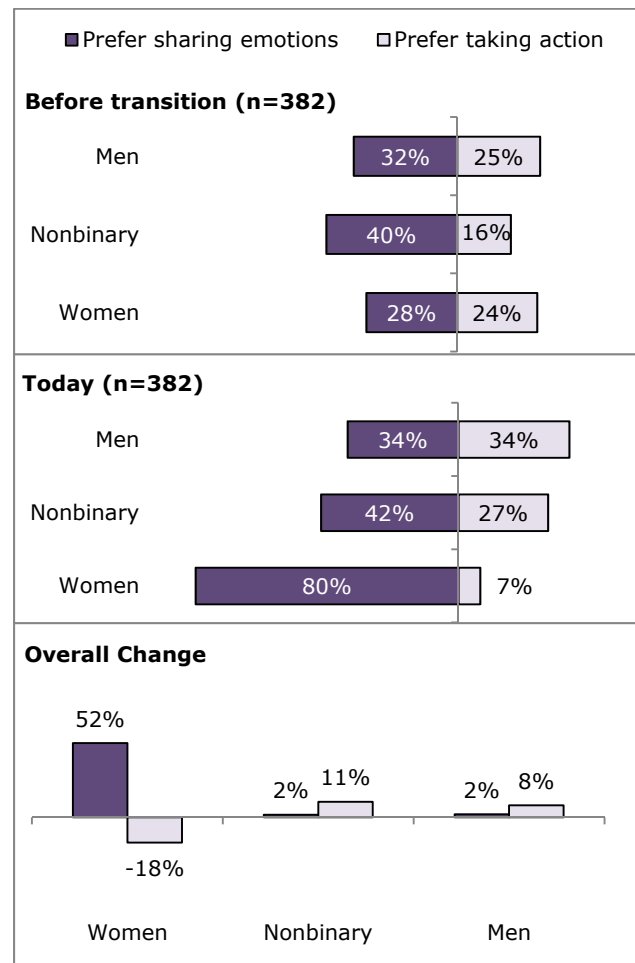
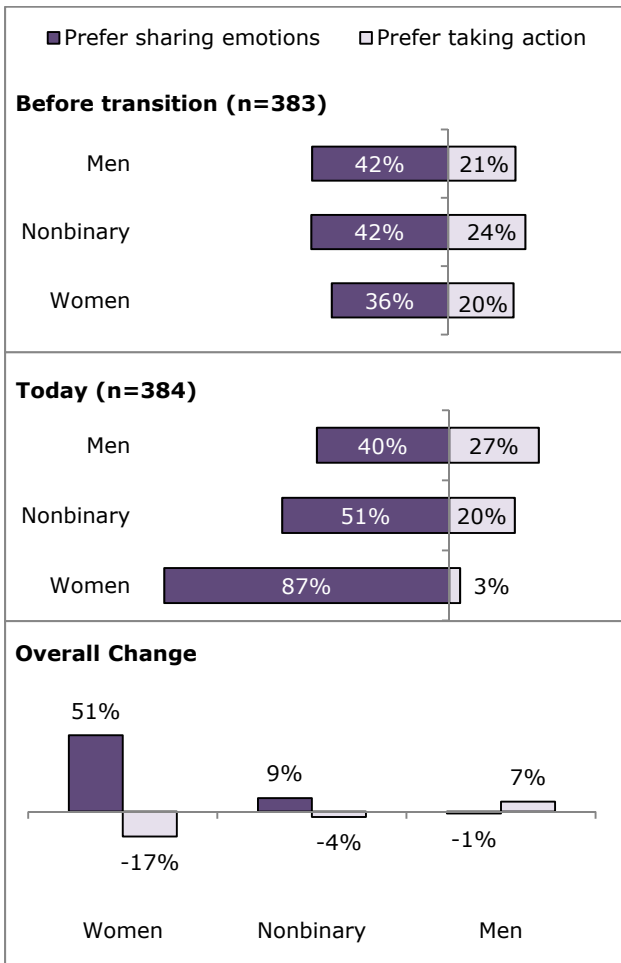
**Q12. To support someone else when they are upset or distressed**



*“I think I have a clarity about relationship issues that was never present before ... makes it more fun to talk about when I understand both the male and female perspective so thoroughly.”*

**Q12. To get a feeling of trust, bonding, or closeness to others**

**Q12. To get a sense of enjoyment when spending time with others**



**Brief summary: Preference for sharing emotions and taking action**

Before transition, NBG participants were more likely to prefer sharing emotions in most scenarios posed, followed closely by men, while women were least likely to prefer sharing emotions. After transition, women were two to three times more likely than men and NBG participants to prefer sharing emotions. Conversely, men were at least five times more likely than women and roughly 50% more likely than NBG participants to prefer taking action. Time on hormones and status of genital surgery did not appear to impact participant preferences for sharing emotions and taking action.

## SEXUALITY

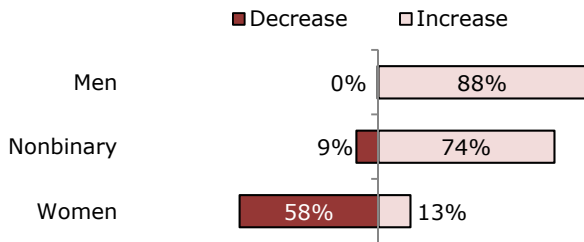
*“I feel like a whole new human being sexually. I really enjoy intimacy in a way I never could as a female, and more importantly as a person who was not being fully embracing of my true identity.”*

### Arousal by gender identity

Participants were asked whether transition had impacted various aspects of their sexuality. There were significant differences between men and women, while the ratings of NBG participants tended to fall somewhere in between. Participants who reported no changes are not shown in the charts.

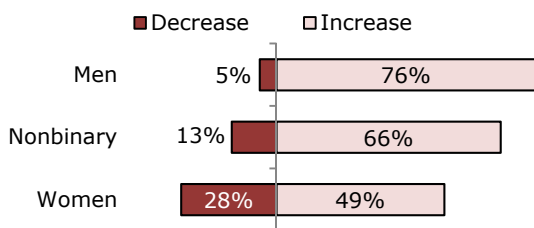
Men were almost seven times more likely than women to report an increase in arousal from visual stimulus after transition. While no men reported a decrease, almost 60% of women did.

**Q13. How has your transition affected your arousal from visual stimulus? (n=393)**



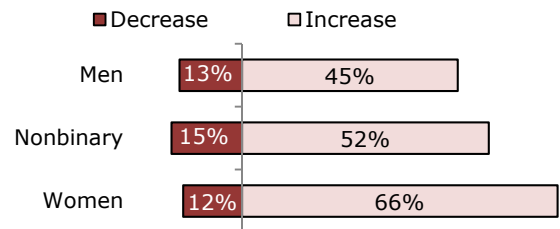
Men were 50% more likely than women to report an increase in arousal from physical closeness after transition. Conversely, women were almost six times more likely than men to report a decrease.

**Q13. How has your transition affected your arousal from physical closeness? (n=383)**



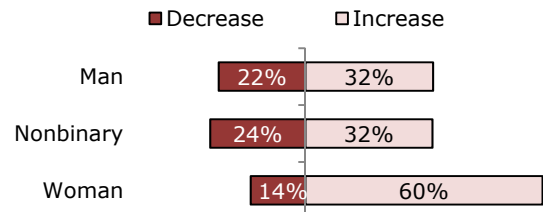
Women were 50% more likely than men to report an increase in arousal from emotional intimacy after transition.

**Q13. How has your transition affected your arousal from emotional intimacy? (n=379)**



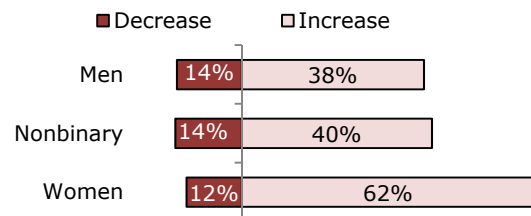
Women were nearly twice as likely as men to report an increase in having erotic feelings open them to tender feelings, while men and NBG participants were almost twice as likely as women to report a decrease after transition.

**Q13. How has your transition affected whether erotic experiences open you to tender feelings? (n=370)**



Women were 50% more likely than men and NBG participants to report an increase in having tender feelings open them to erotic experiences after transition.

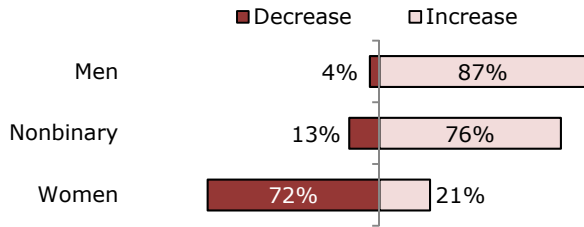
**Q13. How has transition affected whether tender feelings open you to erotic experiences? (n=370)**



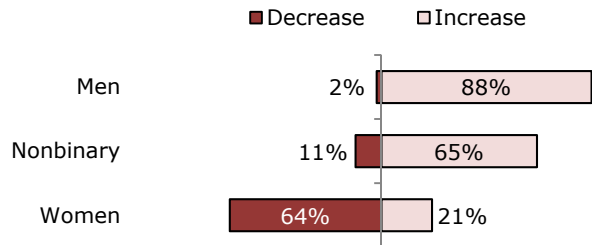
## Libido by gender identity

Men were more than four times as likely as women to report an increase in sex drive and the frequency of having sexual thoughts. Conversely, almost no men reported a decrease in these areas while a majority of women did so.

**Q13. How has your transition affected your sex drive? (n=399)**



**Q13. How has your transition affected the frequency of your sexual thoughts? (n=399)**



## Sex and relationships by gender identity

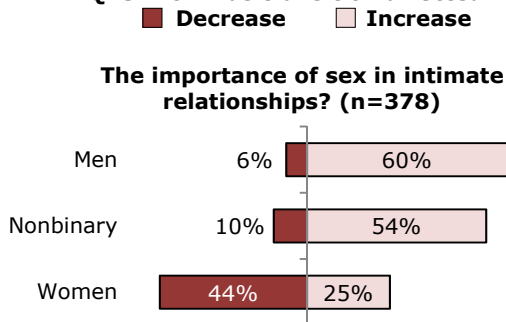
Men were more than two times as likely as women to report that sex became more important in intimate relationships after transition, while women were more than seven times more likely to report a decrease in the importance of sex.

A minority of participants reported that transition impacted their interest in single or multiple partner relationships. Within that minority, women were almost 50% more likely

to report an increase in interest in monogamous relationships, while men were nearly twice as likely to report a decrease. Conversely, men were 50% more likely to report an increase in interest in open relationships and women were twice as likely to report a decrease. About one-quarter of men and women reported an increase in interest in polyamorous relationships, but women were twice as likely as men to report a decrease in interest in polyamory.

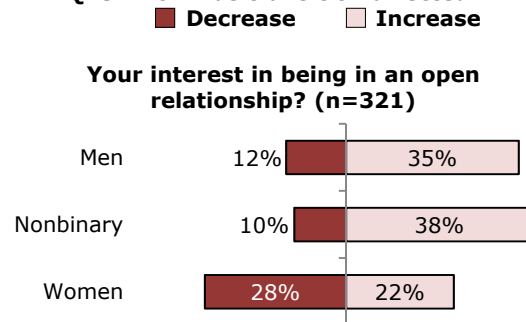
**Q13. How has transition affected ...**

**The importance of sex in intimate relationships? (n=378)**

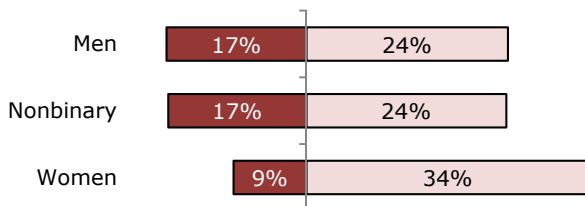


**Q13. How has transition affected ...**

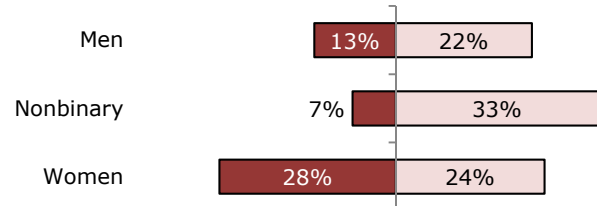
**Your interest in being in an open relationship? (n=321)**



**Your interest in being in a monogamous relationship? (n=388)**



**Your interest in being in a polyamorous relationship? (n=293)**





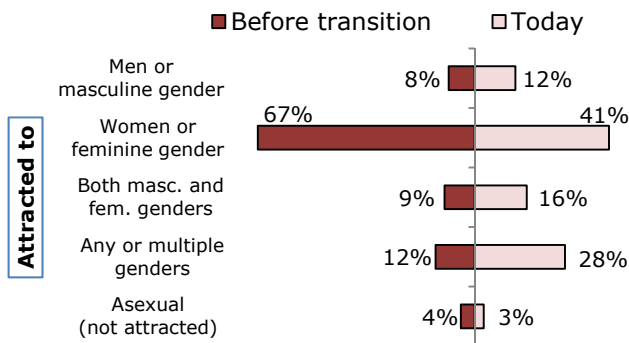
## Sexual orientation

A minority of participants indicated their sexual orientation had changed after transition. When asked to indicate who they felt attracted to before and after transition, some respondents wrote in answers. Those that wrote “multiple genders” or something similar were grouped with the “any gender” category. Those that indicated “masculine people of either sex” or “feminine people of either sex” or something similar were grouped with those who indicated male or female respectively.

### Sexual orientation overall

Overall, the rate of attraction exclusively to women or feminine people fell by more than one-third after transition, while attraction to men or masculine people increased by 50%. Attraction to both masculine and feminine genders and to any or multiple genders roughly doubled. Asexuality decreased by one-quarter.

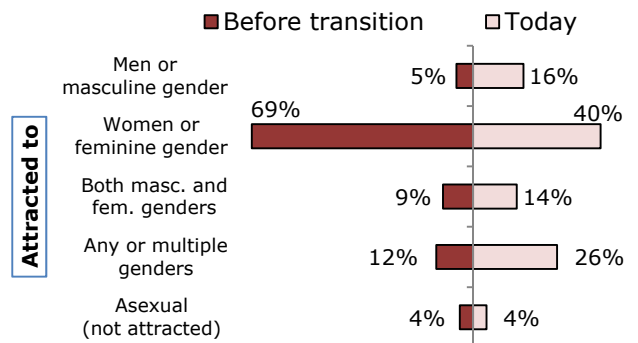
**Q14. Sexual orientation overall (n=400)**



### Sexual orientation of women

The percentage of women attracted exclusively to women or feminine people decreased by over 40% after transition, while attraction solely to men or masculine people more than tripled. Attraction to both masculine and feminine genders and to any or multiple genders roughly doubled. The rate of asexuality did not change after transition.

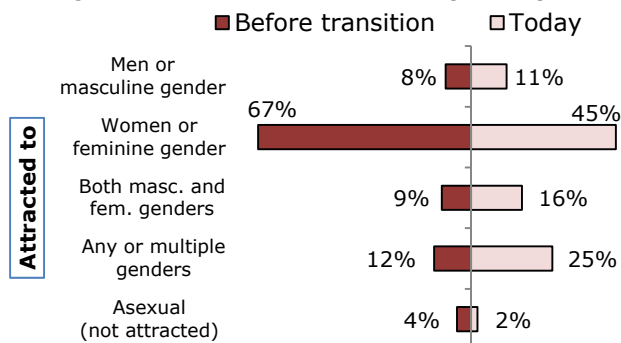
**Q14. Sexual orientation of women (n=95)**



### Sexual orientation of men

The percentage of men attracted exclusively to women or feminine people decreased by one-third after transition, while attraction solely to men or masculine people increased by nearly 50%. Attraction to both masculine and feminine genders and to any or multiple genders roughly doubled after transition. Asexuality decreased by half.

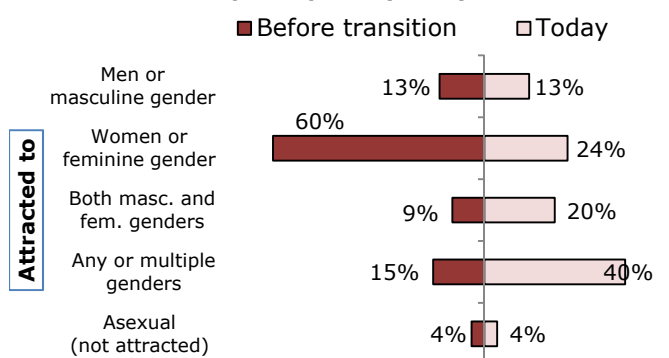
**Q14. Sexual orientation of men (n=250)**



### Sexual orientation of NBG participants

The percentage of NBG participants attracted exclusively to women or feminine people decreased by more than half after transition, while attraction solely to men or masculine people did not change. Attraction to both masculine and feminine genders and to any or multiple genders more than doubled after transition. The rate of asexuality did not change.

**Q14. Sexual orientation of NBG participants (n=55)**



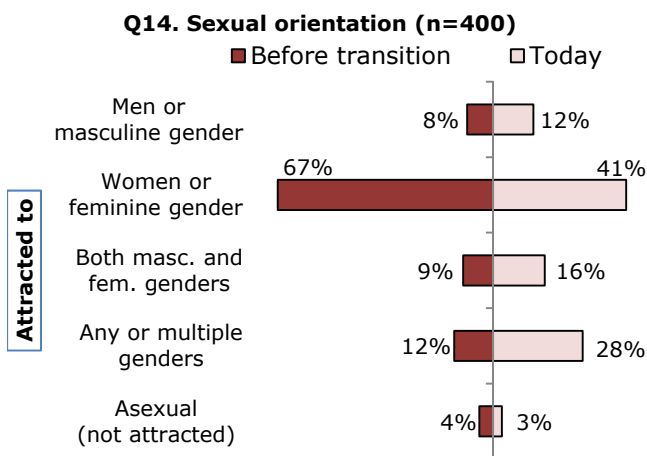
## Brief summary: Sexuality

About 70% participants reported experiencing less gender dysphoria (feeling a mismatch between anatomical sex and gender identity) during sex and also indicated their sex lives are better compared to before transition. When asked more detailed questions about how transition impacted their sexuality, men and women reported different experiences.

Almost 90% men said that their sex drive increased and indicated that they had sexual thoughts more frequently compared to before transition. Conversely, more than 70% women indicated their sex drive decreased and nearly two-thirds reported that they had sexual thoughts less frequently compared to before transition.

Sixty percent (60%) of men said that sex became more important in intimate relationships after transition, while only 6% said it became less important. While about 20% of women reported that sex became more important after transition, almost half indicated it became less important.

The majority of participants indicated their sexual orientation did not change after transition. Overall, the percentage of participants attracted exclusively to women or feminine people fell by more than one-third after transition, while the rate of attraction to men or masculine people increased by half. The percentage of participants attracted to both masculine and feminine genders and the percentage of those attracted to any or multiple genders roughly doubled. Asexuality decreased by one-quarter.



# Conclusion

This project began as an effort to provide more reliable information to transgender people considering whether medically-assisted transition is right for them. Based on data from 448 individuals, the study unequivocally demonstrates that medically-assisted transition enhanced their lives in profound ways.

Participants overwhelmingly reported a wide range of improvements related to medically-assisted transition, including decreases in gender dysphoria, better quality of life, and more emotional health. In particular, those on hormones for more than five years and those who started or completed genital surgery were more likely to report that transition had enhanced their lives.

It is patently clear that affirming gender with medical assistance also affirmed the lives of 448 people. Yet 20% to 50% of participants had not started or completed gender-affirming medical procedures that they said they want or might want in the future. While the survey did not ask why they had not already undergone these procedures, it is likely that a number of hurdles make it difficult or even impossible for some people to obtain transition-related medical assistance. High costs, low access, and the need for extended recovery time probably all play a role in limiting which medical steps people complete.

Even if a person is fully employed with excellent medical coverage, most insurance policies do not cover transition-related health care expenses. In addition, qualified medical providers tend to be few and far between, with some of the most affordable located overseas. Some procedures call for a caretaker in the first weeks following surgery, and many require extensive recovery time. Some procedures are conducted in stages, which tends to increase costs, travel time, and the number of recovery periods.

By documenting the impacts of medically-assisted transition on the lives of 448 individuals, this report provides a wealth of information for transgender people considering whether medically-assisted transition is right for them. Hopefully it will also encourage decision makers at all levels of the health care system to reduce (or remove) barriers and significantly increase access to transition-related medical care for those who seek it.



# Appendix A

## Glossary

*Please note: The definitions offered here are suggestions only. Meanings change over time and can be quite different by region or community. It is hoped that these definitions will facilitate further exploration and understanding of gender diversity.*

**Anatomical sex:** Biological differences used to categorize people as male, female, or intersex. Includes both primary and secondary sex characteristics.

**Asexual:** Lacking interest in or desire for sex.

**Assigned sex:** The sex assigned at birth, typically based on genitalia.

**Binary gender system:** Classifying people into two discrete sex or gender categories (male/man and female/woman). Assumes gender identity and gender roles are distinct, separate, and opposite.

**Bi, Bisexual:** Being romantically, sexually attracted to more than one sex/gender.

**Chest (or top) surgery:** Surgery that either enhances or removes breast tissue so that the chest matches and affirms gender identity.

**Cisgender:** Having a gender identity that aligns with the male or female gender assigned at birth.

**Cross dressing:** Wearing clothing that is considered by society to belong to the “opposite” sex.

**Drag:** Dressing and acting as the “opposite” sex or gender – often done in an exaggerated way for entertainment or as a performance.

**Estrogens and progestogens:** Hormones associated with developing female secondary sex characteristics like breasts and wide hips.

**FTM:** Female-to-male. Assigned female at birth but identifying as male and/or man.

**Gay:** Romantic, sexual attraction to people of the same sex or gender.

**Gender affirmation:** See “Transition.”

**Gender dysphoria:** Distress or discomfort with the sex/gender assigned at birth.

**Gender identity:** Deep inner sense of being a man, a woman, both, neither, or another gender such as Two Spirit or genderqueer.

**Gender non-conforming:** Not conforming to socially defined gender “norms” for clothing, behavior, interests, pursuits, etc.

**Genderqueer:** Non-binary gender identity. Not identifying as strictly male or female. Identifying as both, neither or something else.

**Genital (or lower) surgery:** Surgical procedure(s) to align the appearance of the genitals with one’s gender identity. Also known as sex reassignment surgery (SRS) or gender confirmation surgery (GCS).

**GLBTQI:** Gay, lesbian, bisexual, transgender, queer, intersex. Note: “G,” “L,” “B,” and “Q” refer to sexual orientation, while “T” and “I” do not.

**Heterosexual:** Romantic, sexual attraction to people of the “opposite” sex or gender.

**Hormone replacement therapy (HRT):** Use of hormones to develop and maintain traits that align the body with one's gender identity.

**Intersex:** Being born with genitalia and/or sex chromosomes that do not match our society's current binary definitions of male and female.

**Lesbian:** Romantic, sexual attraction to women or females by a woman or female.

**MTF:** Male-to-female. Assigned male at birth but identifying as female and/or woman.

**Nonbinary gender:** Having a gender identity that is not exclusively man or woman and/or that is outside the dominant male/female sex model of gender.

**Primary sex characteristics:** Internal reproductive organs, the endocrine system, and genitalia.

**Puberty blockers:** Medications used to delay puberty and the development of secondary sex characteristics.

**Queer:** Non-heterosexual identity.

**Secondary sex characteristics:** Non-reproductive physical traits that typically develop during puberty (e.g. facial hair and deeper voice or breasts and wider hips).

**Sexual orientation:** Romantic, sexual attraction to others. Typically considered to be inherent rather than consciously chosen.

**Sexually dimorphic brain:** Structural differences in the brain that appear to be associated with gender and/or anatomical sex.

**Stealth:** Living in alignment with one's gender identity without disclosing one's birth sex.

**Testosterone:** Hormone associated with development of male secondary sex traits such as a deeper voice, more muscle mass, and coarse facial hair.

**Trans:** (adjective) Alternative to transgender or transsexual.

**Trans feminine:** Having been assigned male at birth but identifying as a woman or closer to a feminine gender than to a masculine one.

**Trans masculine:** Having been assigned female at birth but identifying as a man or closer to a masculine gender than to a feminine one.

**Trans man:** Transgender man. Assigned female at birth but identifying primarily as male, man, or masculine.

**Trans woman:** Transgender woman. Assigned male at birth but identifying primarily as female, woman, or feminine.

**Transgender:** (adjective) Not identifying as the sex/gender assigned at birth.

**Transition:** The process (often lengthy) of changing one's gender presentation to better align with and affirm one's gender identity. May include a change of name, pronouns, clothing, and can include the use of medical technology (surgery and/or hormones).

**Transphobia:** Angry, fearful, and/or hateful attitudes, speech and/or behaviors that are directed toward people who are (or who are assumed to be) gender non-conforming, transgender, or transsexual.

**Transsexual:** (adjective) Identifying as the sex or gender "opposite" that assigned at birth and taking steps (or desiring to do so) to affirm one's gender identity.

# Appendix B

## Survey instrument





## **Welcome to the 2011 Transition Survey**

This is an anonymous peer-to-peer survey to collect information about how transition affects our lives. In this survey, transition refers to medical steps taken to affirm gender identity. You will probably need 20 minutes to complete the survey. To skip this introduction and get started, scroll down and click "next."

## **Who is conducting the survey?**

I am a transgender man and co-founder of FTM Sonoma County. My goal is to help make the world a safer and saner place for people of all genders. My contact information is below.

## **How will the results be used?**

The results will be posted online at [www.ftmsc.org](http://www.ftmsc.org) for free download. I plan to share the results with my local community, cite the survey in articles, and discuss the results in presentations to medical and mental health care providers, social service agencies, employers, schools and others. You are welcome to do the same.

## **What does the survey ask?**

The survey asks about your sex (at birth and today), gender identity, sexual orientation, age, race/ethnicity, and location (state or country). It also asks about your transition -- what medical steps you've taken and when, how satisfied you feel with the results, whether your experience of dysphoria has changed, and how transition has affected various areas of your life.

Please don't take the survey if you feel these questions could potentially trigger distress for you.

## **Thank you for participating!**

Your responses will help make this survey a success. If you feel comfortable doing so, please share the survey link with others: **[www.surveymonkey.com/s/TransitionSurvey2011](http://www.surveymonkey.com/s/TransitionSurvey2011)**

If you have questions or comments, please contact me.

Colin Close

Email: [CloseConnections@yahoo.com](mailto:CloseConnections@yahoo.com)

### 1. What sex were you assigned at birth?

- Female
- Intersex, assigned female
- Intersex, assigned male
- Male

Comments

### 2. What is your sex today, as you define it?

- Female
- Intersex female
- Intersex male
- Male

Comments

### 3. Which one of the following best matches your gender identity?

- Woman
- Man
- Two Spirit
- Third Gender
- Genderqueer
- Both man and woman
- Neither man nor woman
- The term I use is ...

### 4. Do you identify as trans, transgender, or transsexual?

	Yes	Usually but not always	Sometimes (depends on circumstances)	Occasionally but not often	No
Trans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transsexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

### 5. Thinking about the steps you've taken to transition, how long has it been since you ...

	Less than 1 year ago	1-5 yrs ago	6-10 yrs ago	More than 10 yrs ago	Want in the future	Might want in the future	Don't want	N/A
Started hormone therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had chest surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had hysterectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Began genital surgery (if multi-stage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completed genital surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Started electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completed electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Began facial feminization surgery (if multiple)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completed facial feminization surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completed tracheal shave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please explain)

## 6. Compared to how you felt before your transition, do you feel more or less gender dysphoria now?

For the purposes of this survey, "gender dysphoria" is defined as discomfort or discontent with the gender you were assigned at birth and/or the anatomical (physical) characteristics of your body.

	Significantly MORE	Somewhat more	No change	Somewhat less	Significantly LESS	N/A
Overall experience of dysphoria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At places of worship / religious settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During exercise / sports / athletic activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In public restrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In other public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During sex / sexual situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On casual dates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While courting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In long term relationship/marriage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With immediate family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the company of strangers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please explain)

**7. Compare how you felt before transition to how you feel now. How has transition affected these areas of your life?**

	Significantly BETTER	Somewhat better	No change	Somewhat worse	Significantly WORSE	N/A
Overall quality of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of well being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious / spiritual life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openness to experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being conscientious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agreeableness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tendency to feel depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tendency to feel anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tendency to feel excessive anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

**8. How do you feel about each of the steps you've taken to affirm your gender?**

	Very SATISFIED	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very DISSATISFIED	N/A
Overall transition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hysterectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial feminization surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracheal shave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please explain)

### 9. Do you have regrets about the steps you've taken to affirm your gender?

	I have no regrets.	The results aren't perfect, but I'd do the same thing again	I would do this step again, but I'd do it differently.	I wish I could undo this step. I would NOT do it again.	N/A
Hormone therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hysterectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial feminization surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracheal shave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

### 10. Compare how you felt before transition to how you feel now. How has your transition affected your experience of emotions?

	Significant INCREASE	Some increase	No change	Some decrease	Significant DECREASE	N/A
Frequency of noticing my emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of accessing my emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to identify which emotions I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to express emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My level of interest in my emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire to take action when I feel upset or distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire to process my emotions when I feel upset or distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease in my ability to cry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of hope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of joy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of love	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of despair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of sadness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

**11. Compare how you felt before transition to how you feel now. Has your transition affected how you relate to emotions in close relationships?**

	Significant INCREASE	Some increase	No change	Some decrease	Significant DECREASE	N/A
How important I feel it is to talk about feelings and process emotions with a close friend or intimate partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often I seek out a friend or partner to talk about emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much I enjoy talking about emotions with a friend or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much satisfaction I get from talking in depth about relationship issues with a friend or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>					

**12. Has your preference for sharing emotions versus taking action changed?**

	STRONG preference for sharing emotions	Some preference for sharing emotions	No Preference	Some preference for taking action or problem solving	STRONG preference for taking action or problem solving
Today: To feel supported when I'm upset or distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before transition: To feel supported when I was upset or distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Today: To support someone when they are upset or distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before transition: To support someone when they were upset or distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Today: To get a feeling of trust, bonding, or closeness to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before transition: To get a feeling of trust, bonding, or closeness to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Today: To get a sense of enjoyment when spending time with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before transition: To get a sense of enjoyment when spending time with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. Compare how you felt before transition to how you feel now. How has your transition affected sexual aspects of your life?**

	Significant INCREASE	Some increase	No change	Some decrease	Significant DECREASE	N/A
Sex drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of sexual thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arousal from visual stimulus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arousal from physical closeness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arousal from emotional intimacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erotic experiences open me to tender feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tender feelings open me to erotic experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance of sex in intimate relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest in being in a monogamous relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest in being in an open relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest in being in a polyamorous relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

**14. Has your sexual orientation changed?**

	Male	Female	Male or female	Trans men	Trans women	Any gender	Other	Not attracted (I was or am asexual)
Before transition I was attracted to people that I assumed were	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Today I am attracted to people that I assume are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**15. What is your racial / ethnic identity? (select all that apply)**

- American Indian or Native Alaskan
- Asian - Far East, SE Asia, or Indian subcontinent
- Black or African American
- Hispanic, Latino(a) or Spanish origin
- Native Hawaiian and Pacific Islander
- White
- Other

Other (please specify)



**16. How old are you?**

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and older

**17. What is your household income level? (US dollars)**

- Less than \$10,000 per year
- \$10,000 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 or more

**18. What is your highest level of education?**

- Some high school
- High school diploma or equivalent
- Some college, no degree
- Associates degree
- Bachelor's degree
- Some postgraduate courses
- Master's degree
- Doctorate degree

**19. Which US state or territory do you live in?**

Other (please specify)

**20. If you are comfortable doing so, please indicate your City.**