

# SEXUAL ORIENTATION AND GENDER IDENTITY ASSESSMENT IN LGBT REFUGEES AND ASYLEES

(Ahola and Shidlo, 2011)

|   | Timeline   |  |  |  | Change in status between arrival to U.S. and today  |
|---|--|--|--|--|---|
|   | In country of origin   | On arrival to U.S.   | 1 Year after arrival to U.S.   | Today  |   |
| <b>Attraction</b>   |  |  |  |  |   |
| To whom are you sexually attracted?   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when did the change start? (mo/yr): _____<br>Has the change become stable?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, when? (mo/yr): _____ |
| <b>Fantasies</b>  |  |  |  |  |   |
| About whom do you have sexual fantasies?                                    | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when did the change start? (mo/yr): _____<br>Has the change become stable?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, when? (mo/yr): _____ |
| <b>Behavior</b>   |  |  |  |  |   |
| With whom have you had sex?   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when did the change start? (mo/yr): _____<br>Has the change become stable?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, when? (mo/yr): _____ |
| <b>Emotional Preference</b>   |  |  |  |  |   |
| Whom do you fall in love with or have crushes on?                           | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Persons   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when did the change start? (mo/yr): _____<br>Has the change become stable?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, when? (mo/yr): _____ |
| <b>Community</b>  |  |  |  |  |   |
| With whom do you feel comfortable socializing?<br><br>Check all that apply. | <input type="checkbox"/> Lesbian(s)<br><input type="checkbox"/> Gay Men<br><input type="checkbox"/> Bisexual(s)<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Persons | <input type="checkbox"/> Lesbian(s)<br><input type="checkbox"/> Gay Men<br><input type="checkbox"/> Bisexual(s)<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Persons | <input type="checkbox"/> Lesbian(s)<br><input type="checkbox"/> Gay Men<br><input type="checkbox"/> Bisexual(s)<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Persons | <input type="checkbox"/> Lesbian(s)<br><input type="checkbox"/> Gay Men<br><input type="checkbox"/> Bisexual(s)<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Persons | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when did the change start? (mo/yr): _____<br>Has the change become stable?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, when? (mo/yr): _____ |

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| <b>Self Identification (Private)</b>  |   |   |   |   |   |
| How do you identify yourself (to yourself)?   | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when did the change start? (mo/yr): _____<br>Has the change become stable?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, when? (mo/yr): _____ |
| <b>Self Identification (To LGBT Persons)</b>  |   |   |   |   |   |
| How do you identify yourself to LGBT persons?   | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when did the change start? (mo/yr): _____<br>Has the change become stable?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, when? (mo/yr): _____ |
| <b>Self Identification (To Heterosexual Persons)</b>  |   |   |   |   |   |
| How do you identify yourself to heterosexual persons?   | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay Man<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Transgender Person | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when did the change start? (mo/yr): _____<br>Has the change become stable?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, when? (mo/yr): _____ |
| <p><b>Additional Comments: Some transgender persons may not identify as transgender, but rather only by their gender identity (i.e. female or male). Please indicate in this section if your transgender interviewee rejects the identity of transgender.</b></p> |   |   |   |   |   |

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_