

Transgender Quality Of Life Survey

The Equality Network's Scottish Transgender Alliance is working to research quality of life and health issues for transgender people. The research findings will be used to inform Government and NHS policy work on transgender equality and inclusion.

THIS SURVEY IS FOR PEOPLE LIVING ANYWHERE IN THE UK WHO ARE AT LEAST 16 YEARS OLD.

The World Health Organisation defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The World Health Organisation recognises the importance of improving quality of life for everyone and is at the forefront of research in this area.

Therefore, to robustly assess quality of life we are using the World Health Organisation's Quality of Life (WHOQOL) internationally standardised research survey instrument. To ensure accurate comparisons can be made internationally, no alterations or deletions are permitted to be made to the WHOQOL survey questions.

The WHOQOL instrument has a gender question which is not fully inclusive of non-binary gender identities. Please feel free to leave that gender question blank if you do not identify as male or female. We have added some additional questions to the end of the survey in order to ensure that all transgender people will be able to record their gender identities and diversity accurately.

Similarly, the marital status question does not explicitly mention civil partnerships (as not all countries have civil partnership legislation). Please consider references to marriage to also include civil partnerships.

IT TAKES LESS THAN 10 MINUTES TO COMPLETE THIS SURVEY.

By completing the survey you are agreeing to your ANONYMISED responses being shared by the Scottish Transgender Alliance with these other parties:

- The Scottish Government Social Justice (Equalities) Research Team;
- The Gender Identity Research and Education Society (GIREs) Gender Variance Prevalence Research Team;
- The World Health Organisation Field Centre for the Study of Quality of Life, University of Bath.

Confidentiality will be protected in the publication of any results, and your responses will be anonymised.

Any questions about this survey should be directed to:

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ABOUT YOU

Before you begin we would like you to answer a few general questions about yourself: by selecting the correct answer or by filling in the space provided.

1. What is your gender?

Male

Female

2. What is your date of birth? (day/month/year)

DD MM YYYY

Date of Birth: / /

3. What is the highest education you've received?

None at all

Primary School

Secondary School

Tertiary

4. What is your marital status?

Single

Married

Living as married

Separated

Divorced

Widowed

5. Are you currently ill?

Yes

No

6. If something is wrong with your health, what do you think it is?

Please write your illness(es) or problems here:

INSTRUCTIONS:

This questionnaire asks how you feel about your quality of life, health and other areas of your life.

PLEASE ANSWER ALL THE QUESTIONS.

If you are unsure about which response to give to a question, please choose the ONE that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the LAST TWO WEEKS. You should select the option that best fits how you feel about what happened over the last two weeks.

QUESTIONNAIRE:

Please read each question, assess your feelings, and select the option on the scale for each question that gives the best answer for you.

* 1. How would you rate your quality of life?

j_n 1 - Very poor j_n 2 - Poor j_n 3 - Neither poor nor good j_n 4 - Good j_n 5 - Very good

* 2. How satisfied are you with your health?

j_n 1 - Very dissatisfied j_n 2 - Dissatisfied j_n 3 - Neither satisfied nor dissatisfied j_n 4 - Satisfied j_n 5 - Very satisfied

The following questions ask about HOW MUCH you have experienced certain things IN THE LAST TWO WEEKS.

* 3. How much do you feel that pain prevents you from doing what you need to do?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - A moderate amount j_n 4 - Very much j_n 5 - An extreme amount

* 4. How much do you need medical treatment to function in your daily life?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - A moderate amount j_n 4 - Very much j_n 5 - An extreme amount

* 5. How much do you enjoy life?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - A moderate amount j_n 4 - Very much j_n 5 - An extreme amount

* 6. To what extent do you feel life to be meaningful?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - Moderately j_n 4 - Very much j_n 5 - Extremely

* 7. How well are you able to concentrate?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - Moderately j_n 4 - Very well j_n 5 - Extremely

* 8. How safe do you feel in your daily life?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - Moderately j_n 4 - Very much j_n 5 - Extremely

* 9. How healthy is your physical environment?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - Moderately j_n 4 - Very much j_n 5 - Extremely

The following questions ask about HOW COMPLETELY you experience or were able to do certain things IN THE LAST TWO WEEKS.

* 10. Do you have enough energy for everyday life?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - Moderately j_n 4 - A great deal j_n 5 - Completely

* 11. How much are you able to accept your bodily appearance?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - Moderately j_n 4 - A great deal j_n 5 - Completely

* 12. To what extent do you have enough money to meet your needs?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - Moderately j_n 4 - A great deal j_n 5 - Completely

* 13. How available to you is the information that you need in your day-to-day life?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - Moderately j_n 4 - A great deal j_n 5 - Completely

* 14. To what extent do you have the opportunity for leisure activities?

j_n 1 - Not at all j_n 2 - Not much j_n 3 - Moderately j_n 4 - A great deal j_n 5 - Completely

The following questions ask you to say HOW GOOD OR SATISFIED you have felt about various aspects of your life OVER THE LAST TWO WEEKS.

* 15. How well are you able to get around?

j_n 1 - Very poor j_n 2 - Poor j_n 3 - Neither poor nor good j_n 4 - Good j_n 5 - Very good

* 16. How satisfied are you with your sleep?

j_n 1 - Very dissatisfied j_n 2 - Dissatisfied j_n 3 - Neither satisfied nor dissatisfied j_n 4 - Satisfied j_n 5 - Very satisfied

* 17. How satisfied are you with your ability to perform daily living activities?

j_n 1 - Very
dissatisfied

j_n 2 -
Dissatisfied

j_n 3 - Neither
satisfied nor
dissatisfied

j_n 4 - Satisfied

j_n 5 - Very
satisfied

* 18. How satisfied are you with your capacity for work?

j_n 1 - Very
dissatisfied

j_n 2 -
Dissatisfied

j_n 3 - Neither
satisfied nor
dissatisfied

j_n 4 - Satisfied

j_n 5 - Very
satisfied

* 19. How satisfied are you with yourself?

j_n 1 - Very
dissatisfied

j_n 2 -
Dissatisfied

j_n 3 - Neither
satisfied nor
dissatisfied

j_n 4 - Satisfied

j_n 5 - Very
satisfied

* 20. How satisfied are you with your personal relationships?

j_n 1 - Very
dissatisfied

j_n 2 -
Dissatisfied

j_n 3 - Neither
satisfied nor
dissatisfied

j_n 4 - Satisfied

j_n 5 - Very
satisfied

* 21. How satisfied are you with your sex life?

j_n 1 - Very
dissatisfied

j_n 2 -
Dissatisfied

j_n 3 - Neither
satisfied nor
dissatisfied

j_n 4 - Satisfied

j_n 5 - Very
satisfied

* 22. How satisfied are you with the support you get from your friends?

j_n 1 - Very
dissatisfied

j_n 2 -
Dissatisfied

j_n 3 - Neither
satisfied nor
dissatisfied

j_n 4 - Satisfied

j_n 5 - Very
satisfied

* 23. How satisfied are you with the conditions of your living place?

j_n 1 - Very
dissatisfied

j_n 2 -
Dissatisfied

j_n 3 - Neither
satisfied nor
dissatisfied

j_n 4 - Satisfied

j_n 5 - Very
satisfied

* 24. How satisfied are you with your access to health services?

j_n 1 - Very
dissatisfied

j_n 2 -
Dissatisfied

j_n 3 - Neither
satisfied nor
dissatisfied

j_n 4 - Satisfied

j_n 5 - Very
satisfied

* 25. How satisfied are you with your transport?

j_n 1 - Very
dissatisfied

j_n 2 -
Dissatisfied

j_n 3 - Neither
satisfied nor
dissatisfied

j_n 4 - Satisfied

j_n 5 - Very
satisfied

The following question refers to HOW OFTEN you have felt or experienced certain things IN THE LAST TWO WEEKS.

* 26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?

1 - Never

2 - Seldom

3 - Quite
often

4 - Very
often

5 - Always

27. Did someone help you to fill out this form?

Yes

No

Additional Questions

Thank you for answering the internationally standardised World Health Organisation Quality Of Life (WHOQOL) questions. The following additional questions have been designed by the Scottish Transgender Alliance.

By answering these additional questions, you will help us to better understand the diversity of the survey respondents. However, these questions are entirely optional so please feel free to leave blank any that you do not wish to answer.

1. What is your gender identity?

Man (including FTM trans man)

Woman (including MTF trans woman)

Other (e.g. androgyne person)

Additional details:

2. Have you ever identified as a transgender person or a trans person?

(We use the terms "transgender" and "trans" as inclusive umbrella terms for a diverse range of people who find their gender identity or gender expression differs in some way from the gender they were assigned at birth.)

Yes

No

3. Is your gender identity the SAME as the gender you were originally assigned at birth?

Yes

No

4. Do you consider yourself to be within any of the following categories?

Woman with a transsexual background

Man with a transsexual background

MTF / trans woman

FTM / trans man

Intersex person

Androgyne / polygender / genderqueer person

Cross-dressing / transvestite person

Other type of gender variant person (please specify)

Any additional info:

5. Are you:
intending to transition (undergo gender reassignment),
currently transitioning (undergoing gender reassignment),
or already transitioned (undergone gender reassignment)?

- Yes, I have already transitioned
- Yes, I am currently transitioning
- Yes, I intend to transition
- No, I am unable to transition
- No, I do not currently wish to transition
- No, transitioning is not relevant to me
- I am undecided about whether or not to transition
- I had transitioned but then I reversed direction and transitioned back

6. If you have transitioned or are currently transitioning, then how long ago did you start living in accordance with your gender identity?
(Enter 0 years if not applicable.)

Number of Years Ago:

7. If you express your gender identity either part-time or as other than simply male or female, then how long ago did you start living in this way?
(Enter 0 years if not applicable.)

Number of Years Ago:

8. Have you EVER experienced gender dysphoria?
(Unhappiness or discomfort due to your physical body not fully matching your gender identity)

- Yes – I have experienced INTENSE gender dysphoria
- Yes – I have experienced MODERATE gender dysphoria
- Yes – I have experienced SLIGHT gender dysphoria
- No – I have NEVER experienced gender dysphoria
- Not Sure

9. Do you CURRENTLY experience gender dysphoria?
(Unhappiness or discomfort due to your physical body not fully matching your gender identity)

- Yes – I currently experience INTENSE gender dysphoria
- Yes – I currently experience MODERATE gender dysphoria
- Yes – I currently experience SLIGHT gender dysphoria
- No – I do NOT currently experience gender dysphoria
- Not Sure

10. Have you received any of the following gender reassignment medical treatment (private or NHS)?

(Please tick ALL that apply)

- Any gender-related counselling
- Any assessment by a gender specialist
- Any cross-gender hormone treatment (including self-medicated)
- Any gender-related speech therapy
- Any gender-related hair removal
- Any gender-related surgery (including facial, chest/breast and/or genital)

11. Are you wanting any of the following gender reassignment medical treatment (private or NHS) IN THE FUTURE?

(Please tick ALL that apply)

- Any gender-related counselling
- Any assessment by a gender specialist
- Any cross-gender hormone treatment (including self-medicated)
- Any gender-related speech therapy
- Any gender-related hair removal
- Any gender-related surgery (including facial, chest/breast and/or genital)

12. What feminising gender-related surgery, if any, have you had?

(Please tick ALL that apply)

- Any breast augmentation surgery (MTF)
- Any facial surgery (MTF)
- Any vocal surgery (MTF)
- Any genital surgery (e.g. orchidectomy, penectomy, vaginoplasty, labiaplasty) (MTF)
- None / Not Applicable

13. What masculinising gender-related surgery, if any, have you had?

(Please tick ALL that apply)

- Any chest reconstruction surgery (FTM)
- Any hysterectomy surgery (FTM)
- Any genital surgery (e.g. metiodioplasty, phalloplasty, vaginectomy, urethoplasty) (FTM)
- None / Not Applicable

14. How many times, if any, have you been given a general anaesthetic for gender-related surgeries?

(Do not count minor procedures where you remained awake the whole time.)

Number of times:

15. Have you had a general anaesthetic for a surgical procedure in the LAST FOUR WEEKS?

(Do not count minor procedures where you remained awake the whole time.)

Yes

No

16. How would you describe your current sexual orientation?

Asexual

Bisexual

Gay

Lesbian

Pansexual

Queer

Questioning

Straight/Heterosexual

Unsure

Don't Define

Other

17. Have you ever experienced bullying or harassment because of your gender identity and/or gender expression...

	Yes	No	Don't know / Can't remember	Don't want to answer
...at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the street or from strangers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Have you ever experienced bullying or harassment because of your actual or perceived sexual orientation...

	Yes	No	Don't know / Can't remember	Don't want to answer
...at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the street or from strangers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Have you ever experienced harassment or rejection because of your gender identity and/or gender expression...

	Yes	No	Don't know / Can't remember	Don't want to answer
...from family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...from friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Have you ever experienced harassment or rejection because of your actual or perceived sexual orientation...

	Yes	No	Don't know / Can't remember	Don't want to answer
...from family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...from friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes

No

22. How would you describe your current work situation?

- Employed full time
- Employed part time
- Self employed
- Unemployed and seeking work
- Permanently retired from work
- In further/higher education
- Permanently sick or disabled
- Unable to work because of short-term illness or injury

Other (please specify)

23. What is your current gross annual income?
(including all earnings, benefits, pensions and student loans)

- Up to £6,000
- Between £6,001 and £10,000
- Between £10,001 and £15,000
- Between £15,001 and £20,000
- Between £20,001 and £25,000
- Between £25,001 and £30,000
- £30,001 or more

24. Where do you currently live?

- Scotland
- England
- Wales
- Northern Ireland

25. Please give the first half of your postcode:

26. What is your ethnic group?

- White Scottish
- White English
- White Welsh
- White Northern Irish
- White British
- White Irish
- White Gypsy/Traveller
- White Polish
- Any other white ethnic group (please specify)
- Any mixed or multiple ethnic groups (please specify)
- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Any other Asian, Asian Scottish or Asian British ethnic group (please specify)
- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Any other black ethnic group (please specify)
- Any Arab ethnic group (please specify)
- Any other ethnic group (please specify)

Further info to specify:

27. What religion, religious denomination or body do you belong to?

None

Church of Scotland

Roman Catholic

Other Christian

Muslim

Buddhist

Sikh

Jewish

Hindu

Pagan

Other (please specify)

Further info to specify:

28. How did you hear about this survey?

Optional Contact Details

Thank you for taking the time to complete this survey.

If you are interested in taking part in further focus group or survey research conducted by the Equality Network's Scottish Transgender Alliance on transgender quality of life and health issues, please leave your email address so that we can let you know about further research opportunities.

This is entirely optional and your contact details will be kept separately from your survey response and will be kept confidential by the Equality Network's Scottish Transgender Alliance. We will not share your contact details with anyone else.

1. Email address you would like us to use to tell you about future research opportunities: