

Trans Identity Resource Center (TIRC) library survey



Thank you for participating! This survey is sponsored by Outside In's Trans/Identity Resource Centre (TIRC). Results will be used to gauge the resource needs of trans/intergendered communities in the Portland Metro area. Your answers will help us develop a library, educational programs, and other resources for TIRC. Your participation is essential in determining the best resources needed to serve the community.

*This survey has 24 questions and will take about 10 minutes to complete.
It is completely anonymous and voluntary.*

Please only take the survey once. Feel free to encourage others to take the survey.
To take the survey online, visit <http://www.surveymonkey.com/s.asp?u=38981372818>

*Completion of this survey may help to increase knowledge which may help others in the future. You understand that you will be asked to complete an online survey. You do not have to answer any questions that you don't want to answer. This information is for research purposes and may be available in the form of conference presentations, journal or newspaper articles, books, or on the web. **By taking this survey, you are giving your consent to use the results.***

PARTICIPANTS WILL REMAIN ANONYMOUS AND INDIVIDUAL ANSWERS ARE CONFIDENTIAL.

If you have any concerns about participation in this survey, please contact TIRC.

Trans/Identity Resource Centre
Outside In ARTS Building
1030 SW 13th
503.535.3895

I. Information seeking:

1. When you need information about your physical health and well-being, where do you go first: (Choose up to 3)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Library | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Phone book | |
| <input type="checkbox"/> Family | <input type="checkbox"/> Personal Library | |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Support Groups | |
| <input type="checkbox"/> Internet | | |

2. When you need information about your mental health and well-being, where do you go first: (Choose up to 3)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Library | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Phone book | |
| <input type="checkbox"/> Family | <input type="checkbox"/> Personal Library | |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Support Groups | |
| <input type="checkbox"/> Internet | | |

3. When you need legal information about trans issues where do you go first: (Choose up to 3)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Library | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Phone book | |
| <input type="checkbox"/> Family | <input type="checkbox"/> Personal Library | |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Support Groups | |
| <input type="checkbox"/> Internet | | |

4. When you need advocacy/political information about trans issues where do you go first: (Choose up to 3)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Library | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Phone book | |
| <input type="checkbox"/> Family | <input type="checkbox"/> Personal Library | |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Support Groups | |
| <input type="checkbox"/> Internet | | |

5. When you need general information about trans issues where do you go first: (Choose up to 3)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Library | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Phone book | |
| <input type="checkbox"/> Family | <input type="checkbox"/> Personal Library | |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Support Groups | |
| <input type="checkbox"/> Internet | | |

