

GEOGRAPHICAL SURVEY QUESTIONNAIRE

Date: 2-17-86

This form should be completed and returned to the Gender Identity Clinic,
University of Virginia Medical Center, Box 203, Charlottesville, VA 22908.

Name: Louis G. SULLIVAN Birthdate: 6-16-51 Age: 34

Marital Status: single Height: 5'6½" Weight: 127

Name on your birth certificate: SHEILA J. SULLIVAN

What other names have you used? none

What name are you using now? LOUIS G. SULLIVAN

Did you change your name legally? yes

Sex on your birth certificate: F

Where were you born? MILWAUKEE, WISCONSIN

What is your permanent mailing address? ██████████ PAGE STREET,
SAN FRANCISCO CA 94117

What is your permanent phone number? 415-██████████

What work are you doing? self-employed typesetter/word
processor and partner in small printing business

List jobs you have held for 1 year or longer:

Dept. Secretary, Dept. of Slavic Languages, Univ. of Wisc-Milw (1970-75)

Sales Secretary, Wilson Sporting Goods Company (1975-80)

Assoc. Engineering Technician, ARCO Oil and Gas Co. (1980-84)

Do you, at present have a medical doctor or psychiatrist? yes

If so, what sort of treatment is he or she giving you?

prescribing Depo-Testosterone injections

Have you had any surgery for sex change? yes If so, please give details, including any dissatisfactions:

*underwent bilateral simple mastectomy on July 15, 1980
had scar reduction surgery on chest October 1984*

Would you want surgical conversion? yes

For what other conditions have you been under a doctor's care? Please give details:

saw dermatologist for severe acne, took tetracycline for one year (1982)

Are you presently receiving hormone pills or injections? yes If so, please give details:

*self-administer 1cc Depo-Testosterone injection
once every two weeks*

Prior to any hormone treatment, were your sex organs normal in size, shape, and function? yes If no, please give details:

Have you had any psychiatric treatment? no Please give details (how long): *saw social worker in 1976 for about 8 months*

Have you ever been married or lived as if married? no If so, please give details (how long):

What sex was on the birth certificate of your marriage partner? —

Have you ever been the father (or mother) of children, your own or adopted? no If so, please give details:

Has your sexual problem ever created problems with authorities and/or the law? no If so, please give details:

Are you cross dressing at present? yes Constantly, Now and
again? Since when? At work, at home, socially? Please give details?

crossdressed as a man full-time 1973-76

crossdressed part-time 1976-1979

~~crossdressed as a man~~ fulltime 1979-present

Have you ever taken addictive drugs? no If so, what, when and for how long?

Which parent do (or did) you feel closest to? mother Would he (or she) be available to assist you during a period of surgical treatment? yes

If not a parent, who else would be your next of kin?

have 3 sisters who are eager to assist me

If not a family member, who would be available to assist you during a period of surgical treatment?

my business partner / roommate

What is your educational background?
Please give details:

high school graduate

completed some college courses in Wisconsin and Calif.

What is your present religion? _____

non-practicing Catholic

Have you ever changed your religion? no
Please explain: