



This document contains all the information needed for eligible participants to complete the English-language paper version of the **2019 Trans PULSE Canada Survey – FULL SURVEY**.

This document may be printed, completed, and mailed in, or you may call our toll-free line (1-844-972-6772) and request that a printed copy and return envelope be mailed to you.

### **Other versions of this survey exist.**

A short form version (approximately 10 minutes to complete) contains key questions for those not willing or able to complete this full survey (approximately 70 minutes to self-complete). Both the full survey and short form are available within our online survey in both English and French.

The online system includes options to click on audio for each question or response, as well as modifiable text size. It includes options to save your answers and complete in multiple sessions.

The online survey can be accessed here:

Survey in English: <https://is.gd/tpcenpub>

Survey in French: <https://is.gd/tpcfrpub>

In addition, we can arrange for you to do this survey via telephone with a language interpreter (in 98 different languages) or via video in ASL. If you are eligible and want to participate, we will do our best to find a way. Just call toll-free at 1-844-972-6772 or e-mail

[info@transpulsecanada.ca](mailto:info@transpulsecanada.ca).

### **To participate in this survey, you must be:**

1. Someone whose gender identity differs from the sex you were assigned at birth
2. Age 14 or older
3. Living in Canada

The survey end-date, as well as more information on this study, may be found on our website at <https://transpulsecanada.ca> .



## **Consent to Participate in a Research Study**

Version date: 25-June-2019

**This letter is yours to keep for future reference**

**Project Title:** Trans PULSE Canada: A National Study of Transgender Health

**Document Title:** Letter of Information and Consent

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### **1. Funder Information**

This study is funded by the Canadian Institutes for Health Research. The following organizations have provided in-kind contributions: Canadian Human Rights Commission, The 519 Community Centre, and Interim Place.

### **2. Invitation to Participate**

You are being invited to participate in this research study about the health and well-being of trans and non-binary people in Canada. We're asking you to participate because you: (1) are aged 14 or older, (2) live in Canada, and (3) identify as a gender different from the sex you were assigned at birth.

### **3. Why is this study being done?**

Right now we have no national data on the health and well-being of trans and non-binary people in Canada. This information will help us to see how health and access to care varies across the country. We will also look for inequalities between trans and non-binary participants and the broader Canadian population. Results from this study will also tell us more about how we can support the well-being of groups within the larger trans community: those who are Indigenous, racialized, sex workers, immigrants/refugees, rurally located, youth, elders, living with disabilities, and/or those who identify as gender non-binary. We will work alongside these communities to publish results that are meaningful, and useful for advocacy. We expect that up to 5000 people will participate in this survey.

### **4. How long will you be in this study?**

You will only participate in this study one time, when you complete your survey. You don't have to do the survey all in one sitting. If you need a break or extra time, you can save and come back later, as long as you finish by September 2, 2019.

### **5. What will happen during this study?**

If you decide to participate, we will confirm that you are eligible to participate by asking your age, whether you currently live in Canada, and whether you identify as a gender that does not match your sex assigned at birth.

### **6. What are the study procedures?**

If you decide you want to be in the study:

- 6.1. You will be asked to complete one survey. You can choose whether to complete the full survey (approximately 70 minutes) or a short-form (10 minutes).
- 6.2. You can complete the survey yourself online or on paper in English or French. You can also complete the survey with telephone or video call help from a study employee, with an interpreter for languages other than English or French, or with an augmentative or alternative communication device. In many cities, you can also complete the survey in-person with a trans and/or non-binary study staff member. To arrange another mode of participation, please contact our Project Coordinator (contact information at top of letter).
- 6.3. You can pause and re-start your online survey, take breaks in completing the paper survey, or schedule multiple appointments to complete the survey with assistance in smaller parts.
- 6.4. In the survey, we'll ask you some questions about who you are; how you're doing in terms of mental, physical, and sexual health; whether you are able to access health care, and what health care you'd like to access; whether you drink, smoke or use drugs; what types of discrimination, harassment, or

barriers you may have experienced; and your family and community experiences.

- 6.5. You can answer most questions using checkboxes, but you may be asked to write in answers for a few questions.
- 6.6. The survey answers you provide will be saved securely at Western University in London, Ontario, and will only be seen by members of the research team's Data Analysis Working Group.
- 6.7. After the survey, you will be asked whether you agree to be contacted about follow-up studies or future research opportunities. You can still participate in the survey if you don't agree to be contacted. If you don't agree, just complete the survey but not the contact form at the end.
- 6.8. If you do agree to be recontacted, you will be asked to provide your name and two of the following:
  - Email address
  - Phone number
  - Mailing address

If you don't want to provide your own contact information, you can provide the information of someone at an organization or institution that knows you. If you choose to provide contact information, it will be stored separately from your survey answers. Your contact information will only be seen by the Principal Investigators or Project Coordinator (those listed at the top of this letter) if they contact you about future research.

- 6.9. If you choose to provide contact information, it will be stored separately from your survey answers. Your contact information will only be seen by the Principal Investigators or Project Coordinator (those listed at the top of this letter) if they contact you about future research.

## **7. What are the risks and harms of participating in this study?**

We don't expect any harms or risks to you, except for potential discomfort when recalling negative experiences. If this happens, you can pause or stop your participation in the study. The study team is available to discuss your concerns and/or to refer you to appropriate resources. In the survey, we'll let you know when these questions are coming, and include contact information for organizations you can reach out to for support.

## **8. What are the benefits?**

This study will not help you directly but in the future it might help other trans and non-binary people.

## 9. Can participants choose to leave the study?

After your survey answers are entered into our database (either online by you, or by our study team), you will not be able to withdraw your information, as we may not be able to identify which survey answers are yours. If you give us your contact information at the end of the survey for future studies, but later would like to withdraw it, you can do this at any time. To withdraw your contact information, please contact the Project Coordinator or either of the Principal Investigators.

## 10. How will participants' information be kept confidential?

- 10.1 Records identifying you will be kept confidential and, to the extent permitted by the applicable laws, will not be disclosed or made publicly available, except as described in this consent document. Your survey responses will be collected or deposited in a secure online survey platform called REDCap. REDCap uses encryption technology to protect all data collected. The servers used to store your data are in a secure location at Western University in London, Ontario. If you choose to provide your contact information, your survey answers and your contact information will be stored separately, and linked only by a unique ID code which will be assigned to you by the study team. The master list linking your study ID and your contact information will only be seen by the Principal Investigators and the Project Coordinator. The Principal Investigators or Project coordinator may use your survey answers to determine whether you'd be eligible to participate in a future research study (e.g. among people in Saskatchewan). If your survey answers show that you may be eligible, and you agreed to be recontacted, the Principal Investigators or Project Coordinator would use the unique ID code to access your contact information and inform you of the opportunity to participate.
- 10.2 In the survey, you will be asked to provide your postal code (or alternatively the first half of your postal code, or the postal code of an institution where you live or receive mail). If you complete the survey online, REDCap will capture your IP address (a numeric label assigned to all internet-enabled devices), and referring website (the website that directed you to our survey, e.g. twitter.com). We will review this data once in Fall 2019 to make sure nobody completed the survey more than once or with malicious intent, then permanently delete it. We're asking your postal code so we can compare the health of trans people based on what type of area they live in (rural vs. urban) and how far from services they live. You will also be asked your age, which we will use to compare the health of older and younger trans and non-binary people, among other things. Only the Principal Investigators or Project Coordinator, or (if applicable) Peer Research Assistant filling out the survey with you will see your full postal code. Full postal code can identify a specific city block or single building, but we will convert your postal code into other, less identifiable measures (such as distance to clinics, or just the first three digits) before other members of the Data Analysis Working Group see the data. When data is transferred from Western University to the

universities of other Data Analysis Working Group members, it will be sent by courier on an encrypted USB stick, then stored securely, and digitally shredded after data analysis is completed.

- 10.3 No identifiable information or other survey answers will be shared outside of the study team's Data Analysis Working Group.
- 10.4 The researcher will keep your survey data on a secure server at Western University indefinitely. If you have provided contact information for future studies, an encrypted list linking your study ID and your contact information will be stored separately for 3 years following the end of data collection, after which it will be digitally shredded.
- 10.5 When the results of the study are published, your name will not be used, and only de-identified information will be made available. Your identity as a research participant in this project will not be released.
- 10.6 For some survey questions, you may be asked to provide write-in answers to describe a situation or experience. If we use these as quotes in publications, we will not publish information that could identify you. You can leave these questions blank, or participate in the study without agreeing to publication of your quotes by answering "No" to the following question at the end of this form: "I consent to the use of unidentified quotes obtained during the study in the dissemination of this research".
- 10.7 If you agree to be recontacted for follow-up or additional studies, the Principal Investigators or Project Coordinator may contact you any time until September of 2022 about opportunities to participate in other research. We will only contact you about studies that have been approved by a Research Ethics Board and our Steering Committee. The Steering Committee, which passes decisions with a 50% + 1 majority of trans or non-binary people, will approve studies based on their assessment of the strength of the research objectives and methods, alignment with the values and objectives of Trans PULSE Canada, potential benefits and harms to participants, and other criteria.

## **11. Are participants compensated to be in this study?**

You will not be compensated for your participation in this research.

## **12. What are the rights of participants?**

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on the health care or social services that you may receive.

You do not waive any legal right by consenting to this study, nor does this form relieve the researcher or their agents of their legal and professional responsibilities.

If you are a First Nations or an Indigenous person who has contact with spiritual Elders, you may want to talk to them before you make a decision about this research study.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics at (519) 661-3036, 1-844-720-9816, email: [ethics@uwo.ca](mailto:ethics@uwo.ca). This office oversees the ethical conduct of research studies and are not part of the study team. Everything that you discuss will be kept confidential.

In order to monitor the conduct of the research, representatives of Western University's Non-Medical Research Ethics Board may require access to your study-related records.

### **13. How can I see the results of the study?**

We will publish all study results on [www.transpulsecanada.ca](http://www.transpulsecanada.ca). Starting in Fall 2019, you can visit our website to see reports and announcements.

### **14. Whom do participants contact for questions?**

You can ask questions at any time, now or later. You can talk to the Project Coordinator (Siobhan Churchill: 519-661-2111 Ext. 86260), Dr. Bauer (519-661-2111 Ext. 86262), or Dr. Scheim (416-864-6060, Ext. 77581) any time you want to.

**You indicate your voluntary agreement to participate by responding to the survey.**

**I consent to the use of unidentified quotes obtained during the study in the dissemination of this research**

- Yes**
- No**





## 2019 Survey – English – Paper Version

### Section A.

Welcome to the survey! These first questions are meant to give you a chance to tell us some basic information about yourself.

A1. How old are you?

\_\_\_\_\_ years old

A2. How do you self-identify in terms of ethno-racial background?

Unsure

A3. Which of the following reflect your ethno-racial background? **(Please check all that apply)**

- Black African (e.g. Ghana, Kenya, Somalia)
- Black Canadian or African-American
- Black Caribbean (e.g., Jamaica, Haiti)
- East Asian (e.g. China, Japan, Korea, Taiwan)
- Indigenous (e.g. First Nations, Metis, Inuit, Native American)
- Indo-Caribbean (e.g. Guyanese with origins in India)
- Jewish
- Latin American (e.g. Argentina, Mexico, Nicaragua)
- Middle Eastern (e.g. Egypt, Iran, Israel, Saudi Arabia)
- South Asian (e.g. India, Sri Lanka, Pakistan)
- South East Asian (e.g. Vietnam, Malaysia, Philippines)
- White Canadian or White American
- White European (e.g. England, Greece, Sweden, Russia)
- Other, please specify: \_\_\_\_\_

Please answer the next question only if you selected "Indigenous" above. Otherwise, please skip to question A4.

A3a. Are you...? **(Please check all that apply)**

- First Nations (status)
- First Nations (non-status)
- Métis
- Inuk
- Indigenous from Canada, don't know which group
- Indigenous from another country
  
- Unsure

A4. Do you identify as a person of colour?

- Yes
- No

A5. Are you perceived or treated as a person of colour in Canada?

- Yes
- No

A6. What is the language that you first learned at home in childhood and still understand?

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A7. What languages do you speak most often at home?

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A8. What country were you born in?

- Canada
- Outside of Canada, please specify country: \_\_\_\_\_ → Skip to A9
- Unsure → Skip to A9

A8a. What province or territory is your birth certificate from?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Northwest Territories
- Nunavut
- Yukon
- Unsure

A9. What province or territory do you currently live in?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Northwest Territories
- Nunavut
- Yukon

A10. Have you been living in your current province/territory for the past 12 months?

- Yes
- No

- A11. What is the postal code where you live or get mail?
- My postal code is: \_\_\_\_\_
  - I don't know my postal code
  - I would rather not share my full postal code. The first three digits are: \_\_\_\_\_
- A12. Do you hold citizenship in any countries other than Canada?
- Yes, please specify the country: \_\_\_\_\_
  - No
- A13. What is your current status in Canada? **(Please check all that apply)**
- Canadian citizen
  - Permanent resident or landed immigrant
  - Visitor
  - Student (study permit, student work permit)
  - Work permit (skilled worker, temporary foreign worker, caregiver, working holiday)
  - Business immigrant (start up visa, investor, entrepreneur, self-employed)
  - Sponsored by family member
  - Refugee or protected person
  - Asylum or refugee claimant
  - Pending Status – Judicial review or pre-removal risk assessment
  - Admission on humanitarian and compassionate grounds
  - Undocumented person – irregular migrant, non-status, etc.
  - Other, please specify: \_\_\_\_\_
  - Unsure
- A14. What is the highest level of formal education you have completed?
- Some high school, no diploma or GED
  - GED
  - High school graduate
  - Some CÉGEP, no diploma
  - CÉGEP graduate
  - Some college or trade school, no degree
  - College or trade school graduate
  - Some university, no degree
  - Bachelor's degree
  - Some graduate work, no degree
  - Master's degree (e.g. MA, MS, MBA)
  - Doctoral or professional degree (e.g. PhD, MD, JD)

A15. Are you currently enrolled as a student?

- Yes, full-time
- Yes, part-time
- No

A16. When you were a child, what was the religion or faith practice of your family?  
**(Please check all that apply)**

- Agnostic
- Anabaptist (e.g. Amish, Hutterite, Mennonite)
- Anglican
- Atheist
- Bahá'í
- Buddhist
- Catholic
- Hindu
- Indigenous Spirituality
- Jewish
- Muslim
- Protestant Christian (e.g. United, Anglican, Baptist)
- Sikh
- Unitarian
- No religion
- Other, please specify: \_\_\_\_\_

A17. How religious or faith-based was your upbringing?

Not at all religious <input type="radio"/>	Slightly religious <input type="radio"/>	Somewhat religious <input type="radio"/>	Pretty religious <input type="radio"/>	Very religious <input type="radio"/>
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A18. Right now, how religious or spiritual are you?

Not at all religious <input type="radio"/>	Slightly religious <input type="radio"/>	Somewhat religious <input type="radio"/>	Pretty religious <input type="radio"/>	Very religious <input type="radio"/>
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A19. What is your sexual orientation? **(Please check all that apply)**

- Asexual
- Bisexual
- Gay
- Lesbian
- Pansexual
- Queer
- Straight or Heterosexual
- Two-Spirit
- Not sure or questioning
- Other, please specify: \_\_\_\_\_
- Unsure

A20. Are you sexually and/or romantically attracted to...? **(Please check all that apply)**

- Trans men
- Cis (non-trans) men
- Trans women
- Cis (non-trans) women
- Non-binary people (assigned female at birth)
- Non-binary people (assigned male at birth)
- All of the above
- None of the above
- Other, please specify: \_\_\_\_\_
- Unsure

**Please answer the next five questions if you are age 16 or older. Otherwise, please skip to A26.**

Next we are going to ask a few questions about your income. Although a lot of health costs are covered by health insurance, there is still a relationship between our health and our incomes. Please know that, like all other information you have provided, these answers will be kept confidential.

We recognize that, as a community, we work in all types of fields. When we talk about work and income, we are talking about *all* types of income-generating activity, both formal and informal employment. This includes work from public speaking to sex work to child care.

A21. What is your best estimate of the total income from all members living in your household including yourself, before taxes and deductions, from all sources in in 2018? (include any money your household received from any person or organization). By household members, we mean people with whom you share income and resources, or who share income and resources with you.

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$30,000
- \$30,000 to less than \$40,000
- \$40,000 to less than \$50,000
- \$50,000 to less than \$60,000
- \$60,000 to less than \$80,000
- \$80,000 to less than \$100,000
- \$100,000 to less than \$150,000
- \$150,000 or more
- Unsure

A22. Including yourself, how many people in Canada were being supported on this income?  
\_\_\_\_\_ people

A23. How many people outside of Canada were being supported on this income?  
\_\_\_\_\_ people

A24. What is your best estimate of your total personal income, before taxes and other deductions from all sources in 2018? (include any money you received from any person or organization)

- I don't have a personal income
- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$30,000
- \$30,000 to less than \$40,000
- \$40,000 to less than \$50,000
- \$50,000 to less than \$60,000
- \$60,000 to less than \$80,000
- \$80,000 to less than \$100,000
- \$100,000 to less than \$150,000
- \$150,000 or more
- Unsure

A25. In the past 12 months, did you receive any income from the following sources? **(Please check all that apply)**

- Public social assistance or welfare
- Public disability support
- I did not receive income from either of these sources

The next few questions are about disabilities. We acknowledge that disability is a very broad category that can include many realities and experiences. Some people who might be labelled under disability categories might not identify as living with a disability.

A26. Do you self-identify as someone who currently lives with the following realities or conditions? **(Please check all that apply)**

- Autistic
- Blind
- Crip
- Deaf
- Disabled or living with a disability (including episodic disability)
- Chronic pain
- Neurodivergent
- Psychiatric survivor, mad, or person with mental illness
- Another identity related to body/mind differences: \_\_\_\_\_
- None of the above

A27. Have you been diagnosed with any of the following? **(Please check all that apply)**

- Acquired brain injury
- Autism or Asperger's
- Chronic Illness
- Chronic pain condition
- Intellectual or developmental disability
- Intermittent or episodic illness or condition
- Learning disability
- Mobility or physical disability
- Vision impairment
- Mental health condition
- Any other form of disability or impairment: \_\_\_\_\_
- None of the above



Please answer the next three questions if you selected any identity or diagnosis related to disabilities in the previous two questions. Otherwise, please skip to A31.

A28. Would you say that your disability is...

- Visible or apparent all the time
- Visible or apparent some of the time
- Non-visible or non-apparent

A29. How would you describe your sense of belonging in disability spaces, either online or in person?

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak
- I don't have access to disability spaces
- I'm not interested in accessing disability spaces

A30. Have you ever been discriminated against, or excluded from trans or non-binary community on the basis of a disability?

- Yes
- No

A31. The next few questions are about whether you have to hide or minimize parts of who you are. **Depending on where I am or who I'm with, I need to...**

Change my language, dialect, or accent

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
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Avoid talking about my religion or spirituality

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
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Use a different name or pronoun

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
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**Depending on where I am or who I'm with, I need to...**

Hide or minimize my disability

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
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Make my clothing or gender expression more conventional

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
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Avoid talking about my cultural background or race/ethnicity

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
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Hide or avoid expressing my sexual orientation

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
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Hide or minimize my chronic mental or physical health issues

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
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Avoid talking about my immigration history or nationality

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
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Avoid talking about my source of income

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
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## **Section B.**

The next questions are about sex and gender. Some of these questions in our survey are from our study team, and some are questions used by others (such as Statistics Canada) which we want to evaluate, or compare with existing Canadian data. The response categories might not be a perfect fit for you, which is why we also want to know how you self-identify – and we'll ask that too!

B1. What term(s) do you use to describe your gender?

\_\_\_\_\_

B2. What sex were you assigned at birth, meaning on your original birth certificate?

Note: If you choose not to answer this question, you will not receive later questions about surgeries, health screening, or gender dysphoria related to body parts.

- Male
- Female

B3. Were you born with, or developed naturally in puberty, sex characteristics that do not fit standard definitions of male or female?

- Yes
- No
- Unsure

B4. Have you been diagnosed with a medically-recognized intersex condition?

- Yes
- No
- Unsure

B5. If you had to select ONE response that best describes your current gender identity for the purposes of a survey, what would it be?

- Man or boy
- Woman or girl
- Indigenous or other cultural gender identity (e.g., two-spirit)
- Non-binary, genderqueer, agender, or a similar identity

B6. What gender do you currently live as in your day-to-day life? **(Please check only one)**

- Man or boy
- Woman or girl
- Sometimes man/boy, sometimes woman/girl
- Non-binary, genderqueer, agender, or similar

B7. If your answer to question B6 is different than your sex assigned at birth, then at what age did you begin living in your true gender?

\_\_\_\_\_ years old

- Not applicable

B8. About how old were you when you first realized that you were trans or non-binary (even if you didn't have a word for it)?

\_\_\_\_\_ years old

- Unsure

B9. In general, how do you see yourself? Please answer on both scales below:

	Not at all				Very
Feminine	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Masculine	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

B10. In general, how do you think most people see you? Please answer on both scales below:

	Not at all				Very
Feminine	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Masculine	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

Next we are going to ask you about different ways that you may experience your gender. One's gender can lead to both positive and negative experiences, so we have them both.

B11/12. To what extent do you agree with the following statements?

Being trans or non-binary is one of the cool things about me

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
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I feel a sense of accomplishment and pride being able to express myself as my gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
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I enjoy going out in public and doing social activities because I can express myself as my gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
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I feel validated when strangers in public treat me like my gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
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I feel confident trying new and different clothes that express my gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
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I feel happy that society sees me on the outside for who I am on the inside

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I am relieved I don't have to work as hard as I used to for people to see me as my gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I feel confident in my body

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I feel attractive

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I feel comfortable in my body

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I feel like my body fits with the real me

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

Things about my body that used to bother me don't bother me as much anymore

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I wish I had been born in a different body

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I avoid social situations or activities because I can't express myself in my gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I feel hurt if someone calls me the wrong gender (using the wrong pronouns / name / language)

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I enjoy dressing myself in ways that express my gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I feel that society doesn't accept or embrace me in my gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I worry that people will always treat me as the wrong gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I dislike seeing my naked body

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I feel like I can't trust what my body might do as I get older

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I dislike my voice because I feel that it doesn't match my gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

Please answer the B13 questions below if your sex assigned at birth was male. Otherwise, please skip to B14.

B13. To what extent do you agree with the following statements?

When people treat me like the wrong gender or expect me to behave like a boy/man I feel hurt

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I feel unhappy because I have a masculine body

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I worry that I might always have a masculine body

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I dislike peeing standing up

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>	Not applicable <input type="radio"/>
--	--	----------------------------------	---	---	---

I dislike having a penis or erections because it makes me feel like I'm not my true gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>	Not applicable <input type="radio"/>
--	--	----------------------------------	---	---	---

I dislike having facial hair because it makes me feel like I'm not my true gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>	Not applicable <input type="radio"/>
--	--	----------------------------------	---	---	---



Please answer the B14 questions below if your sex assigned at birth was female. Otherwise, please skip to B15.

B14. To what extent do you agree with the following statements?

When people treat me like the wrong gender or expect me to behave like a girl/woman I feel hurt

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I feel unhappy because I have a feminine body

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I worry that I might always have a feminine body

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I dislike peeing sitting down

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

I dislike having a vagina or period because it makes me feel like I'm not my true gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>	Not applicable <input type="radio"/>
--	--	----------------------------------	---	---	---

I dislike having breasts because they make me feel like I'm not my true gender

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>	Not applicable <input type="radio"/>
--	--	----------------------------------	---	---	---

B15. How would you describe your sense of belonging in trans spaces in person?

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak
- I don't have access to trans spaces in person
- I am not interested in accessing trans spaces in person

B16. How would you describe your sense of belonging in trans spaces online?

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak
- I don't have access to trans spaces online
- I am not interested in accessing trans spaces online

B17. How would you describe your sense of belonging in non-binary spaces in person?

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak
- I don't have access to non-binary spaces in person
- I am not interested in accessing non-binary spaces in person

B18. How would you describe your sense of belonging in non-binary spaces online?

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak
- I don't have access to non-binary spaces online
- I am not interested in accessing non-binary spaces in person

B19. How comfortable are you with the word "transgender" being used to describe you?

Very <input type="radio"/>	Mostly <input type="radio"/>	Somewhat <input type="radio"/>	Not at all <input type="radio"/>
-------------------------------	---------------------------------	-----------------------------------	-------------------------------------

B20. How comfortable are you with the word “trans” being used to describe you?

Never <input type="radio"/>	Sometimes <input type="radio"/>	Most of the time <input type="radio"/>	Always <input type="radio"/>
--------------------------------	------------------------------------	---	---------------------------------

B21. How many people in each group below know you are trans or non-binary?

Immediate family (parents, caregivers, siblings)

All <input type="radio"/>	Most <input type="radio"/>	Some <input type="radio"/>	None <input type="radio"/>	Not applicable <input type="radio"/>
------------------------------	-------------------------------	-------------------------------	-------------------------------	---

Extended family (grandparents, cousins, aunts, uncles)

All <input type="radio"/>	Most <input type="radio"/>	Some <input type="radio"/>	None <input type="radio"/>	Not applicable <input type="radio"/>
------------------------------	-------------------------------	-------------------------------	-------------------------------	---

Lesbian, gay, bisexual, or trans (LGBT) friends

All <input type="radio"/>	Most <input type="radio"/>	Some <input type="radio"/>	None <input type="radio"/>	Not applicable <input type="radio"/>
------------------------------	-------------------------------	-------------------------------	-------------------------------	---

Straight, non-trans (non-LGBT) friends

All <input type="radio"/>	Most <input type="radio"/>	Some <input type="radio"/>	None <input type="radio"/>	Not applicable <input type="radio"/>
------------------------------	-------------------------------	-------------------------------	-------------------------------	---

Current boss / manager / supervisor

All <input type="radio"/>	Most <input type="radio"/>	Some <input type="radio"/>	None <input type="radio"/>	Not applicable <input type="radio"/>
------------------------------	-------------------------------	-------------------------------	-------------------------------	---

Current coworkers

All <input type="radio"/>	Most <input type="radio"/>	Some <input type="radio"/>	None <input type="radio"/>	Not applicable <input type="radio"/>
------------------------------	-------------------------------	-------------------------------	-------------------------------	---

Current classmates

All <input type="radio"/>	Most <input type="radio"/>	Some <input type="radio"/>	None <input type="radio"/>	Not applicable <input type="radio"/>
------------------------------	-------------------------------	-------------------------------	-------------------------------	---

- B22. How often do cisgender (non-trans) people you encounter know you are trans or non-binary without being told?
- All the time
  - Most of the time
  - Half the time
  - Less than half the time
  - Never

In the next few questions, we'll ask about how your name and pronouns may reflect your gender. By "reflect your gender," we just mean something that fits with your gender or agender in a way that feels good to you.

- B23. Have you asked people in your life to use a different pronoun that better reflects your gender?
- Yes, everyone
  - Yes, some people
  - No, don't need to change my pronoun → Skip to B24
  - No, I haven't asked → Skip to B24

B23a. In your day-to-day life, which pronouns do you ask people to use?  
**(Please check all that apply)**

- She/her
- He/him
- They/them
- Ze/zir
- Other, specify: \_\_\_\_\_

- B24. Have you asked people in your life to call you by a different name that better reflects your gender?
- Yes, everyone
  - Yes, some people
  - No, don't need to change my name
  - No, I have not asked

B25. In general, how often do people misgender you by using incorrect names, pronouns, or gendered language?

- Every day
- Every week
- Every month
- Every year
- Never → Skip to B26

B25a. When people misgender you, how often do you correct them?

- All the time
- Most of the time
- Half the time
- Less than half the time
- Never

B25b. In general, when people misgender you, do you feel...

- Very upset
- Quite upset
- Neutral
- Not that upset
- Not upset at all

B26. Have you legally changed your name to reflect your gender?

- Yes → Skip to B27
- No

B26a. Do you want to?

- Yes
- No
- Unsure

B27. For the following forms of legal identification, are you listed as “male”, “female”, “X”, or with no gender marker?

	Male	Female	X	No gender marker	I don't have this
Driver's license	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (non-Canadian) birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (non-Canadian) passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certificate of Indian status card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian citizenship card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian permanent resident card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian armed forces card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial photo ID card (non-driver's licence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B28. For the following forms of legal identification, how would you prefer to be listed?

	Male	Female	X	No gender marker	Something else	I don't have this
Driver's license	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (non-Canadian) birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (non-Canadian) passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certificate of Indian status card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian citizenship card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian permanent resident card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian armed forces card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial photo ID card (non-driver's licence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Only answer the question below if you selected “something else” for at least one identity document in the questions above. Otherwise, please skip to the next question.

B28a. You indicated that you'd prefer to be listed as something other than male, female, X, and no gender marker. How would you prefer to be listed?

\_\_\_\_\_

Statistics Canada regularly conducts national surveys, like the Canadian Community Health Study, or the General Social Survey. They're testing out new questions to measure sex and gender. We're asking you these questions now so that we can (a) evaluate their quality, and (b) better understand data from Statistics Canada.

B29. Would you agree to participate in a Statistics Canada survey?

- Yes
- No

Please answer the next two questions as you would if you were filling out a Statistics Canada survey.

B30. **What was your sex at birth?**

*Sex refers to sex assigned at birth.*

- Male
- Female

B31. **What is your gender?**

*Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.*

- Male
- Female
- Or please specify: \_\_\_\_\_

B32. If you were more comfortable participating in a Statistics Canada survey, would your answers to B30 or B31 change?

- Yes
- No → **Skip to Section C**

Please answer the next two questions as you would if you were more comfortable filling out a Statistics Canada survey.

B33. **What was your sex at birth?**

*Sex refers to sex assigned at birth.*

- Male
- Female

B34. **What is your gender?**

*Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.*

- Male
- Female
- Or please specify: \_\_\_\_\_

## Section C.

Please complete Section C if you identify as Indigenous. Otherwise, please skip right to Section D on page 30.

C1. Are you a part of an Indigenous community?

- Yes
- No → Skip to C5

C1a. How do you define your Indigenous community?

C1b. Are you a part of an Indigenous community that's welcoming of you as a trans, non-binary, gender diverse or two-spirit person? This community could be in-person or online

- Yes
- No

C1c. Do you think that your Indigenous community is becoming more accepting of trans, non-binary, gender diverse or two-spirit people?

- Yes
- No → Skip to C1e

C1d. Can you share some examples of how your Indigenous community is becoming more accepting of trans, non-binary, gender diverse or two-spirit people?



C1e. What could your Indigenous community do to be more accepting of trans, non-binary, gender diverse or two-spirit people?

C2. What are the main strengths of your community?

C3. What are the main challenges your community is currently facing?

C4. Does your Indigenous community practices traditional ceremonies? By “ceremonies” we mean prayer, sweat lodge, drumming, dancing, or others.

- Yes
- No → Skip to C5

C4a. Has your community acknowledged you with any traditional ceremonial roles?

- Yes
- No → Skip to C5

C4b. Which role(s)? **(Please check all that apply)**

- Elder
- Healer
- Knowledge keeper
- Helper
- Drummer/Singer
- Firekeeper
- Other(s), specify: \_\_\_\_\_

C5. Do you participate in traditional Indigenous ceremonies?

- Yes
- No → Skip to C5b

C5a. Which traditional Indigenous ceremonies do you participate in?

C5b. Do you want to participate in traditional Indigenous ceremonies?

- Yes
- No

C6. Have you experienced challenges in trying to access traditional Indigenous ceremonies?

- Yes
- No, I have not tried to access them → Skip to C7
- No, I have not had challenges accessing them → Skip to C7

C6a. Have you experienced any of the following challenges while trying to access traditional Indigenous ceremonies? **(Please check all that apply)**

- Not welcoming of trans, non-binary, gender diverse, or two-spirit people
- My ceremonial role wasn't acknowledged
- Was asked to dress in ways I wasn't comfortable with
- Fear of being outed
- Fear of being excluded
- Don't have an Indigenous community
- Other(s), specify: \_\_\_\_\_

C7. Can you share some ideas of how communities can make traditional Indigenous ceremonies more accessible for trans, non-binary, gender diverse, or two-spirit people?

The next questions are about Indigenous culture, however you define it.

C8. Please tell us how **you** define 'Indigenous culture' and then answer the following questions.

Unsure

I feel proud of being an Indigenous person

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
---	--	------------------------------------	--	--------------------------------

I feel like I know my culture and traditions

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
---	--	------------------------------------	--	--------------------------------

My culture is important to my sense of identity

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
---	--	------------------------------------	--	--------------------------------

I feel connected to my culture

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
---	--	------------------------------------	--	--------------------------------

The next questions are about spirituality. By “spirituality” we mean however you might think of a divine or sacred being. Some call this Creator, others call it God, or Allah, or Great Spirit. However you refer to a greater power is what we mean by spirituality.

C9. Please tell us how **you** define spirituality and then answer the following questions.

Unsure

I feel connected to my spirituality

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
--	---	------------------------------------	---	--------------------------------

I find strength in my connection to my spirituality

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
--	---	------------------------------------	---	--------------------------------

I pray

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
--	---	------------------------------------	---	--------------------------------

I participate in ceremonies or spiritual activities

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
--	---	------------------------------------	---	--------------------------------

I want to learn more about the spiritual practices of my people

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
--	---	------------------------------------	---	--------------------------------

The next questions are about nature. By “nature” we mean anything that comes from the earth, including all aspects of the natural world: the earth, the sky, water, trees, animals, etc. This might mean growing a plant in your house or backyard, walking through a city park, or spending time on the land.

C10. Please answer the following questions about nature:

I feel connected to nature

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
--	---	------------------------------------	---	--------------------------------

Connecting with nature makes me feel good about myself

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
--	---	------------------------------------	---	--------------------------------

I treat nature with respect

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
--	---	------------------------------------	---	--------------------------------

I believe that mistreating nature is the same thing as mistreating myself

All of the time <input type="radio"/>	Most of the time <input type="radio"/>	Sometimes <input type="radio"/>	Not very often <input type="radio"/>	Never <input type="radio"/>
--	---	------------------------------------	---	--------------------------------

C11. Do you use traditional Indigenous medicines or healers to maintain your health and well-being?

- Yes
- No → Skip to C12

C11a. For which aspects of your health and well-being do you use traditional Indigenous medicines or healers? **(Please check all that apply)**

- Physical health
- Mental health
- Emotional health
- Spiritual health
- Specific health condition, please specify: \_\_\_\_\_
- All of the above

C11b. Which traditional Indigenous healing methods do you use?

C12. Are you eligible for health services through the Non-Insured Health Benefits Program provided to status First Nations people through Health Canada (i.e., a Status card)?

- Yes
- No → **Skip to Section D**
- Unsure

C13. The Non-Insured Health Benefits Program (NIHB) offers coverage for travel and accommodations to receive gender-affirming surgery, as well as items like binders, packers, bra inserts, and stand-to-pee devices. Before today, did you know this?

- Yes
- No

C14. Have you ever tried to access any of the following services/benefits through NIHB and not been able to? **(Please check all that apply)**

- Transportation to have gender-affirming surgery
- Meals and lodging while travelling to have gender-affirming surgery
- Binders, gaffs, packers, bra inserts, or stand-to-pee devices
- None of the above

## **Section D.**

Please complete Section D if you were born outside of Canada. Otherwise, please skip right to Section E on page 34.

D1. How long have you been living in Canada?

\_\_\_\_\_ years, and \_\_\_\_\_ months

D2. When you first came to Canada to live, which province or territory did you immigrate to?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Northwest Territories
- Nunavut
- Yukon

Please answer the next question if you first immigrated to Quebec. Otherwise, please skip to the next question.

D2a. When you immigrated to Quebec, did you go through Quebec's immigration process? (i.e. application for a Quebec Selection Certificate / Certificat de Sélection du Québec)

- Yes
- No
- Unsure

D3. What were your reason(s)/your family's reason(s) for immigrating to Canada? **(Please check all that apply)**

- Employment / labour / business opportunities
- Education or training opportunities
- Living conditions
- Gender-affirming health care for me
- Other health care for me
- Health care for a member of my family
- Lifestyle change or for enjoyment
- Escape socio-political conditions in home country: political persecution
- Persecution as a trans or non-binary person
- Persecution based on sexual orientation
- Religious persecution
- Conditions of war, slavery, or forced labour
- Domestic violence / intimate partner violence
- Family reasons
- Visitor/tourist
- Other, please specify: \_\_\_\_\_
- Unsure

D4. Have you ever tried to get updated official documents (e.g. birth certificates, passports) in your current name or gender?

- Yes, from my home country
- Yes, within Canada
- No → **Skip to D5**

D4a. Were you unable to get any of those documents?

- Yes, from my home country
- Yes, within Canada
- No

D5. Have you ever been denied access to immigration and settlement services in Canada?

- Yes
- No → **Skip to D6**

D5a. Do you think this happened because you're trans or non-binary?

- Yes
- No



D6. Has your family ever experienced violence or threats because you're trans or non-binary? **(Please check all that apply)**

- Yes, in my home country
- Yes, in Canada
- No

D7. In your first 12 months since coming to live in Canada, did you access any of the following services? **(Please check all that apply)**

- Immigration lawyer or consultant
- Immigrant and settlement organization
- Language training (e.g. Language Instruction for Newcomers LINC, ESL, FSL)
- School (other than language training)
- LGBTQ organization
- LGBTQ immigrant and settlement organization
- Organization or community group from your country of origin
- Faith-based organization
- None of the above

Please complete the rest of Section D only if you indicated accessing any service in the question above (D7). Otherwise, please skip to Section E on page 36.

D8. Please indicate how much you agree with the following statements:

The immigration lawyer or consultant met my needs both as a trans or non-binary person, and as a newcomer.

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

The immigrant and resettlement organization(s) met my needs both as a trans or non-binary person, and as a newcomer.

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

The language training that I received met my needs both as a trans or non-binary person, and as a newcomer.

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

The school that I attended met my needs both as a trans or non-binary person, and as a newcomer.

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

The LGBTQ organization(s) met my needs both as a trans or non-binary person, and as a newcomer.

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

The LGBTQ immigrant and settlement organization(s) met my needs both as a trans or non-binary person, and as a newcomer.

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

The organization(s) or community group(s) from my country of origin met my needs both as a trans or non-binary person, and as a newcomer.

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

The faith-based organization(s) met my needs both as a trans or non-binary person, and as a newcomer.

Disagree completely <input type="radio"/>	Disagree somewhat <input type="radio"/>	Neutral <input type="radio"/>	Agree somewhat <input type="radio"/>	Agree completely <input type="radio"/>
--	--	----------------------------------	---	---

## **Section E.**

E1. To start, in general, would you say your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

The next two questions ask about the level of pain or discomfort you usually experience. They are not about illnesses like colds that affect you for short periods of time.

E2. Are you usually free of pain or discomfort?

- Yes → Skip to E3
- No

E2a. How would you describe the usual intensity of your pain or discomfort?

- Mild
- Moderate
- Severe

E3. Have you ever been diagnosed with the following health conditions? If yes, please include your age at first diagnosis.

	No	Yes	Age at first diagnosis:
Cancer	<input type="radio"/>	<input type="radio"/> →	
Heart attack	<input type="radio"/>	<input type="radio"/> →	
High blood pressure	<input type="radio"/>	<input type="radio"/> →	
High cholesterol	<input type="radio"/>	<input type="radio"/> →	
Pulmonary embolism (blood clot in the lung)	<input type="radio"/>	<input type="radio"/> →	
Sleep apnea (stop breathing during sleep)	<input type="radio"/>	<input type="radio"/> →	
Stroke	<input type="radio"/>	<input type="radio"/> →	
Venous thrombosis (blood clot in the leg)	<input type="radio"/>	<input type="radio"/> →	

Please answer the next question if you have been diagnosed with cancer. Otherwise, please skip to E5.

E4. Which of the following types of cancer have you been diagnosed with?  
**(Please check all that apply)**

- Skin cancer
- Lung cancer
- Breast cancer
- Colorectal cancer
- Prostate cancer
- Other(s), please specify: \_\_\_\_\_

Please answer the next two questions if you have been diagnosed with sleep apnea. Otherwise, please skip to E7.

The next two questions are about your height and weight, and will only be used in one planned analysis on sleep apnea.

E5. What is your height?

\_\_\_\_\_ feet and \_\_\_\_\_ inches, OR  
\_\_\_\_\_ centimetres

E6. What is your current weight?

\_\_\_\_\_ pounds, OR  
\_\_\_\_\_ kilograms

E7. Have you ever donated blood before?

- Yes
- No

E8. Are you interested in donating blood in the future? (Whether or not you are currently eligible to donate)

- Yes
- No

## Section F.

In the next few sections, we would like to learn about your experiences with finding competent and respectful health care and social services.

We will start with primary care, which is the type of general health care provided by a family doctor or nurse practitioner.

- F1. Do you currently have a primary health care provider? By this, we mean a family doctor or nurse practitioner that you can see for general health concerns.
- Yes, a family doctor
  - Yes, a nurse practitioner
  - No, I receive primary health care at a walk-in clinic → Skip to F6
  - No, I am not able to access primary care → Skip to F6
- F1a. Have you seen your primary health care provider in the past 12 months?
- Yes
  - No → Skip to F3
- F1b. While living in your current province/territory, how far did you travel to get to your most recent primary health care appointment?
- Within my city, town or township
  - To another city or town in your current province/territory  
→ How long did it take you to get there? \_\_\_ hours and \_\_\_ minutes
  - To another province
  - I have not received primary health care while living my your current province/territory
- F1c. In the past 12 months, have you travelled outside of your city, town, or township to see a primary health care provider who is known to be gender-affirming?
- Yes
  - No
- F1d. Does your current primary health care provider know about your trans or non-binary identity or experience?
- Yes
  - No

F1e. How comfortable are you discussing your trans status and trans or non-binary specific health care needs with your primary health care provider?

- Very
- Mostly
- Somewhat
- Not at all

F1f. How knowledgeable is your primary health care provider about trans or non-binary specific health care needs?

- Very
- Mostly
- Somewhat
- Not at all

F2. In the past 12 months, has a primary health care provider ...?

**(Please check all that apply)**

- Used forms with options that were inclusive of you as a trans or non-binary person
- Thought the name or gender listed on your ID or forms was a mistake
- Asked about your name or pronouns
- Used your correct name, pronouns, or gendered language
- Repeatedly misgendered you by using the wrong name, pronouns, or gendered language
- Used hurtful or insulting language about trans or non-binary identity or experience
- Belittled or ridiculed you for being trans or non-binary
- Refused to see you or ended care because you were trans or non-binary
- Was open to discussing trans or non-binary related health concerns
- Refused to discuss trans or non-binary related health concerns
- Advocated for you as a trans or non-binary person to others
- Told you that you were not really trans or non-binary
- Discouraged you from exploring your gender
- Demonstrated knowledge of trans or non-binary related health concerns
- Told you they didn't know enough about trans or non-binary related care to provide it
- Needed you to educate them regarding your needs as a trans or non-binary person
- Took steps to make physical exams more comfortable for you as a trans or non-binary person
- Refused to examine parts of your body because you're trans or non-binary
- Insisted on examining parts of your body that were not relevant to your care

Next we'll ask some questions about cancer screening.

Please answer the next three questions if you are age 25 to 69 and were assigned female at birth. Otherwise, please skip to F4.

F3. Do you have a cervix?

- Yes
- No → Skip to F4
- Unsure → Skip to F4

F3a. Have you ever had a PAP smear test?

- Yes
- No → Skip to F4
- Unsure → Skip to F4

F3b. When was the last time?

- Less than 3 years ago
- More than 3 years ago

Please answer the next two questions if you are age 50 or older. Otherwise, please skip to F5.

F4. Have you ever had a mammogram, that is, an X-ray of breast/chest tissue?

- Yes
- No → Skip to F5
- Unsure → Skip to F5

F4a. When was the last time?

- Less than 3 years ago
- More than 3 years ago

Please answer the next two questions if you are age 50 to 74. Otherwise, please skip to F6.

F5. An FOBT is a test to check for blood in your stool, where you have a bowel movement and use a stick to smear a small sample on a special card. Have you ever had this test?

- Yes
- No → Skip to F6
- Unsure → Skip to F6

F5a. When was the last time?

- Less than 2 years ago
- More than 2 years ago

F6. Do you have insurance that covers all or part of the cost of your prescription medications?

- Yes
- No → Skip to F7
- Unsure → Skip to F7

F6a. Is it...? **(Please check all that apply)**

- A government plan
- An employer benefit plan
- A plan through an association like a union, trade association, or student organization
- Other, such as your own private plan purchased from an insurance company

F7. During the past 12 months, was there ever a time when you felt that you needed health care, other than home care services, but didn't receive it?

- Yes
- No

F8. During the past 12 months, was there ever a time when you felt that you needed home care but didn't receive it? By home care we mean formal assistance that you receive at home because of a health condition or limitation that affects your daily life.

- Yes
- No



## Section G.

Please complete Section G if you are age 50 or older. Otherwise, please skip right to Section H on page 45.

Next we have some questions about where you'd like to live and receive health care as you get older. If you have experience using home care or long-term care, we'll ask about that too!

G1. As you get older, how important is it to live independently in your own home (i.e. "aging in place")?

- Very important
- Somewhat important
- Not very important
- Not at all important

G2. If you were no longer able to live independently, how comfortable would you be living in the following places?

	Very	Mostly	Somewhat	Not at all
With family (e.g. partner, siblings, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With chosen family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement community for LGBT older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term care home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term care home for LGBT older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G3. If you are no longer able to make your own medical decisions, is there someone who will make sure that care providers respect your gender identity and expression?

- Yes
- No

The next few questions are about home care. By home care, we mean formal assistance that you receive at home from a health care provider or volunteer organization because of a health condition or limitation that affects your daily life. Do not include experiences that happened in a long-term care home.

G4. Have you ever done any of the following to avoid using home care?  
**(Please check all that apply)**

- Relied on my family (e.g. partner, siblings, children)
- Relied on my chosen family
- Dealt with it myself
- Other, please specify: \_\_\_\_\_
- None of the above

G5. Have you ever needed home care services?

- Yes
- No → Skip to G6

G5a.. Have you ever been denied home care services?

- Yes
- No → Skip to G6

G5b. Do you think this happened because of your gender identity or expression?

- Yes
- No

G6. Have you ever used home care services?

- Yes
- No → Skip to G10

G7. Do you tell your home care workers that you're trans or non-binary?

- Yes, all of the time
- Yes, sometimes
- No, I don't tell
- No, they can tell

G8. In general, do you want your home care workers to know that you're trans or non-binary?

- Yes
- No

G9. In your experience, has a home care worker ever...? **(Please check all that apply)**

- Used forms with options that were inclusive of you as a trans or non-binary person
- Thought the name or gender listed on your ID or forms was a mistake
- Asked about your name or pronouns
- Used your correct name, pronouns, or gendered language
- Repeatedly misgendered you by using the wrong name, pronouns, or gendered language
- Used hurtful or insulting language about trans or non-binary identity or experience
- Belittled or ridiculed you for being trans or non-binary
- Refused to see you or ended care because you were trans or non-binary
- Was open to discussing trans or non-binary related health concerns
- Refused to discuss trans or non-binary related health concerns
- Advocated for you as a trans or non-binary person to others
- Told you that you were not really trans or non-binary
- Discouraged you from exploring your gender
- Demonstrated knowledge of trans or non-binary related health concerns
- Told you they didn't know enough about trans or non-binary related care to provide it
- Needed you to educate them regarding your needs as a trans or non-binary person
- Took steps to make physical exams more comfortable for you as a trans or non-binary person
- Refused to examine parts of your body because you're trans or non-binary
- Insisted on examining parts of your body that were not relevant to your care
- Made you feel unsafe in your home because you're trans or non-binary

Please answer the next question if you have never used home care services. Otherwise, please skip to G11.

G10. If you were to require home care services, do you think that home care workers would be respectful of your gender identity or expression while:

	Yes	No
Helping you dress, bathe, or use the toilet	<input type="radio"/>	<input type="radio"/>
Providing medical care such as giving medication or changing bandages	<input type="radio"/>	<input type="radio"/>
Helping you out around the home (e.g. laundry, dishes, meal preparation)	<input type="radio"/>	<input type="radio"/>

Helping you with transportation (e.g. to the doctor, or grocery store)

The next few questions are about long-term care homes. By long-term care homes, we mean residential facilities for mostly older adults who need access to 24-hour nursing care and daily support services. Sometimes these are also called nursing homes or personal care homes.

G11. Have you ever been denied residence in a long-term care home?

- Yes
- No → Skip to G12

G11a. Do you think this happened because of your gender identity or expression?

- Yes
- No

G12. Have you ever lived in a long-term care home?

- Yes
- No → Skip to G16

G13. Do you tell your long-term care workers that you're trans or non-binary?

- Yes, all of the time
- Yes, sometimes
- No, I don't tell
- No, they can tell

G14. In general, do you want your long-term care workers to know that you're trans or non-binary?

- Yes
- No

G15. In your experience, has a long-term care worker ever...? **(Please check all that apply)**

- Used forms with options that were inclusive of you as a trans or non-binary person
- Thought the name or gender listed on your ID or forms was a mistake
- Asked about your name or pronouns
- Used your correct name, pronouns, or gendered language

- Repeatedly misgendered you by using the wrong name, pronouns, or gendered language
- Used hurtful or insulting language about trans or non-binary identity or experience
- Belittled or ridiculed you for being trans or non-binary
- Refused to see you or ended care because you were trans or non-binary
- Was open to discussing trans or non-binary related health concerns
- Refused to discuss trans or non-binary related health concerns
- Advocated for you as a trans or non-binary person to others
- Told you that you were not really trans or non-binary
- Discouraged you from exploring your gender
- Demonstrated knowledge of trans or non-binary related health concerns
- Told you they didn't know enough about trans or non-binary related care to provide it
- Needed you to educate them regarding your needs as a trans or non-binary person
- Took steps to make physical exams more comfortable for you as a trans or non-binary person
- Refused to examine parts of your body because you're trans or non-binary
- Insisted on examining parts of your body that were not relevant to your care
- Made you feel unsafe in your long-term care home because you're trans or non-binary

Please answer the next question if you have never lived in a long-term care home. Otherwise, please skip to Section H.

G16. If you were to require long-term care services, do you think that long-term care workers would be respectful of your gender identity or expression while:

	Yes	No
Helping you dress, bathe, or use the toilet	<input type="radio"/>	<input type="radio"/>
Providing medical care such as giving medication or changing bandages	<input type="radio"/>	<input type="radio"/>
Helping you out around the home (e.g. laundry, dishes, meal preparation)	<input type="radio"/>	<input type="radio"/>
Helping you with transportation (e.g. to the doctor, or grocery store)	<input type="radio"/>	<input type="radio"/>

## Section H.

The next questions are about going to the emergency room (ER) for issues concerning your own health.

H1. Have you ever avoided going to the emergency room (when you needed care) because you are trans or non-binary?

- Yes
- No → Skip to H2
- I have never needed emergency care → Skip to H2

H1a. Did this happen in the past 12 months?

- Yes
- No

H2. When was the last time you went to the emergency room for your own health?

- Past 12 months
- 1-5 years ago →
- More than 5 years ago → Skip to Section I
- Never → Skip to Section I

H3. Were you living in your true gender the last time you went to the emergency room?

- Yes
- No → Skip to Section I

H4. The last time you went to the emergency room, was it for any of the following reasons?  
**(Please check all that apply)**

- A reason not related to my gender, specify: \_\_\_\_\_
- Complications related to gender-affirming surgery
- Mental health issues related to being trans or non-binary
- Any medical issue related to your hormones
- Another gender-related reason, specify: \_\_\_\_\_

H5. The last time you went to the emergency room, did an emergency care provider...?  
**(Please check all that apply)**

- Used forms with options that were inclusive of you as a trans or non-binary person
- Thought the name or gender listed on your ID or forms was a mistake
- Asked about your name or pronouns
- Used your correct name, pronouns, or gendered language
- Repeatedly misgendered you by using the wrong name, pronouns, or gendered language
- Used hurtful or insulting language about trans or non-binary identity or experience
- Belittled or ridiculed you for being trans or non-binary
- Refused to see you or ended care because you were trans or non-binary
- Was open to discussing trans or non-binary related health concerns
- Refused to discuss trans or non-binary related health concerns
- Advocated for you as a trans or non-binary person to others
- Told you that you were not really trans or non-binary
- Discouraged you from exploring your gender
- Demonstrated knowledge of trans or non-binary related health concerns
- Told you they didn't know enough about trans or non-binary related care to provide it
- Needed you to educate them regarding your needs as a trans or non-binary person
- Took steps to make physical exams more comfortable for you as a trans or non-binary person
- Refused to examine parts of your body because you're trans or non-binary
- Insisted on examining parts of your body that were not relevant to your care

## Section I.

In the next section, we would like to learn about your experiences with finding competent and respectful gender-affirming medical care. For our purposes, “gender-affirming medical care” refers to puberty blockers, gender-affirming hormones, surgeries, and/or body modifications.

11. Have you met with a health care provider about receiving puberty blockers, hormones, or surgeries?
- Yes → Age at first consultation \_\_\_\_\_
  - No

Please answer the next three questions if you are under the age of 50 and your first consultation happened within the past 5 years. Otherwise, please skip to I2.

- 11a. Did your health care provider discuss options to freeze your eggs, sperm, or embryos, to have children later?
- Yes
  - No
- 11b. Did you ever freeze your sperm, eggs, or embryos?
- Yes → Skip to I2
  - No
- 11c. If freezing sperm, eggs, or embryos is still an option for you, do you want to do it?
- Yes
  - No
  - No longer an option for me
12. Which of the following applies to your current situation regarding puberty blockers, hormones and/or surgery? **(Please check only one)**
- I have had the gender-affirming medical treatment that I need/want → Skip to I10
  - I am in the process of completing gender-affirming medical treatment
  - I am planning to receive gender-affirming medical treatment, but have not begun
  - I am not planning to receive gender-affirming medical treatment → Skip to I10
  - I am not sure whether I am going to seek gender-affirming medical treatment → Skip to I10



Please answer the next questions (I3 to I9d) only if you are either planning on, or in the process of completing, gender-affirming medical care. Otherwise, please skip to I10.

13. Right now, are you dealing with a mental or physical health issue that you're avoiding being diagnosed with, for fear it would affect your access to gender-affirming medical care?
- Yes
  - No
14. In the past 12 months, did you have a mental health assessment for gender-affirming medical care?
- Yes
  - No → Skip to I8
15. Did you want to have this assessment?
- Yes
  - No
16. Overall, this experience was:
- Helpful
  - Harmful
  - Both helpful and harmful
  - Neither helpful nor harmful
17. During your assessment, did you avoid sharing information about any of the following in order to access the care you wanted? **(Please check all that apply)**
- Your mental health
  - Your autism
  - Your non-binary identity
  - Your gender dysphoria, or lack of gender dysphoria
  - Time spent living in your true gender
  - Other, specify: \_\_\_\_\_
  - None of the above
18. Are any of the following barriers delaying your gender-affirming medical care? **(Please check all that apply)**
- Can't afford treatment
  - Can't afford travel to treatment
  - Denied because of my gender identity or expression

- Denied because of my weight
- Denied because of my mental health
- Denied because of my autism
- Denied because of my disability
- On a waitlist
- Other, specify: \_\_\_\_\_
- None of the above

19. Are you currently on a waitlist to receive any gender-affirming medical care? **(Please check all that apply)**

- Yes, for a mental health assessment → Please answer I9a
- Yes, for puberty blockers → Please answer I9b
- Yes, for hormones → Please answer I9c
- Yes, for surgery/surgeries → Please answer I9d
- No → Please skip to I10

I9a. How long have you been on a waitlist to receive a mental health assessment?  
 \_\_\_\_\_ months

I9b. How long have you been on a waitlist to receive puberty blockers?  
 \_\_\_\_\_ months

I9c. How long have you been on a waitlist to receive hormones?  
 \_\_\_\_\_ months

I9d. How long have you been on a waitlist to receive surgery/surgeries?  
 \_\_\_\_\_ months

110. Have you ever tried to get puberty blockers and not been able to?

- Yes
- No
- I have never tried to get puberty blockers

111. In the following table, please specify whether you currently take, want to take, and have ever taken any of the listed hormones.

If you currently take a hormone, you don't need to answer questions 2 or 3 for that hormone.

Hormones	Question 1: Do you currently take this hormone?	Question 2: Do you want to take this hormone	Question 3: Have you ever taken this hormone?
Progesterone	<input type="radio"/> Yes <input type="radio"/> No →	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Estrogen	<input type="radio"/> Yes <input type="radio"/> No →	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Testosterone blockers/ anti-androgens	<input type="radio"/> Yes <input type="radio"/> No →	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Testosterone	<input type="radio"/> Yes <input type="radio"/> No →	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Puberty blockers	<input type="radio"/> Yes <input type="radio"/> No →	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Lupron (as an adult)	<input type="radio"/> Yes <input type="radio"/> No →	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other, specify: _____	<input type="radio"/> Yes <input type="radio"/> No →	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please answer the next questions (I12 to I14a) only if you are currently taking hormones. Otherwise, please skip to I15.

112. Where do you currently get your hormones? **(Please check all that apply)**

- Prescribed by a regular health care provider
- Prescribed by a medical specialist (e.g. endocrinologist)
- Not prescribed, used somebody else's hormones
- Got from another source (e.g. bought from internet)

I13. Have you ever received blood tests to monitor the effect of hormones on your body?

- Yes
- No → Skip to I14
- I'm not sure whether blood tests were done → Skip to I14

I13a. How long ago was your last blood test?

- Less than a year ago
- 1 to less than 3 years ago
- 3 or more years ago

I14. Do you take hormones by injection?

- Yes
- No → Skip to I15

I14a. Where do you get your syringes or needles? **(Please check all that apply)**

- Pharmacy
- Doctor's office
- Friends
- Needle exchange
- Street
- Other(s), please specify: \_\_\_\_\_

Please answer the next questions (I15 to I15b) if you have ever taken hormones. Otherwise, please skip to I16a.

I15. Have you ever purposely stopped taking gender-affirming hormones?

- Yes
- No → Skip to question I15a

I15a. What were your reasons for stopping hormones? **(Please check all that apply)**

- Medical complications
- Pressure from others
- Wanted to have a child
- Was satisfied with the changes that had happened
- Was dissatisfied with the changes that had happened
- Couldn't afford it
- Other, specify: \_\_\_\_\_

115b. After you stopped taking hormones, did you ever start again?

- Yes
- No

Please complete the table below if your sex assigned at birth was male. Otherwise, please skip to the next table.

116a. For each of the following surgeries, please indicate which applies to you. If you've had a surgery more than once, please list your age at each time.

	Don't want	Want	Have had	Age
Orchiectomy (removal of testicles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Vaginoplasty (SRS/GRS; making a vagina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Breast Augmentation (making breasts bigger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Facial Surgeries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Vocal Chord Surgery (making voice higher)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Adams Apple Shave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Body contouring (liposuction or adding fat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	

Please complete the table below if your sex assigned at birth was female. Otherwise, please skip to the next question.

116b. For each of the following procedures, please indicate which applies to you. If you've had a surgery more than once, please list your age at each time.

	Don't want	Want	Have had	Age
Hysterectomy (removal of uterus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Oophorectomy (removal of ovaries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Metaoidioplasty (releasing the clitoris)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Urethral lengthening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Testicular Implants (creating testicles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Phalloplasty (making a penis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Breast Reduction (making breasts smaller)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Mastectomy or Chest Reconstruction ('top surgery')	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Facial Surgeries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Body contouring (liposuction or adding fat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	

I17. Have you ever tried to perform any of the above procedures on yourself?

- No → Skip to question I18
- Yes → Age when this happened: \_\_\_\_\_

I17a. If yes, please tell us what you did:

Please answer the questions below (I18 to I20e) if you have had any of the surgeries we asked about above. Otherwise, please skip to I21.

I18. Have you ever travelled to have gender-affirming surgery?

- Yes
- No → Skip to I19

I18a. In the past 12 months, have you travelled to have gender-affirming surgery?

- Yes
- No → Skip to I19

I18b. In the past 12 months, where did you go to have gender-affirming surgery?

- Within my current province → Skip to I19
- Outside my current province, but within Canada → Skip to I19
- Outside of Canada

I18c. What were your reasons for leaving Canada to have gender-affirming surgery?  
**(Please check all that apply)**

- I wanted to access the surgery more quickly
- The surgery I wanted was not available in my area
- I wanted a specific surgical technique or surgeon
- Other, specify: \_\_\_\_\_

119. Have you ever paid out-of-pocket for gender-affirming surgery (excluding travel and lodging)?

- Yes → Please estimate total amount: \$\_\_\_\_\_
- No → Skip to I20

119a. In the past 12 months, how much have you paid out-of-pocket for gender-affirming surgery (excluding travel and lodging)?

- \$0
- \$1 to \$499
- \$500 to \$999
- \$1,000 to \$4,999
- \$5,000 to \$9,999
- More than \$10,000

Please answer the next questions if you have had mastectomy/chest reconstruction (“top surgery”). Otherwise, please skip to I21.

I20. Did you have top surgery within the past 12 months?

- Yes
- No → Skip to I21

I20a. How was your top surgery paid for?

- I paid for the whole surgery → Skip to I20c
- I paid a top-up
- I paid nothing (i.e. fully government funded) → Skip to I20c

I20b. How much did you pay for the top-up?

\$\_\_\_\_\_ → Skip to I21

I20c. Did you travel to avoid paying for the top-up?

- Yes
- No

I20d. Did you choose your doctor to avoid paying for the top-up?

- Yes
- No

I20e. Did you choose a different procedure to avoid paying for the top-up?

- Yes
- No

I21. For each of the following procedures, please indicate which applies to you:

	Don't want	Want	Have had
Hair transplants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial hair removal (laser or electrolysis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the next two questions if you have ever had facial hair removal (laser or electrolysis). Otherwise, please skip to I24.

I22. Have you ever paid out-of-pocket for facial hair removal?

- Yes → Estimate total amount: \$\_\_\_\_\_
- No → Skip to I24

I23. In the past 12 months, how much have you paid out-of-pocket for facial hair removal?

Estimate total amount: \$\_\_\_\_\_

Please answer these last two questions if your sex assigned at birth was male. Otherwise, please skip to Section J.

I24. Have you ever injected silicone?

- Yes
- No → Skip to Section J

I24a. In the past 12 months, have you injected silicone?

- Yes
- No



## **Section J.**

Next, we have some questions about your experiences accessing mental health care

J1. In the past 12 months, have you needed any of the following services (whether or not you actually used them)? **(Please check all that apply)**

- General counselling
- Couples therapy
- Sex therapy
- Trauma or grief counselling
- Eating disorder services
- Addictions services
- None of the above

J2. In the past 12 months, have you used any of the following services? **(Please check all that apply)**

- General counselling
- Couples therapy
- Sex therapy
- Trauma or grief counselling
- Eating disorder services
- Addictions services
- None of the above

Please answer the next question if you needed a mental health service (listed in J1), but didn't actually use it (in J2). Otherwise, please skip to the next question.

J2a. Were you unable to access the mental health services you needed because you're trans or non-binary?

- Yes
- No

J3. In the past 12 months, who did you talk to about your emotional or mental health?  
**(Please check all that apply)**

- Family doctor or general practitioner
- Psychiatrist
- Psychologist
- Nurse
- Social worker or counsellor
- Indigenous Elder
- Religious or spiritual leader
- Other, please specify: \_\_\_\_\_
- None of the above

J4. In the past 12 months, did you access mental health care for any of the following reasons? **(Please check all that apply)**

- To discuss mental health concerns, related to being trans or non-binary
- To discuss mental health concerns, not related to being trans or non-binary
- None of the above → **Skip to Section K**

J5. In the past 12 months, has a mental health care provider ...?  
**(Please check all that apply)**

- Used forms with options that were inclusive of you as a trans or non-binary person
- Thought the name or gender listed on your ID or forms was a mistake
- Asked about your name or pronouns
- Used your correct name, pronouns, or gendered language
- Repeatedly misgendered you by using the wrong name, pronouns, or gendered language
- Used hurtful or insulting language about trans or non-binary identity or experience
- Belittled or ridiculed you for being trans or non-binary
- Refused to see you or ended care because you were trans or non-binary
- Was open to discussing trans or non-binary related health concerns
- Refused to discuss trans or non-binary related health concerns
- Advocated for you as a trans or non-binary person to others
- Told you that you were not really trans or non-binary
- Discouraged you from exploring your gender
- Demonstrated knowledge of trans or non-binary related health concerns
- Told you they didn't know enough about trans or non-binary related care to provide it
- Needed you to educate them regarding your needs as a trans or non-binary person
- Wasn't able to separate your mental health concerns from my trans or non-binary identity

## Section K.

Now that you've told us about any experiences with mental health care, we'd also like to know how you're doing in terms of mental health and well-being. We'll ask about how you've been feeling lately, any diagnoses you may have received, events or behaviours that might contribute to your mental health, and the kinds of support available to you.

If you need to speak to someone immediately about your mental health, please contact Canada's Trans Life Line (call 877-330-6366), the Indigenous Hope for Wellness Help Line (call 1-855-242-3310), Crisis Services Canada (call 1-833-456-4566 or text 45645 [call 1-866-277-3553 in Quebec]), or Kids Help Phone (call 1-800-668-6868 or text CONNECT to 686868).

K1. In general, would you say your mental health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

K2. Have you ever been diagnosed with any of the following? **(Please check all that apply)**

- Anxiety disorders
- Dementia
- Post-traumatic stress disorder
- Schizophrenia
- Bipolar disorder
- Major depression
- Dissociative identity disorders (multiple personality disorder)
- Borderline personality disorder
- Anorexia nervosa
- Bulimia nervosa
- Exercise bulimia
- Binge eating disorder
- Other mental health condition, please specify: \_\_\_\_\_
- None of the above

Next we're going to ask you some questions about ways you may have tried to change or control your weight. We understand that these can be sensitive topics, but we wanted to include these questions because how we treat our bodies can have a big impact on how we feel about ourselves.

K3. Have you ever changed your eating or activities to try to change or control your weight?

- Yes, I did this on my own
- Yes, my health care provider asked me to do this → Skip to K10
- No → Skip to K10

K3b. Did this affect your eating or activities in the last 30 days?

- Yes
- No → Skip to K10

K4. During the past 30 days, how often have you vomited to change or control your weight?

Never <input type="radio"/>	1 to 3 times <input type="radio"/>	Once per week <input type="radio"/>	2 to 6 times per week <input type="radio"/>	Once or more per day <input type="radio"/>
--------------------------------	---------------------------------------	--	--	---

K5. During the past 30 days, how often have you engaged in eating binges? (An eating binge is when you eat a lot of food (more than you normally eat) in a really short amount of time, but you feel like you can't stop or that you're out of control).

Never <input type="radio"/>	1 to 3 times <input type="radio"/>	Once per week <input type="radio"/>	2 to 6 times per week <input type="radio"/>	Once or more per day <input type="radio"/>
--------------------------------	---------------------------------------	--	--	---

K6. During the past 30 days, how often have you exercised to change or control your weight?

Never <input type="radio"/>	1 to 3 times <input type="radio"/>	Once per week <input type="radio"/>	2 to 6 times per week <input type="radio"/>	Once or more per day <input type="radio"/>
--------------------------------	---------------------------------------	--	--	---

K7. During the past 30 days, how often have you swallowed a pill or something else to change or control your weight?

Never <input type="radio"/>	1 to 3 times <input type="radio"/>	Once per week <input type="radio"/>	2 to 6 times per week <input type="radio"/>	Once or more per day <input type="radio"/>
--------------------------------	---------------------------------------	--	--	---

K8. During the past 30 days, how often have you dieted, skipped meals, fasted, or ate less food than normal to lose or control your weight?

Never <input type="radio"/>	1 to 3 times <input type="radio"/>	Once per week <input type="radio"/>	2 to 6 times per week <input type="radio"/>	Once or more per day <input type="radio"/>
--------------------------------	---------------------------------------	--	--	---

Please answer the question below if you did at least one thing to change or control your weight (in questions K4 to K8). Otherwise, please skip to the next question.

K9. To what extent was wanting to change or control your weight related to your gender?

- Not at all
- Somewhat
- Mostly
- Completely

K10. Below is a list of the ways you might have felt or behaved. Please tell us how often you have felt this way during the past week.

I was bothered by things that usually don't bother me.

Rarely or none of the time (less than 1 day) <input type="radio"/>	Some or a little of the time (1-2 days) <input type="radio"/>	Occasionally or a moderate amount of time (3-4 days) <input type="radio"/>	Most or all of the time (5-7 days) <input type="radio"/>
---	--	---	---

I had trouble keeping my mind on what I was doing.

Rarely or none of the time (less than 1 day) <input type="radio"/>	Some or a little of the time (1-2 days) <input type="radio"/>	Occasionally or a moderate amount of time (3-4 days) <input type="radio"/>	Most or all of the time (5-7 days) <input type="radio"/>
---	--	---	---

I felt depressed.

Rarely or none of the time (less than 1 day) <input type="radio"/>	Some or a little of the time (1-2 days) <input type="radio"/>	Occasionally or a moderate amount of time (3-4 days) <input type="radio"/>	Most or all of the time (5-7 days) <input type="radio"/>
---	--	---	---

I felt that everything I did was an effort.

Rarely or none of the time (less than 1 day) <input type="radio"/>	Some or a little of the time (1-2 days) <input type="radio"/>	Occasionally or a moderate amount of time (3-4 days) <input type="radio"/>	Most or all of the time (5-7 days) <input type="radio"/>
---	--	---	---

I felt hopeful about the future.

Rarely or none of the time (less than 1 day) <input type="radio"/>	Some or a little of the time (1-2 days) <input type="radio"/>	Occasionally or a moderate amount of time (3-4 days) <input type="radio"/>	Most or all of the time (5-7 days) <input type="radio"/>
---	--	---	---

I felt fearful.

Rarely or none of the time (less than 1 day) <input type="radio"/>	Some or a little of the time (1-2 days) <input type="radio"/>	Occasionally or a moderate amount of time (3-4 days) <input type="radio"/>	Most or all of the time (5-7 days) <input type="radio"/>
---	--	---	---

My sleep was restless.

Rarely or none of the time (less than 1 day) <input type="radio"/>	Some or a little of the time (1-2 days) <input type="radio"/>	Occasionally or a moderate amount of time (3-4 days) <input type="radio"/>	Most or all of the time (5-7 days) <input type="radio"/>
---	--	---	---

I was happy.

Rarely or none of the time (less than 1 day) <input type="radio"/>	Some or a little of the time (1-2 days) <input type="radio"/>	Occasionally or a moderate amount of time (3-4 days) <input type="radio"/>	Most or all of the time (5-7 days) <input type="radio"/>
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I felt lonely.

Rarely or none of the time (less than 1 day) <input type="radio"/>	Some or a little of the time (1-2 days) <input type="radio"/>	Occasionally or a moderate amount of time (3-4 days) <input type="radio"/>	Most or all of the time (5-7 days) <input type="radio"/>
---	--	---	---

I could not get "going."

Rarely or none of the time (less than 1 day) <input type="radio"/>	Some or a little of the time (1-2 days) <input type="radio"/>	Occasionally or a moderate amount of time (3-4 days) <input type="radio"/>	Most or all of the time (5-7 days) <input type="radio"/>
---	--	---	---

K11. The following items ask about anxiety and fear. For each item, please select the answer that best describes your experience over the past week.

K11a. How often do you feel anxious?

- Never
- Rarely
- Occasionally
- Frequently
- Constantly

K11b. When you feel anxious, how intense or severe is your anxiety?

- I never feel anxious
- Mild
- Moderate
- Severe
- Extreme

K11c. How often do you avoid situations, places, objects, or activities because of anxiety or fear?

- Never
- Rarely
- Occasionally
- Frequently
- Constantly

K11d. How much does anxiety or fear interfere with your ability to do the things you need to do at work, at school, or at home?

- Not at all
- Mild
- Moderate
- Severe
- Extreme

K11e. How much does anxiety or fear interfere with your social life and relationships?

- Not at all
- Mild
- Moderate
- Severe
- Extreme

K12. In the past 12 months, have you experienced any of the following?  
**(Please check all that apply)**

- A break-up
- Losing your job
- Death of someone close to you
- Suicide of someone you knew
- None of the above

Next we're going to ask you a few questions about suicide. If you need to speak to someone immediately regarding suicide, please contact Canada's Trans Life Line (call 877-330-6366), the Indigenous Hope for Wellness Help Line (call 1-855-242-3310), Crisis Services Canada (call 1-833-456-4566 or text 45645 [call 1-866-277-3553 in Quebec]), or Kids Help Phone (call 1-800-668-6868 or text CONNECT to 686868).

K13. Have you ever seriously considered suicide?

- Yes
- No → Skip to K14

K13a. Was this related to your being trans or non-binary?

- Yes
- No

K13b. Has this happened in the past 12 months?

- Yes
- No

K14. Have you ever seriously attempted suicide?

- Yes
- No → Skip to K15

K14a. Has this happened in the past 12 months?

- Yes
- No → Skip to K15



K14b. During any of the times you attempted suicide in the past 12 months, did you really hope to die?

- Yes
- No

K14c. Did you see or talk to a health professional following your most recent suicide attempt?

- Yes
- No

The next questions are about some ways that people may try and hurt themselves. Remember that we are only interested in whether this was on purpose, not if it happened accidentally or for another reason.

K15. Have you ever done anything to hurt yourself on purpose? For example, cutting, burning, scratching, or hitting yourself.

- Yes
- No → Skip to K16

K15a. Has this happened in the past 12 months?

- Yes
- No

K15b. Some people have parts of their body that they feel conflict with their gender. Have you ever purposely hurt these parts of your body?

- Yes
- No

Next, we'd like to ask about the people in your life who support you.

K16. How often is each of the following kinds of support available to you?

Someone to help you if you were confined to bed?

None of the time <input type="radio"/>	A little of the time <input type="radio"/>	Some of the time <input type="radio"/>	Most of the time <input type="radio"/>	All of the time <input type="radio"/>
---	---	---	---	--

Someone to take you to the doctor if you needed it?

None of the time <input type="radio"/>	A little of the time <input type="radio"/>	Some of the time <input type="radio"/>	Most of the time <input type="radio"/>	All of the time <input type="radio"/>
---	---	---	---	--

Someone to have a good time with?

None of the time <input type="radio"/>	A little of the time <input type="radio"/>	Some of the time <input type="radio"/>	Most of the time <input type="radio"/>	All of the time <input type="radio"/>
---	---	---	---	--

Someone to prepare your meals if you were unable to do it yourself?

None of the time <input type="radio"/>	A little of the time <input type="radio"/>	Some of the time <input type="radio"/>	Most of the time <input type="radio"/>	All of the time <input type="radio"/>
---	---	---	---	--

Someone to help with daily chores if you were sick?

None of the time <input type="radio"/>	A little of the time <input type="radio"/>	Some of the time <input type="radio"/>	Most of the time <input type="radio"/>	All of the time <input type="radio"/>
---	---	---	---	--

Someone to turn to for suggestions about how to deal with a personal problem?

None of the time <input type="radio"/>	A little of the time <input type="radio"/>	Some of the time <input type="radio"/>	Most of the time <input type="radio"/>	All of the time <input type="radio"/>
---	---	---	---	--

Someone who understands your problems?

None of the time <input type="radio"/>	A little of the time <input type="radio"/>	Some of the time <input type="radio"/>	Most of the time <input type="radio"/>	All of the time <input type="radio"/>
---	---	---	---	--

Someone to love you and make you feel wanted?

None of the time <input type="radio"/>	A little of the time <input type="radio"/>	Some of the time <input type="radio"/>	Most of the time <input type="radio"/>	All of the time <input type="radio"/>
---	---	---	---	--

If you need to speak to someone immediately about your mental health, please contact Canada's Trans Life Line (call 877-330-6366), the Indigenous Hope for Wellness Help Line (call 1-855-242-3310), Crisis Services Canada (call 1-833-456-4566 or text 45645 [call 1-866-277-3553 in Quebec]), or Kids Help Phone (call 1-800-668-6868 or text CONNECT to 686868).

## Section L.

Next, we'd like to ask you about cigarettes, vaping, and cannabis.

- L1. At the present time, do you smoke cigarettes daily, occasionally or not at all?
- Daily
  - Occasionally
  - Not at all
- L2. At the present time, do you vape nicotine / e-cigarettes daily, occasionally or not at all?
- Daily
  - Occasionally
  - Not at all
- L3. At the present time, do you use cannabis daily, occasionally or not at all?
- Daily
  - Occasionally
  - Not at all

The next few questions ask about your alcohol consumption.  
When we use the word 'drink' it means:

- one (1) bottle or can of beer or a glass of draft
- one (1) glass of wine or a wine cooler
- one (1) drink or cocktail with 1 ½ ounces of liquor

- L4. How often did you have a drink containing alcohol in the past year?
- Never → **Skip to L7**
  - Monthly or less
  - 2 to 4 times a month
  - 2 to 3 times a week
  - 4 or more times a week

L5. How many drinks did you have on a typical day when you were drinking in the past year?

- 1 to 2
- 3 to 4
- 5 to 6
- 7 to 9
- 10 or more

L6. How often did you have 6 or more drinks on one occasion over the past year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

L7. In the following question, please indicate which substances you have used in the past 12 months, and whether you used that substance several times a week or more. If you have not used a substance, then you don't have to answer the second question for that substance.

I have not used any of the listed substances

	In the past 12 months, have you used this substance?	In the past 12 months, have you used this several times a week or more?
Heroin and other street opioids (e.g., fentanyl, "down")	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Prescription opioids <u>not prescribed to you</u> (e.g., codeine, methadone, oxycodone, morphine, fentanyl, hydromorphone, tramadol, buprenorphine)	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cocaine powder or crack	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Ritalin, or another prescription stimulant <u>not prescribed to you</u> (e.g. Concerta, Dexedrine, Adderall, or Vyvanse)	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Methamphetamine (ice, crystal meth, tina) or other amphetamines (speed)	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Sedatives or sleeping pills (e.g., zopiclone or benzodiazepines such as Xanax, Valium, Serapax, clonazepam)	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Inhalants, glue, solvents	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Synthetic cannabinoids (e.g., K2, Spice)	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Ecstasy (MDA, MDMA)	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hallucinogens (e.g., LSD, acid, mushrooms, PCP)	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Ketamine (Special K)	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
GHB (G)	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other, please specify: _____	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

## **Section M.**

M1. Have you ever had an HIV (human immunodeficiency virus) test?

- Yes
- No → Skip to M2

M1a. When was your most recent HIV test?

- Less than 6 months ago
- 6 months to less than 1 year ago
- 1 to less than 2 years ago
- 2 or more years ago

M1b. What was the result of your last HIV test?

- Negative (It said that I don't have HIV)
- Positive
- I didn't get the results
- I would rather not say

Please answer the two questions below if your most recent HIV test was negative (it said that you don't have HIV). Otherwise, please skip to M3.

M2. PrEP stands for Pre-Exposure Prophylaxis. It's a treatment that may reduce the chances of you contracting HIV if taken before risky sex. Have you ever heard of PrEP?

- Yes
- No → Skip to M3

M2a. Have you ever used PrEP?

- Yes, I'm taking PrEP now
- Yes, but I stopped
- No

Please answer M3 to M7 if your most recent HIV test was positive (it said that you have HIV). Otherwise, please skip to M8.

M3. Were you diagnosed with HIV in the last 5 years?

- Yes
- No

M4. What was the length of time between your diagnosis and the first time you accessed HIV medical care?

- Less than 6 months
- 6 months to less than 1 year
- 1 year or more
- I have never accessed HIV medical care

M5. Have you ever taken antiretroviral medications (ARVs) for your own health?

- Yes
- No → Skip to M6

M5a. Are you currently taking ARVs?

- Yes
- No

M6. When did you last receive your HIV viral load results? Indicate your age at the time.

\_\_\_\_\_ years old

- I have never received my viral load results → Skip to M7

M6a. What was your most recent viral load, undetectable or detectable?

- Undetectable (i.e. below 40-50 copies/mL)
- Detectable (i.e. over 40-50 copies/mL)
- Unsure

M7. HIV-related stigma and discrimination refers to prejudice, negative attitudes, and/or abuse directed at people living with HIV. From which sources have you experienced stigma or discrimination as a result of being a person living with HIV? **(Please check all that apply)**

- Friends
- Family
- Romantic partners
- Health care providers
- Other trans or non-binary people
- Employers
- Other, please specify: \_\_\_\_\_
- None of the above



M8. When was your most recent sexually transmitted infection (STI) test?

- Less than 6 months ago
- 6 months to less than 1 year ago
- 1 to less than 2 years ago
- 2 or more years ago
- I've never had one → **Skip to M9**

M8a. At your most recent STI test, what happened? **(Please check all that apply)**

- Blood draw
- Urine sample
- Oral swab
- Rectal swab
- Genital swab
- Unsure

M8b. In the past 12 months, have you been diagnosed with any of the following?  
**(Please check all that apply)**

- Gonorrhoea
- Chlamydia
- Genital herpes
- Syphilis
- Genital or anal warts, or HPV
- None of the above

M9. Have you been vaccinated for human papillomavirus (HPV)?

- Yes
- No
- Unsure

## Section N.

Next we're going to ask some questions about your family.

N1. Are you a parent of children, including adult children? This also includes fostering, adopting, or co-parenting children.

- Yes  
 No

N2. How many children (under 18) live in your household?

\_\_\_\_\_ children

N3. What is your legal marital status right now?

- Single, never married  
 Separated  
 Divorced  
 Widowed  
 Living common-law  
 Married

N4. What is your current relationship status?

- Single and not dating  
 Single and dating  
 In a monogamous relationship  
 In a non-monogamous (open) relationship  
 In a polyamorous (multiple people) relationship

N5. In general, how supportive of your gender identity or expression are the following people?

	Not at all	Not very	Somewhat	Very	They don't know	Not applicable
Your parent(s) or guardian(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your spouse or partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your grandchild(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N6. In the past 12 months, have you had a romantic relationship?

- Yes
- No → Skip to N8

N7. In the past 12 months, has a romantic partner done any of the following because you're trans or non-binary?

	Yes	No	Not applicable
Interfered with your gender-affirming medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interfered with your clothing or gender expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided introducing you to friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened to out you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened to leave you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objectified your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped you with your gender-affirming medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affirmed your clothing or gender expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduced you to their friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocated for others to use your correct name and/or pronouns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced contact with people who weren't supportive of your gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celebrated your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions asks about abusive and violent behaviours in relationships. Your answers are very important, whether or not you have experienced any of these behaviours. Remember that all the information you provide is strictly confidential.

If you need to speak to someone immediately about your experiences with a partner, please contact: Canada's Trans Life Line (call 877-330-6366), the Indigenous Hope for Wellness Help Line (call 1-855-242-3310), Crisis Services Canada (call 1-833-456-4566 or text 45645), or Kids Help Phone (call 1-800-668-6868 or text CONNECT to 686868).

Please answer the next two questions if you are age 16 or older. Otherwise, please skip to N10.

N8. Since the age of 16, has a romantic partner ever done any of the following towards you? **(Please check all that apply)**

- Insulted, swore, shouted, or yelled at you
- Threatened to hurt you
- Pushed, shoved, shook, or pinned you down
- Forced or pressured you to engage in a sexual activity when you didn't want to
- Not applicable

N9. Since the age of 16, have you ever done any of the following towards a romantic partner? **(Please check all that apply)**

- Insulted, swore, shouted, or yelled at them
- Threatened to hurt them
- Pushed, shoved, shook, or pinned them down
- Forced or pressured the other person to engage in a sexual activity when they didn't want to
- Not applicable

Please complete the rest of Section N if you are under the age of 25. Otherwise, please skip to Section O on page 77.

N10. Have any of your family members done any of these things to you because you're trans or non-binary? **(Please check all that apply)**

- Stopped speaking to you for a long time or ended your relationship
- Threatened you with violence
- Were violent towards you
- Kicked you out of the house
- Did not allow you to wear the clothes that reflected your gender
- Sent you to a therapist, counsellor, or religious adviser to stop you from being trans or non-binary
- None of the above

N11. Did any of your parents or guardians you grew up with do any of these things to support you? **(Please check all that apply)**

- Told you that they respect and/or support you
- Used your correct name
- Used your correct pronouns or gendered language
- Lent or gave you money to help with gender-affirming medical care
- Helped you change your name and/or gender on your identity documents (ID)
- Did research to learn how to best support you
- Stood up for you with family, friends, or others
- Other, please specify: \_\_\_\_\_
- None of the above

N12. How much do you feel...

Your family understands you?

Not at all <input type="radio"/>	A little <input type="radio"/>	Some <input type="radio"/>	Quite a bit <input type="radio"/>	Very much <input type="radio"/>
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Your family has fun together?

Not at all <input type="radio"/>	A little <input type="radio"/>	Some <input type="radio"/>	Quite a bit <input type="radio"/>	Very much <input type="radio"/>
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Your family respects your privacy?

Not at all <input type="radio"/>	A little <input type="radio"/>	Some <input type="radio"/>	Quite a bit <input type="radio"/>	Very much <input type="radio"/>
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Your family pays attention to you?

Not at all <input type="radio"/>	A little <input type="radio"/>	Some <input type="radio"/>	Quite a bit <input type="radio"/>	Very much <input type="radio"/>
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Your family cares about your feelings?

Not at all <input type="radio"/>	A little <input type="radio"/>	Some <input type="radio"/>	Quite a bit <input type="radio"/>	Very much <input type="radio"/>
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## Section O.

Please complete Section O if you are age 16 or older. Otherwise, please skip right to Section P on page 83.

O1. Which of the following best describes your current personal employment situation?  
**(Please check all that apply)**

- Employed in a permanent full-time position (30 hours or more per week)
- Employed in a permanent part-time position (less than 30 hours per week)
- Employed on temporary/short term contract (less than a year)
- Employed on a fixed term contract, one year or more
- Self-employed – no employees
- Self-employed – others work for me
- Work for pay in the informal economy (e.g. paid in cash or “under the table” in restaurant or construction)
- Not employed
- Student
- Retired
- On leave
- Other, specify: \_\_\_\_\_
- None of the above

O2. In the last 3 months, what portion of your income was received in cash?

- Most
- About half
- Less than half
- None

O3. In the last 12 months, how much did your income vary from week to week?

- A great deal
- A lot
- Some
- A little
- Not at all

O4. Have you ever done sex work or exchanged sex for money or other resources (e.g. shelter, substances, food, or other services)?

- Yes
- No → Skip to O6

O4a. How old were you when you first started doing sex work?

\_\_\_\_\_ years old

O4b. Thinking about the entire time you've done sex work, have you ever done  
**(Please check all that apply):**

- Street-based sex work
- Escorting
- Camming
- Dancing
- Domme-ing
- Subbing
- Sugar baby
- Massage
- Modelling
- Phone sex
- Porn
- Other, please specify: \_\_\_\_\_

O4c. When you first started doing sex work. what were your reasons? **(Please check all that apply)**

- To be part of a community
- Couldn't find other jobs or sources of income
- It paid well
- It was necessary to pay for living expenses
- It was necessary to pay for gender-affirming medical care expenses
- Felt forced or pressured
- I learned from those around me
- To affirm my gender identity
- It made me feel attractive
- My friend or lover suggested it
- Other, please specify: \_\_\_\_\_
- None of the above

O4d. When you first started doing sex work, how would you describe your experience?

- Entirely positive
- Mostly positive
- Equal mix of positive and negative
- Mostly negative
- Entirely negative

O4e. In total, how long have you been doing sex work?

- Less than 1 year
- 1 to less than 5 years
- 5 to less than 10 years
- 10 years or more

O5. Have you done sex work in the past 12 months?

- Yes
- No → Skip to O6

O5a. In the past 12 months, were you doing: **(Please check all that apply)**

- Street-based sex work
- Escorting
- Camming
- Dancing
- Domme-ing
- Subbing
- Sugar baby
- Massage
- Modelling
- Phone sex
- Porn
- Other, specify: \_\_\_\_\_

O5b. If yes, what were your reasons for doing sex work in the past 12 months?  
**(Please check all that apply)**

- To be part of a community
- Couldn't find other jobs or sources of income
- It paid well
- It was necessary to pay for living expenses
- It was necessary to pay for gender-affirming medical care expenses
- Felt forced or pressured
- I learned from those around me
- To affirm my gender identity
- It made me feel attractive
- My friend or lover suggested it
- Other, please specify: \_\_\_\_\_
- None of the above



O5c. How would you describe your experience with sex work in the past 12 months?

- Entirely positive
- Mostly positive
- Equal mix of positive and negative
- Mostly negative
- Entirely negative

O5d. In general, how supportive of your sex work are the following people:

	Not at all	Not very	Somewhat	Very	They don't know	Not applicable
Your parent(s) or guardian(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your spouse or partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your close friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your regular healthcare provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

O5e. Do you work with clients in person?

- Yes
- No → Skip to O6

O5f. Do you negotiate any of the following with clients? **(Please check all that apply)**

- Rates → Please answer O5g and O5h
- Condom use → Please answer O5i and O5j
- None of the above → Skip to O5k

O5g. In general, do you feel that you are able to negotiate rates with clients?

- Yes
- No

O5h. In general, how safe do you feel when you negotiate rates with clients?

- Very safe
- Mostly safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe

- O5i. In general, do you feel that you are able to negotiate condom use with clients?
- Yes
  - No

- O5j. In general, how safe do you feel when you negotiate condom use with clients?
- Very safe
  - Mostly safe
  - Neither safe nor unsafe
  - Somewhat unsafe
  - Very unsafe

- O5k. For the following activities, please indicate whether you currently offer this activity, whether clients try to negotiate that activity, and how safe you feel while negotiating.

	Do you currently offer this?	Do your clients try to negotiate this?	Do you feel safe negotiating this with clients?
Blowjob without condom (i.e. BBBJ)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Vaginal, front hole, or anal sex without condom (i.e. BBFS)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Using drugs with clients	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
BDSM (i.e. bondage, discipline, dominance and submission)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

- O6. In the past 5 years, have you avoided applying for a job because you're trans or non-binary?
- Yes
  - No

- O7. In the past 5 years, have you applied for a job and/or worked at a job or business?  
**(Please check all that apply)**

- Yes, I have applied for a job
- Yes, I have worked at a job or business
- No → Skip to O8

- O7a. When applying for a job in the past 5 years, have you not provided references from a previous job because you're trans or non-binary?
- Yes
  - No
- O7b. In the past 5 years, do you believe you have not been hired for a job you applied for because you're trans or non-binary?
- Yes
  - No
- O7c. In the past five years, do you believe that you have lost a job, been laid off, or been fired because you're trans or non-binary?
- Yes
  - No
- O7f. Are you a member of a labour union or of an employee association or covered by union contract or collective agreement in any of your employment positions?
- Yes
  - No
  - Not applicable
  - Unsure
- O8. Have you ever served in the military forces?
- Yes, the Canadian Armed Forces
  - Yes, the military forces outside of Canada → **Skip to Section P**
  - No → **Skip to Section P**
- O8a. Have you ever served in the Canadian Armed Forces while living in your true gender?
- Yes
  - No

## **Section P.**

- P1. Which of the following statements best describes the food eaten in your household in the past 12 months?
- You and your household always had enough of the kinds of food you wanted to eat
  - You and your household had enough to eat, but not always the kinds of food you wanted
  - Sometimes you and your household did not have enough to eat
  - Often you and your household didn't have enough to eat
- P2. Have you ever moved to a different city or town to be closer to trans or non-binary related services you needed?
- Yes
  - No
- P3. What are your current living arrangements? **(Please check all that apply)**
- In a house/apartment/condo I rent alone or with others
  - House/apartment/condo I own alone or with others (with a mortgage or that you own)
  - Temporarily with a partner, friend, or family member who pays for housing
  - Permanently with a partner, friend, or family member who pays for housing
  - Housing co-operative
  - Group home foster care
  - Student residence
  - Retirement community
  - Long-term care facility, nursing home or other adult care facility
  - Military housing
  - First Nations reserve
  - Metis Settlement
  - Inuit Hamlet
  - Subsidized or public housing
  - Motel or boarding house room
  - Shelter(s)
  - On the street, in a car, in an abandoned building
  - Rehabilitation facility
  - Prison
  - Other, specify: \_\_\_\_\_
- P4. Are you currently homeless? By homeless, we mean: you don't have a regular address, and stay in other people's homes, in shelters, or on the street.
- Yes
  - No

Please answer the next question if you are age 16 or older. Otherwise, please skip to P6.

P5. How difficult is it for you to meet your monthly housing-related costs? Housing costs include rent, mortgage, property taxes and utilities only.

- Very
- Fairly
- A little
- Not at all
- Unsure
- Not applicable

P6. In the past 5 years have you accessed a shelter while living in your true gender?

- Yes
- No → Skip to P7

P6a. Was the most recent shelter you stayed in a women's, men's, or mixed gender shelter?

- Women's
- Men's
- Mixed gender

P6b. As a trans or non-binary person, did you feel safe at the shelter?

- Yes
- No

P6c. At the shelter, did you experience hostility or verbal harassment because of your trans status or gender expression?

- Yes
- No

P6d. At the shelter, did you experience physical harassment or violence because of your trans status or gender expression?

- Yes
- No

P6e. At the shelter, did you experience sexual harassment or violence because of your trans status or gender expression?

- Yes

No

Please answer the next question if you answered yes to any of the last three questions (P6c, P6d, or P6e). Otherwise, please skip to P7.

P6f. Who at the shelter was hostile or violent towards you?  
**(Please check all that apply)**

- Shelter staff or volunteers
- Others using the shelter
- Other, specify: \_\_\_\_\_

P7. Have you ever been refused access to a shelter because of your trans status or gender expression?

- Yes
- No

P8. Have you avoided accessing a shelter because of how you may be treated as a trans or non-binary person?

- Yes
- No

P9. In the past 5 years, have you spent any time in a jail while living in your true gender?

- Yes, both federal and provincial
- Yes, federal
- Yes, provincial
- No → Skip to Section Q

P9a. In the past 5 years, how long have you spent in jail?

- Less than a week
- A week to less than a month
- 1 to 6 months
- 6 months to 2 years
- 2 years or more

P9b. In the past 5 years, how many times have you been in jail?

\_\_\_\_\_ times

P9c. The last time you were in jail, were you in a ...?

- Women's facility
- Men's facility

P9d. Would you prefer to be in a ... ?

- Women's facility
- Men's facility
- Unsure which facility I would prefer

P9e. In jail, did you experience hostility or verbal harassment in jail because of your trans status or gender expression?

- Yes
- No

P9f. In jail, did you experience physical harassment or violence because of your trans status or gender expression?

- Yes
- No

P9g. In jail, did you experience sexual harassment or violence because of your trans status or gender expression?

- Yes
- No

Please answer this last question if you answered yes to any of the last three questions. Otherwise, please skip to Section Q on the next page.

P9h. Who at the jail was hostile or violent towards you? **(Please check all that apply)**

- Jail staff or volunteers
- Others people in jail
- Other, specify: \_\_\_\_\_

If you need to speak to someone immediately about your mental health, please contact Canada's Trans Life Line (call 877-330-6366), the Indigenous Hope for Wellness Help Line (call 1-855-242-3310), Crisis Services Canada (call 1-833-456-4566 or text 45645), or Kids Help Phone (call 1-800-668-6868 or text CONNECT to 686868).

## Section Q.

The next two questions relate to the sensitive issues of childhood physical and sexual abuse. Your answers are very important, regardless of whether or not you have had these experiences. Remember that all the information you provide is strictly confidential.

Remember that you can take a break from the survey and come back later – we want you to take care of yourself in whatever ways work for you.

If you need to speak to someone immediately regarding your childhood experiences, please contact Canada's Trans Life Line (call 877-330-6366), the Indigenous Hope for Wellness Help Line (call 1-855-242-3310), Crisis Services Canada (call 1-833-456-4566 or text 45645), or Kids Help Phone (call 1-800-668-6868 or text CONNECT to 686868).

Q1. Before age 16, did an adult ever physically hurt you?

- Yes  
 No

Q2. Before age 16, did anyone at least 5 years older than you or an adult ever touch you, make you touch them sexually, or engage in another sexual activity?

- Yes  
 No

Q3. The next questions are about experiences related to **who you are**. This includes both how you describe yourself and how others might describe you. For example, your skin colour, ancestry, nationality, religion, gender identity, sexuality, age, weight, disability or mental health issue, income, or source of income.

Because of who I am, a doctor or nurse, or other health care provider might treat me poorly.

Strongly disagree <input type="radio"/>	Disagree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Agree <input type="radio"/>	Strongly agree <input type="radio"/>
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Because of who I am, I might have trouble finding or keeping a job.

Strongly disagree <input type="radio"/>	Disagree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Agree <input type="radio"/>	Strongly agree <input type="radio"/>
--	-----------------------------------	---	--------------------------------	---



Because of who I am, I might have trouble getting an apartment or house.

Strongly disagree <input type="radio"/>	Disagree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Agree <input type="radio"/>	Strongly agree <input type="radio"/>
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I worry about being treated unfairly by a teacher, supervisor, or employer.

Strongly disagree <input type="radio"/>	Disagree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Agree <input type="radio"/>	Strongly agree <input type="radio"/>
--	-----------------------------------	---	--------------------------------	---

I may be denied a bank account, loan, or mortgage because of who I am.

Strongly disagree <input type="radio"/>	Disagree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Agree <input type="radio"/>	Strongly agree <input type="radio"/>
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I worry about being harassed or stopped by police or security.

Strongly disagree <input type="radio"/>	Disagree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Agree <input type="radio"/>	Strongly agree <input type="radio"/>
--	-----------------------------------	---	--------------------------------	---

Because of who I am, people might try to attack me physically.

Strongly disagree <input type="radio"/>	Disagree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Agree <input type="radio"/>	Strongly agree <input type="radio"/>
--	-----------------------------------	---	--------------------------------	---

I expect to be pointed at, called names, or harassed when in public.

Strongly disagree <input type="radio"/>	Disagree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Agree <input type="radio"/>	Strongly agree <input type="radio"/>
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I fear that I will have a hard time finding friendship or romance because of who I am.

Strongly disagree <input type="radio"/>	Disagree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Agree <input type="radio"/>	Strongly agree <input type="radio"/>
--	-----------------------------------	---	--------------------------------	---

Q4. The next questions are also about experiences related to **who you are**. This includes both how you describe yourself and how others might describe you. For example, your skin colour, ancestry, nationality, religion, gender identity, sexuality, age, weight, disability or mental health issue, income, or source of income.

Heard, saw, or read others joking or laughing about you (or people like you)

Never <input type="radio"/>	Yes, but not in the past year <input type="radio"/>	Yes, once or twice in the past year <input type="radio"/>	Yes, many times in the past year <input type="radio"/>
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Been treated as if you are unfriendly, unhelpful, or rude

Never <input type="radio"/>	Yes, but not in the past year <input type="radio"/>	Yes, once or twice in the past year <input type="radio"/>	Yes, many times in the past year <input type="radio"/>
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Been called names or heard/saw your identity used as an insult

Never <input type="radio"/>	Yes, but not in the past year <input type="radio"/>	Yes, once or twice in the past year <input type="radio"/>	Yes, many times in the past year <input type="radio"/>
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Been treated as if others are afraid of you

Never <input type="radio"/>	Yes, but not in the past year <input type="radio"/>	Yes, once or twice in the past year <input type="radio"/>	Yes, many times in the past year <input type="radio"/>
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Been stared or pointed at in public

Never <input type="radio"/>	Yes, but not in the past year <input type="radio"/>	Yes, once or twice in the past year <input type="radio"/>	Yes, many times in the past year <input type="radio"/>
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Been told that you should think, act, or look more like others

Never <input type="radio"/>	Yes, but not in the past year <input type="radio"/>	Yes, once or twice in the past year <input type="radio"/>	Yes, many times in the past year <input type="radio"/>
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Heard that you or people like you don't belong

Never <input type="radio"/>	Yes, but not in the past year <input type="radio"/>	Yes, once or twice in the past year <input type="radio"/>	Yes, many times in the past year <input type="radio"/>
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Asked inappropriate, offensive, or overly personal questions

Never <input type="radio"/>	Yes, but not in the past year <input type="radio"/>	Yes, once or twice in the past year <input type="radio"/>	Yes, many times in the past year <input type="radio"/>
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Been treated as if you are less smart or capable than others

Never <input type="radio"/>	Yes, but not in the past year <input type="radio"/>	Yes, once or twice in the past year <input type="radio"/>	Yes, many times in the past year <input type="radio"/>
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Q5. Because of who you are, has a health care provider ever refused you care?

- Never → Skip to Q6
- Once
- More than once

Q5a. Has this happened to you in the past 12 months?

- Yes
- No

Q6. Because of who you are, have you ever been fired or dismissed from a job, or been turned down for a job that you interviewed for?

- Never → Skip to Q7
- Once
- More than once

Q6a. Has this happened to you in the past 12 months?

- Yes
- No

Q7. Because of who you are, have you ever been evicted or denied housing?

- Never → Skip to Q8
- Once
- More than once

Q7a. Has this happened to you in the past 12 months?

- Yes
- No

Q8. Because of who you are, have you ever been unreasonably stopped and questioned, searched, or arrested by police or security?

- Never → Skip to Q9
- Once
- More than once

Q8a. Has this happened to you in the past 12 months?

- Yes
- No

Q9. Because of who you are, have you ever been unreasonably expelled or suspended from school?

- Never → Skip to Q10
- Once
- More than once

Q9a. Has this happened to you in the past 12 months?

- Yes
- No

Q10. Because of who you are, have you ever been unable to open a bank account, cash a cheque, or get a loan?

- Never → Skip to Q11
- Once
- More than once

Q10a. Has this happened to you in the past 12 months?

- Yes
- No

Q11. Because of who you are, have you ever had to move to another neighborhood, town, city, state, province, or country?

- Never → Skip to Q12
- Once
- More than once

Q11a. Has this happened to you in the past 12 months?

- Yes
- No

Q12. Because of who you are, have you ever lost a close relationship (e.g., with a family member, friend, or partner)?

- Never → Skip to Q13
- Once
- More than once

Q12a. Has this happened to you in the past 12 months?

- Yes
- No

Q13. Because of who you are, have you ever been repeatedly harassed at work or school, where you live, or when accessing services?

- No → Skip to Q14
- Yes—in one place
- Yes—in more than one place

Q13a. Has this happened to you in the past 12 months?

- Yes
- No

Q14. Because of who you are, have you ever been threatened with a physical or sexual attack?

- Never → Skip to Q15
- Once
- More than once

Q14a. Has this happened to you in the past 12 months?

- Yes
- No

Q15. Because of who you are, have you ever been physically attacked (e.g., spit on, had objects thrown at you, hit, punched, pushed or grabbed, beaten)?

- Never → Skip to Q16
- Once
- More than once

Q15a. Has this happened to you in the past 12 months?

- Yes
- No

Q16. Because of who you are, have you ever been made to engage in sexual activity, or been touched in a sexual way, that you didn't want?

- Never → Skip to Q17
- Once
- More than once

Q16a. Has this happened to you in the past 12 months?

- Yes
- No

Q17. Because of who you are, have you ever had someone take, damage, or vandalize your property?

- Never → Skip to Q18
- Once
- More than once

Q17a. Has this happened to you in the past 12 months?

- Yes
- No

Q18. In the past 5 years, have you experienced any of the following? **(Please check all that apply)**

- Verbal harassment
- Physical intimidation and threats
- Physical violence (e.g. being hit, kicked or punched)
- Sexual harassment (e.g. cat calling, being propositioned)
- Sexual assault (e.g. unwanted sexual touching or sexual activity)
- None of the above

Please answer the next three questions (Q18a to Q18c) if you selected “physical violence” and/or “sexual assault” in Q18. Otherwise, please skip to Q19.

Q18a. Did any of these incidents of physical violence or sexual assault happen because you were trans or non-binary?

- Yes
- No

Q18b. If you experienced physical violence and/or sexual assaults, did you report any of the incidents to the police?

- Yes, all of the incidents
- Yes, some of the incidents
- No → Skip to Q19

Q18c. Did the police, crown attorney, or judge treat the crime as being motivated by hate (“a hate crime”)?

- Yes
- No
- Unsure

Q19. In the past 5 years, have you avoided calling 911 when you needed police services?

- Yes
- No
- I have not needed police services

Q20. In the past 5 years, have you avoided calling 911 when you needed emergency medical services?

- Yes
- No
- I have not needed emergency medical services

- Q21. If someone physically assaulted you, would you trust that the police and courts would treat you fairly?
- Yes  
 No
- Q22. If someone sexually assaulted you, would you trust that the police and courts would treat you fairly?
- Yes  
 No
- Q23. Do you *personally* know another trans or non-binary person who has experienced the following? **(Please check all that apply)**
- Transphobic physical violence (e.g. being hit, kicked or punched for being trans or non-binary)  
 Transphobic sexual assault (e.g. unwanted sexual touching or sexual activity)  
 Died by suicide  
 Attempted suicide  
 Been murdered
- Q24. In the last 5 years, have you avoided any of the following situations/spaces because of a fear of being harassed, being read as trans, or being outed? **(please check all that apply)**
- Bars  
 Being out on the land  
 Church, synagogue, temple, mosque, or other religious institution  
 Gyms or pools  
 Parties or events  
 Public spaces (e.g. parks, street)  
 Public transit  
 Public washrooms  
 Religious or cultural centres  
 Schools  
 Stores or restaurants  
 Support groups  
 Travelling internationally  
 Travelling within Canada  
 Other, specify: \_\_\_\_\_  
 None of the above



Q25. Did you ever participate in any counselling or programs to try to make your gender match with your sex assigned at birth?

- Yes, a program or regular visits
- Yes, only once or a few times
- No, never → **Skip to Section R**

Q25a. About how old were you when you first started this program or counselling?  
\_\_\_\_\_ years old

Q25b. Was this program or counselling religiously based or non-religious?

- Religious
- Not religious

Q25c. Were any of the following types of professionals involved? **(Please check all that apply)**

- Psychologist
- Social worker
- Doctor
- Nurse
- Other, specify: \_\_\_\_\_

## Section R.

Please complete Section R if you are age 16 or older. Otherwise, please skip right to Section S on page 107.

In this section, we would like to ask you questions about sex, specifically, who you're having sex with, what types of sex you're having, if any, and how you feel about your sex life, sexuality, and sexual health care. We understand that these can be sensitive topics but we wanted to include these questions because sex and relationships can be important parts of our lives and can have a big impact on how we feel about ourselves.

R1. Have you ever had sex with a partner? By this we mean anal, oral, or genital sex with any kind of partner.

- Yes
- No → Skip to R12

R1a. Have you had sex with a partner in the past 12 months? **(Please check all that apply)**

- Yes, with one or more regular or casual partners → Please answer R2 to R6
- Yes, with one or more sex work clients → Please answer R7 to R11
- No → Skip to R12

The next five questions (R2 to R6) are about regular or casual sex partners, not sex work clients.

R2. In your lifetime, who have your regular or casual sex partners been? **(Please check all that apply)**

- Trans men
- Non-trans men
- Trans women
- Non-trans women
- Non-binary people assigned female at birth
- Non-binary people assigned male at birth
- Unknown
- Other \_\_\_\_\_

R3. In the past 12 months, who have your regular or casual sex partners been? **(Please check all that apply)**

- Trans man
- Non-trans man
- Trans woman
- Non-trans woman
- Non-binary person assigned female at birth
- Non-binary person assigned male at birth
- Unknown
- Other \_\_\_\_\_

R4. Thinking about your regular or casual sex partner(s): in the past 12 months, have you... **(Please check all that apply)**

- Received oral sex
- Given oral sex
- Been the receptive partner (bottom) in anal sex **with flesh genitals**
- Been the receptive partner (bottom) in anal sex **with toys/prosthetics, fingers, or hands**
- Been the insertive partner (top) in anal sex **with flesh genitals**
- Been the insertive partner (top) in anal sex **with toys/prosthetics, fingers, or hands**
- Been the receptive partner (bottom) in genital (i.e., vaginal or front hole) sex **with flesh genitals**
- Been the receptive partner (bottom) in genital (i.e., vaginal or front hole) sex **with toys/prosthetics, fingers, or hands**
- Been the insertive partner (top) in genital (i.e., vaginal or front hole) sex **with flesh genitals**
- Been the insertive partner (top) in genital (i.e., vaginal or front hole) sex **with toys/prosthetics, fingers, or hands**

R5. Thinking about your regular or casual partners: in the past 12 months, did you have vaginal or anal sex with flesh genitals and no condom?

- Yes
- No → **Skip to R7**

R6. Was it with someone whose HIV status was unknown or different from yours?

- Yes
- No

The next five questions (R7 to R11) are about sex partners who are clients.

R7. In your lifetime, who have your client sex partners been? **(Please check all that apply)**

- Trans men
- Non-trans men
- Trans women
- Non-trans women
- Non-binary people assigned female at birth
- Non-binary people assigned male at birth
- Unknown
- Other \_\_\_\_\_

R8. In the past 12 months, who have your client sex partners been? **(Please check all that apply)**

- Trans man
- Non-trans man
- Trans woman
- Non-trans woman
- Non-binary person assigned female at birth
- Non-binary person assigned male at birth
- Unknown
- Other \_\_\_\_\_

- R9. Thinking about your client sex partners: in the past 12 months, have you... **(Please check all that apply)**
- Received oral sex
  - Given oral sex
  - Been the receptive partner (bottom) in anal sex **with flesh genitals**
  - Been the receptive partner (bottom) in anal sex **with toys/prosthetics, fingers, or hands**
  - Been the insertive partner (top) in anal sex **with flesh genitals**
  - Been the insertive partner (top) in anal sex **with toys/prosthetics, fingers, or hands**
  - Been the receptive partner (bottom) in genital (i.e., vaginal or front hole) sex **with flesh genitals**
  - Been the receptive partner (bottom) in genital (i.e., vaginal or front hole) sex **with toys/prosthetics, fingers, or hands**
  - Been the insertive partner (top) in genital (i.e., vaginal or front hole) sex **with flesh genitals**
  - Been the insertive partner (top) in genital (i.e., vaginal or front hole) sex **with toys/prosthetics, fingers, or hands**

- R10. Thinking about your client sex partners: in the past 12 months, did you have vaginal or anal sex with flesh genitals and no condom?
- Yes
  - No → **Skip to R12**

- R11. Was it with someone whose HIV status was unknown or different from yours?
- Yes
  - No

- R12. When you think about using protection with a partner (for example, a condom, dental dam, glove, or plastic wrap), how certain are you that you could use protection in the following scenarios? A '7' means that you're absolutely certain you could do what the question asks; a '1' means you're absolutely certain that you couldn't do what the question asks.

I can ask a new partner to use a protective barrier

Not at all certain						Absolutely certain
1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I can ask a partner I haven't been using protective barriers with to start using them

Not at all certain 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Absolutely certain 7 <input type="radio"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--

I can refuse sex when I don't have a protective barrier available

Not at all certain 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Absolutely certain 7 <input type="radio"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--

I can get a partner to use a protective barrier, even if I'm drunk or high

Not at all certain 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Absolutely certain 7 <input type="radio"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--

I can get a partner to use a protective barrier, even if they don't want to.

Not at all certain 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Absolutely certain 7 <input type="radio"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--

I can ask a partner who truly sees me as the gender I know myself to be to use a protective barrier

Not at all certain 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Absolutely certain 7 <input type="radio"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--

I can ask a non-trans partner to use a protective barrier

Not at all certain 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Absolutely certain 7 <input type="radio"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--

I can ask a trans partner to use a protective barrier

Not at all certain 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	Absolutely certain 7 <input type="radio"/>
--	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--

R13. Please read each item and decide to what extent it is characteristic of you. Give each item a rating of how much it applies to you by using the following scale:

I feel anxious when I think about the sexual aspects of my life

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
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I worry about the sexual aspects of my life

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
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Thinking about the sexual aspects of my life often leaves me with an uneasy feeling

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
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I am satisfied with the status of my own sexual fulfillment

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
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The sexual aspects of my life are personally gratifying to me

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
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The sexual aspects of my life are satisfactory, compared to most people's

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
-------------------------------------	-----------------------------------	-----------------------------------	-------------------------------------	-------------------------------

I am satisfied with the sexual aspects of my life.

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
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I am satisfied with the way my sexual needs are currently being met.

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
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I am afraid of becoming sexually involved with another person

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
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I have a fear of sexual relationships

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
-------------------------------------	-----------------------------------	-----------------------------------	-------------------------------------	-------------------------------

I don't have much fear about engaging in sex.

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
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R14. When I think about having sex, I worry...

That other people think my body is unattractive

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
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That there are very few people who would want to have sex with me

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
-------------------------------------	-----------------------------------	-----------------------------------	-------------------------------------	-------------------------------

About feeling ashamed about my body

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
-------------------------------------	-----------------------------------	-----------------------------------	-------------------------------------	-------------------------------

That once I'm naked, people will not see me as the gender I am

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
-------------------------------------	-----------------------------------	-----------------------------------	-------------------------------------	-------------------------------

That I can't have the sex I want until I have a(nother) surgery

Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Moderately <input type="radio"/>	Very <input type="radio"/>
-------------------------------------	-----------------------------------	-----------------------------------	-------------------------------------	-------------------------------

R15. How often have you been objectified or fetishized sexually because you're trans or non-binary?

- Never
- Once or twice
- Sometimes
- Many times



Please answer R16 to R17b if you have had a vaginoplasty. Otherwise, please skip to R18.

R16. Since you had your vaginoplasty, have you ever received a gynecological exam from either a gynecologist or your primary provider? **(Please check all that apply)**

- Yes, for a specific health concern
- Yes, a regular gynecological check-up
- No → Skip to R17

R16a. When was your last gynecological exam?

- Less than 3 years ago
- More than 3 years ago

R17. Since you had your vaginoplasty, have you had any of the following health concerns regarding your vagina? **(Please check all that apply)**

- Concern with how my surgery was healing
- Problems with scar tissue
- Pain during sex
- Difficulty with peeing
- Odor or discharge that might not be normal
- Other concern, specify: \_\_\_\_\_
- None of the above → Skip to R18

R17a. Which, if any, of these health concerns have you had during the past 12 months? **(Please check all that apply)**

- Concern with how my surgery was healing
- Problems with scar tissue
- Pain during sex
- Difficulty with peeing
- Odor or discharge that might not be normal
- Other concern, specify: \_\_\_\_\_
- None of the above

Please answer R18 to R20a if your sex assigned at birth was female. Otherwise, please skip to Section S.

R18. Have you ever received a gynecological exam (from either a gynecologist or your primary provider) while living in your true gender? **(Please check all that apply)**

- Yes, for a specific health concern
- Yes, a regular gynecological check-up
- No → Skip to R19

R18a. When was your last gynecological exam?

- Less than 3 years ago
- More than 3 years ago

R19. Have you ever had any of the following health concerns regarding your front hole or vagina? **(Please check all that apply)**

- Problems with tissue thinning or tearing
- Dryness
- Pain during sex
- Odor or discharge that might not be normal
- Other concern, specify: \_\_\_\_\_
- None of the above → Skip to R20

R19a. Which, if any, of these health concerns have you had during the past 12 months? **(Please check all that apply)**

- Problems with tissue thinning or tearing
- Dryness
- Pain during sex
- Odor or discharge that might not be normal
- Other concern, specify: \_\_\_\_\_
- None of the above
- Not applicable; I do not have a front hole / vagina

R20. In the past 12 months, have you used a method of contraception to prevent pregnancy? For example: condoms, contraceptive pill/coil/injection/implant, etc.

- Yes
- No → Skip to Section S
- I'm not able to get pregnant → Skip to Section S

R20a. Which methods of contraception have you used in the past 12 months? **(Please check all that apply)**

- Birth control pill
- Condoms
- Contraceptive patch (e.g., Ortho-Evra)
- Hormonal implant
- Injection (e.g., Depo-Provera)
- Copper intrauterine device (IUD) (e.g. NOVA-T, FlexiT, Liberté)
- Hormone-containing intrauterine device (IUD) (e.g. Mirena, Jaydess, Kyleena)
- Spermicidal foam, jelly, cream, film, suppository
- Surgery (e.g. tubes tied)
- Vaginal contraceptive ring (e.g., Nuva-ring)
- Other, specify: \_\_\_\_\_

## Section S.

You're almost done the survey! Next we have a few questions on how you see yourself, and your future.

S1. Please indicate your agreement or disagreement with each of the following statements:

My life has a clear sense of purpose.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	--

I am optimistic about my future.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	--

My life is going well.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	--

I feel good most of the time.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly disagree <input type="radio"/>
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What I do in life is valuable and worthwhile.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	--

I can succeed if I put my mind to it.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	--

I am achieving most of my goals.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	--

In most activities I do, I feel energized.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	--

There are people who appreciate me as a person.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	--

I feel a sense of belonging in my community.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree nor disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	--

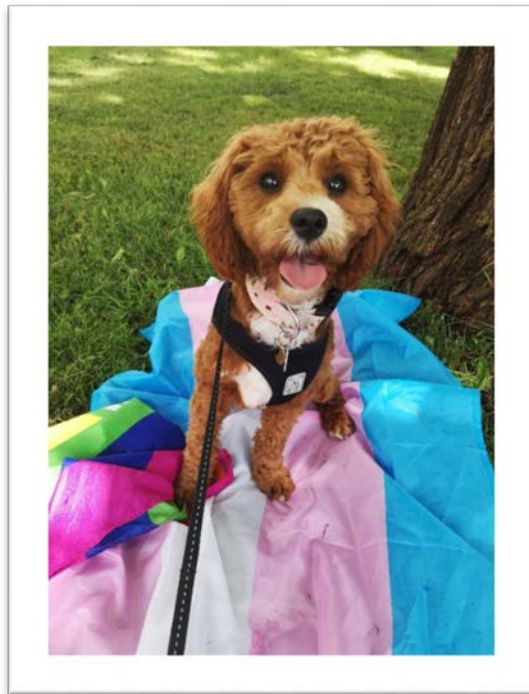
S2. Can you tell us something you love about being trans or non-binary?

Now we have a few final questions about our study, and future research.

S3. What would you like to see happen as a result of this study?

S4. Are there additional questions that you would like us to ask trans or non-binary people in future studies?

You're at the finish line - thank you for completing the survey!



*Image source: Siobhan Churchill, used with permission.*



## **Consent to be re-contacted about participation in other studies**

Version date: 25-June-2019

Our research team is anticipating that this study will lead to other studies focused on trans and non-binary health and well-being in Canada. These may include interview studies, focus group studies, or surveys.

With your consent, we would like to contact you in the future to invite you to consider participating in those studies that might apply to you. Even if you agree to be contacted, you don't have to take part in any future studies. You can decide whether you're interested in a particular study when we contact you. We'll only contact you about studies that have been approved by both the Trans PULSE Canada Steering Committee and a Research Ethics Board.

Your name and contact information will only be accessible to the Principal Investigators and the Project Coordinator. They will be stored separately from your survey answers, and on a secure server at Western University. Your contact information will be digitally shredded (more secure than deleting) in October 2022.

You can change your mind at any time and ask us to delete your name and contact information by contacting the Project Coordinator or either of the Principal Investigators.

You can choose how you want to be contacted—by phone call, text, e-mail, and/or mail. Since future studies may be specialized for certain groups (e.g., unemployed trans or non-binary people, Indigenous gender-diverse persons, people living in Saskatchewan), invitations may contain information that identifies you as a member of this group. Please include only contact methods you consider private (e.g., a personal but not a shared e-mail). Mailed information will only include Western University as a return address.

If you need to, you can specify a contact person from an organization who will know how to reach you. Any invitations sent through this person will contain only very general information, and will not identify you as a member of any specific group. These requests will ask you to contact us at Trans PULSE Canada for more information.

If *you* agree to be contacted via electronic means (text message (SMS) or email), we will send you an electronic message with information about the new study (e.g. "You may be eligible to participate in an upcoming study on trans and non-binary health in Saskatchewan! For more information, contact principal investigator Jane Smith at 555-123-4567 or jane@email.com). If your *organizational contact person* agrees to be contacted via electronic means, we will send them a message asking them to have you



contact us (e.g., [Your name] may be eligible to participate in an upcoming research study, and they've asked us to contact you if this happens. If possible, please ask [your name] to contact Siobhan Churchill at 519-661-2111 x86260 or schurch9@uwo.ca for more information).

If we text or email you, please do not reply to communicate any details about your health, or any other sensitive information. Text messaging and email is subject to the terms and conditions of cellular and internet service providers, so we cannot guarantee the security and privacy of this communication. Service providers may keep electronic messages passing through their system. These messages can be intercepted, forwarded, circulated, stored or changed without the permission the sender or recipient, or accidentally sent or disclosed to third parties or the public. We cannot guarantee that text messages or email will be read and responded to within any particular time period, so do not use text messaging or email to communicate with us in an emergency.

Text messages will be sent by the Project Coordinator or Principal Investigators using a dedicated & password-protected project cell phone, and Canadian phone number. All text message and email related data will be deleted in October 2022. You can withdraw your consent to communicate electronically at any time. If your phone number changes, please inform the research staff.

**Please check the appropriate box below:**

I do NOT agree to be contacted for future research studies

I agree to be contacted for future research studies → **Please fill out the following:**

Your Name:	
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Please fill in at least two of the following contact methods. The contact information can be either for yourself or for an individual at a community organization that will know how to get in touch with you.

1. Telephone Number:	<input type="checkbox"/> Please text <input type="checkbox"/> Please call
2. Email Address*:	
3. Mailing Address:	

If this is the contact information for an individual at a community organization, what is the name of the person and organization? We ask that after completing this form, you ask your organizational contact person whether they agree to us holding their contact information in our secure database until October 2022. If they do not agree, they may contact the research team to have their information deleted.

--

\* Please note email is not a secure form of communication.



## How to Mail Your Paper Survey if You Have Printed it from our Website

### **Part One: Consent to participate:**

1. Review the form titled: "Consent to Participate in a Research Study".
2. Answer the question on page 7 of that form.
3. Place page 7 in a **large envelope**. The other pages are yours to keep.

### **Part Two: Survey**

4. Place your completed survey in the **same large envelope**.
5. Seal and mail the large envelope to:

Epidemiology and Biostatistics  
Western University  
Attn: Drs. Bauer and Scheim  
K201 Kresge Bldg  
London, ON N6A 5C1

### **Part Three: Consent to re-contact**

6. Review the form titled: "Consent to be re-contacted about participation in other studies".
7. Answer the question on page 3 of that form. If you *don't* agree to be contacted, please recycle the form. If you *do* agree to be contacted, please fill out the rest of the form.
8. Place page 3 of that completed form in a **separate small envelope**. The other pages are yours to keep.
9. Seal and mail the small envelope separately to the same address as the survey.

*Thank you!*