

**Trans Youth CAN!**  
**Parent/Caregiver Baseline Survey**

\*\*\*This document is for information purposes online and is not used for data collection. This survey is self-completed by parents/caregivers using a secure online data collection interface.

FOR INFORMATION PURPOSES ONLY

## INTRODUCTION

This survey asks questions regarding your trans youth, your own well-being, and your family's well-being. We know there are many sources of stress for families and loved ones of trans youth. We would like to be able to track these experiences of stress over time to see how parents/caregivers and families are doing as youth receive gender-affirming medical care. The focus of this survey is on your own feelings and experiences, and your family as you define it for yourself.

We plan to use this information (from youth and parent/caregiver data) to provide better information on clinical care for trans youth, better information for youth and families regarding what to expect in the process, and to track how everyone's health and well-being may change over the course of a youth's care. We also want to identify ways that we may be able to help increase support for youth and families in their schools and communities. Finally, at the end of this survey, we will ask your advice about what we should do with the information we gather, and what additional information you may want us to gather in future surveys.

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## DATA DETAILS

P00\_LANG. [auto-fill based on selection]

- 1 ☐ French
- 2 ☐ English

PARENTID. Participant ID: \_\_\_\_\_

P00\_INCLINIC. Completed in clinic?

- 1 ☐ yes, completed while at clinic
- 2 ☐ no, completed at home or another location

P00\_DATE. Date completed: \_\_\_\_\_

P00\_RAID. [if P00\_INCLINIC =1] Research Assistant ID: \_\_\_\_\_

P00\_CLINIC. [if P00\_INCLINIC =1] Clinic code:

- 1 ☐ CHEO Diversity Clinic (Ottawa)
- 2 ☐ BC Children's Hospital (Vancouver)
- 3 ☐ GDAAY Clinic (Winnipeg)
- 4 ☐ Alberta Children's Hospital (Calgary)
- 5 ☐ Centre Meraki (Montreal)
- 6 ☐ Montreal Children's Hospital (Montreal)
- 7 ☐ Stollery Children's Clinic (Edmonton)
- 8 ☐ IWK Clinic (Halifax)

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## PARENT/CAREGIVER SURVEY

**P00\_1. What is your relationship to the youth who is participating in this study?**

- 1 ☐ Parent from birth
- 2 ☐ Adoptive parent
- 3 ☐ Foster parent
- 4 ☐ Step-parent
- 5 ☐ Other main caregiver, specify: \_\_\_\_\_ P00\_1\_5text \_\_\_\_\_
- 6 ☐ Other role, please specify: \_\_\_\_\_ P00\_1\_6text \_\_\_\_\_

**P00\_2. Does this youth live with you?**

- 1 ☐ Yes
- 2 ☐ Some of the time
- 3 ☐ No

**Who else lives with you, other than yourself and your youth? (Check all that apply)**

- P00\_3\_1 ☐ My male spouse or partner
- P00\_3\_2 ☐ My female spouse or partner
- P00\_3\_3 ☐ My non-binary gendered spouse or partner
- P00\_3\_4 ☐ My parent(s)
- P00\_3\_5 ☐ My child or child(ren). How many? \_\_\_\_\_ P00\_3\_5\_no \_\_\_\_\_
- P00\_3\_6 ☐ Others, please specify: \_\_\_\_\_ P00\_3\_6ext \_\_\_\_\_

**[if P00\_1 =1, 2, 3, or 4] P00\_4. Is there a co-parent or another parent who is not living with you that is also involved in the youth's life?**

- 1 ☐ Yes
- 2 ☐ No

**P00\_5. In what year were you born? \_\_\_\_\_**

**P00\_6. What is your gender?**

- 1 ☐ Male
- 2 ☐ Female
- 3 ☐ Non-binary, or something other than male or female

**P00\_7. How do you describe your gender?**

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What language(s) do you speak at home?

**P00\_8\_1. First language (the one you use most)**

- 1 ☐ English
- 2 ☐ French
- 3 ☐ Indigenous language \_\_\_\_\_ P00\_8\_1\_3text \_\_\_\_\_
- 4 ☐ Other language \_\_\_\_\_ P00\_8\_1\_4text \_\_\_\_\_

**P00\_8\_2. Second language**

- 1 ☐ English
- 2 ☐ French
- 3 ☐ Indigenous language \_\_\_\_\_ P00\_8\_2\_3text \_\_\_\_\_
- 4 ☐ Other language \_\_\_\_\_ P00\_8\_2\_4text \_\_\_\_\_
- 77 ☐ Not applicable [if P00\_8\_2=77, skip to P00\_10]

**P00\_8\_3. Third language**

- 1 ☐ English
- 2 ☐ French
- 3 ☐ Indigenous language \_\_\_\_\_ P00\_8\_3\_3text \_\_\_\_\_
- 4 ☐ Other language \_\_\_\_\_ P00\_8\_3\_4text \_\_\_\_\_
- 77 ☐ Not applicable

**P00\_9. In which language would you most prefer to get information on trans issues or trans health for yourself?**

- 1 ☐ English
- 2 ☐ French
- 3 ☐ Indigenous language \_\_\_\_\_ P00\_9\_3text \_\_\_\_\_
- 4 ☐ Other language \_\_\_\_\_ P00\_9\_4text \_\_\_\_\_

**P00\_10. Would you say you are... ?**

- 1 ☐ Indigenous (that is First Nations, Metis or Inuit)?
- 2 ☐ Someone who immigrated to Canada from another country?
- 3 ☐ Someone who was born in Canada, but not an Indigenous person?

**P00\_11. [if P00\_10=1] Are you ...?**

- 1 ☐ First Nations
- 2 ☐ Metis
- 3 ☐ Inuit
- 4 ☐ None of the above

88 ☐ I don't know

**P00\_12. [if P00\_10=1] How do you personally identify as an Indigenous person?**

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**P00\_13. [if P00\_10=1] Do you live in a First Nations reserve community?**

- 1 ☐ Yes
- 2 ☐ No

**What is the religion or faith of your family? Is your family... ? (You can choose more than one.)**

- P00\_14\_1 ☐ Indigenous spiritual
- P00\_14\_2 ☐ Anglican
- P00\_14\_3 ☐ Bahá'í
- P00\_14\_4 ☐ Buddhist
- P00\_14\_5 ☐ Catholic
- P00\_14\_6 ☐ Hindu
- P00\_14\_7 ☐ Jewish
- P00\_14\_8 ☐ Mennonite, Amish or Hutterite
- P00\_14\_9 ☐ Muslim
- P00\_14\_10 ☐ Neo-pagan
- P00\_14\_11 ☐ Protestant Christian
- P00\_14\_12 ☐ Sikh
- P00\_14\_13 ☐ Unitarian
- P00\_14\_77 ☐ No religion
- P00\_14\_14 ☐ Other, please specify: \_\_\_\_\_P00\_14\_14text\_\_\_\_\_

**P00\_15. How religious or faith-based is your family?**

- 1 ☐ not at all
- 2 ☐ a bit
- 3 ☐ somewhat
- 4 ☐ fairly
- 5 ☐ quite
- 6 ☐ extremely

**P00\_16. How supportive of your youth's gender is your religious or faith-based community?**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive

4 ☐ Very supportive

77 ☐ not applicable; they do not know

78 ☐ not applicable; I am not part of a religious or faith-based community

**Which of the following reflect your background? You can choose more than one.**

P00\_17\_1 ☐ Indigenous (First Nations, Métis, or Inuit)

P00\_17\_2 ☐ Latin American (e.g. Argentina, Mexico, Nicaragua)

P00\_17\_3 ☐ East Asian (e.g. China, Japan, Korea, Taiwan)

P00\_17\_4 ☐ Indo-Caribbean (e.g. Guyanese with origins in India)

P00\_17\_5 ☐ Black Caribbean

P00\_17\_6 ☐ South Asian (e.g. India, Sri Lanka, Pakistan)

P00\_17\_7 ☐ Middle Eastern (e.g. Egypt, Iran, Israel, Saudi Arabia)

P00\_17\_8 ☐ South East Asian (e.g. Vietnam, Malaysia, Philippines)

P00\_17\_9 ☐ White Canadian or White American

P00\_17\_10 ☐ White European (e.g. England, Greece, Sweden, Russia)

P00\_17\_11 ☐ Black Canadian or African-American

P00\_17\_12 ☐ Black African (e.g. Ghana, Kenya, Somalia)

P00\_17\_13 ☐ Other, please specify \_\_\_\_\_ P00\_17\_13text \_\_\_\_\_

**P00\_18. How do you identify your own ethnic or racial background?**

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**P00\_19. How supportive of your youth's gender is your ethnic or cultural community?**

1 ☐ Not at all supportive

2 ☐ Not very supportive

3 ☐ Somewhat supportive

4 ☐ Very supportive

77 ☐ not applicable; they do not know

78 ☐ not applicable; I am not part of an ethnic or cultural community

**P00\_20. Which of the following reflects your sexual orientation? You can choose more than one.**

P00\_20\_1 ☐ Two-spirit

P00\_20\_2 ☐ Heterosexual or straight

P00\_20\_3 ☐ Lesbian

P00\_20\_4 ☐ Gay

P00\_20\_5 ☐ Bisexual

P00\_20\_6 ☐ Pansexual

P00\_20\_7 ☐ Queer

P00\_20\_8 ☐ Asexual

**P00\_21. How do you identify your own sexual orientation?**

**P00\_22. How supportive of your youth's gender is your LGBT2Q community?**

1 ☐ Not at all supportive

2 ☐ Not very supportive

3 ☐ Somewhat supportive

4 ☐ Very supportive

77 ☐ not applicable; they do not know

78 ☐ not applicable; I am not part of an LGBT2Q community

**Prior to your youth being seen at this clinic, with which of the following did your youth or your family meet, with regard to their gender?**

P00\_23\_1 ☐ a family doctor

P00\_23\_2 ☐ a pediatrician

P00\_23\_3 ☐ an adolescent medicine specialist

P00\_23\_4 ☐ a psychologist

P00\_23\_5 ☐ a psychiatrist

P00\_23\_6 ☐ another type of counsellor

P00\_23\_7 ☐ an endocrinologist

P00\_23\_8 ☐ a nurse practitioner

P00\_23\_9 ☐ an Indigenous elder

P00\_23\_10 ☐ a priest, rabbi, imam or other religious leader

P00\_23\_11 ☐ a school counsellor

P00\_23\_12 ☐ a community group (i.e., PFLAG)

P00\_23\_13 ☐ other, specify: \_\_\_\_\_ P00\_23\_13text \_\_\_\_\_

P00\_23\_14 ☐ none of the above

**P00\_24. Did your youth participate in any counselling or programs to try to make their gender align with the sex they were assigned at birth?**

1 ☐ yes, a program or regular visits

2 ☐ yes, once to a few times

3 ☐ no, never



**P00\_25 [if P00\_24 = 3] Have you ever considered having your youth participate in any counselling or programs to try to make their gender align with the sex they were assigned at birth?**

1 ☐ Yes

2 ☐ No

**P00\_26. [if P00\_23=1 to 13] How old was your youth the first time they met with someone outside of your family to discuss their gender? \_\_\_\_ years**

**P00\_27. How long has it been since you or someone else first started seeking hormone treatment for your youth? \_\_\_\_P00\_27\_yrs\_\_\_\_ years \_\_\_\_ P00\_27\_mos\_\_\_\_ months**

**P00\_28. What type of health care provider did you or your youth first see to discuss hormones, or getting a referral for hormones?**

1 ☐ a family doctor

2 ☐ a pediatrician

3 ☐ an adolescent medicine specialist

4 ☐ a psychologist

5 ☐ a psychiatrist

6 ☐ another type of counsellor

7 ☐ an endocrinologist

8 ☐ a nurse practitioner

9 ☐ an Indigenous elder

10 ☐ a priest, rabbi, imam, or other religious leader

11 ☐ a school counsellor

12 ☐ a community group (i.e., PFLAG)

13 ☐ other, specify \_\_\_\_\_ P00\_28\_13text \_\_\_\_\_

14 ☐ none of the above

**P00\_29. Is there anything you would like to add about your own or your youth's experiences with counselling, programs, or other visits with someone outside the family to talk about your youth's gender?**

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**P00\_30. What is the highest level of education you have completed?**

1 ☐ less than high school

2 ☐ high school diploma

3 ☐ some postsecondary education, but no degree or diploma (university, college or Cegep)

4 ☐ postsecondary degree

- 5 ☐ some graduate or professional education, but no degree or diploma  
 6 ☐ graduate or professional degree

**P00\_31. [if P00\_3\_1=1 or P00\_3\_2=1 or P00\_3\_3=1] What is the highest level of education your spouse or partner has completed?**

- 1 ☐ less than high school  
 2 ☐ high school diploma  
 3 ☐ some postsecondary education, but no degree or diploma (university, college or Cegep)  
 4 ☐ postsecondary degree  
 5 ☐ some graduate or professional education, but no degree or diploma  
 6 ☐ graduate or professional degree

**P00\_32. Although a lot of health costs are covered by 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.**

**What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?**

- 1 ☐ Less than \$10,000  
 2 ☐ \$10,000 to less than \$15,000  
 3 ☐ \$15,000 to less than \$30,000  
 4 ☐ \$30,000 to less than \$40,000  
 5 ☐ \$40,000 to less than \$50,000  
 6 ☐ \$50,000 to less than \$60,000  
 7 ☐ \$60,000 to less than \$80,000  
 8 ☐ \$80,000 to less than \$100,000  
 9 ☐ \$100,000 or more

- 88 ☐ I don't know  
 99 ☐ I'd rather not say

**P00\_33. How many people (including yourself) are supported on this income? \_\_\_\_\_**

**Some of the youth who come to see us feel that their life is not that great, while others think that their life is okay. In your opinion, how do you view your youth's life?**

**P00\_34\_1. OVERALL, your youth's life is ... [do slider on tablet]**

The WORST ☹ ----- ☺ The BEST

**P00\_34\_2. Considering their HEALTH, your youth's life is ... [do slider on tablet]**

The WORST ☹ ----- ☺ The BEST

**We want to ask about the types of things that parents, families, and people close to trans youth might be subjected to from outside of their family or their close circle.  
When we say 'family,' it's however you define your family for yourself.**

**As a parent or caregiver, have you or your family experienced any of the following because of your youth's gender? (You may choose more than one.)**

- P00\_35\_1 ☐ Friends or family have told you that you are a bad parent or caregiver  
P00\_35\_2 ☐ Strangers (online or in person) have told you that you are a bad parent or caregiver  
P00\_35\_3 ☐ Friends or family have given you unwanted parenting or caregiving advice  
P00\_35\_4 ☐ Strangers (in person or online) have given you unwanted parenting or caregiving advice  
P00\_35\_5 ☐ Child welfare authorities have opened a file or an investigation into your parenting, threatened, attempted, or taken your youth away from you  
P00\_35\_6 ☐ Other family members no longer speak to you  
P00\_35\_7 ☐ Members of your community no longer speak to you or members of your family  
P00\_35\_8 ☐ Other parents stopped letting their kids come to your house  
P00\_35\_9 ☐ Other people stopped letting your youth (or your other children) go to their house(s) to visit their friends  
P00\_35\_10 ☐ You or someone in your family has had to get involved in their school regarding gender issues  
P00\_35\_11 ☐ You or someone in your family had to get involved regarding a dress code at school or outside of school that forced your youth to wear clothes (or a uniform or costume) that don't fit their gender  
P00\_35\_12 ☐ You or someone in your family had to defend their right to use a washroom  
P00\_35\_13 ☐ You or someone in your family was asked to not participate in your religious organization anymore  
P00\_35\_14 ☐ You or someone in your family had to defend your youth's right to participate on their identified gender's sports team or extracurricular activities (e.g., boy scouts/girl guides, clubs, sports)  
P00\_35\_15 ☐ Your youth or your family was asked to find another family doctor or health care provider  
P00\_35\_16 ☐ Your youth or your family was asked to find another mental health care provider  
P00\_35\_17 ☐ Something else \_\_\_\_\_ P00\_35\_17text \_\_\_\_\_  
P00\_35\_18 ☐ None of the above

**Have you discouraged your youth from doing any of the following to avoid stigma or discrimination?**

- P00\_36\_1 ☐ Participating in organized sports teams  
P00\_36\_2 ☐ Participating in religious services or activities  
P00\_36\_3 ☐ Participating in extracurricular activities (e.g., boy scouts/girl guides, clubs, social groups etc.)  
P00\_36\_4 ☐ Dressing the way they want  
P00\_36\_5 ☐ Going to gyms or pools  
P00\_36\_6 ☐ Travelling out of the country  
P00\_36\_7 ☐ Going to a specific school  
P00\_36\_8 ☐ Going to family functions with extended family

- P00\_36\_9 ☐ Going to summer camps/sleep-away camps  
P00\_36\_10 ☐ Going to or having sleepovers  
P00\_36\_11 ☐ Going on school field trips  
P00\_36\_12 ☐ Something else \_\_\_\_\_ P00\_36\_12text \_\_\_\_\_  
P00\_36\_13 ☐ None of the above

**P00\_37. Have you ever had to change your youth's school or homeschool them because others had issues with their gender?**

- 1 ☐ Yes  
2 ☐ No

**P00\_38. Have you ever seriously considered changing your youth's school or homeschooling them because others had issues with their gender?**

- 1 ☐ Yes  
2 ☐ No

**P00\_39. Have you ever had to move to a new home because others had issues with your youth's gender?**

- 1 ☐ Yes  
2 ☐ No

**P00\_40. Have you ever seriously considered moving to a new home because others had issues with your youth's gender?**

- 1 ☐ Yes  
2 ☐ No

**Which of the following do you seriously worry about on a regular basis? (You may choose more than one.)**

- P00\_41\_1 ☐ transphobia in society in general  
P00\_41\_2 ☐ your youth facing rejection  
P00\_41\_3 ☐ your youth encountering violence  
P00\_41\_4 ☐ your youth engaging in self-harm  
P00\_41\_5 ☐ your youth's physical health  
P00\_41\_6 ☐ how your friends or colleagues react to your youth's transition  
P00\_41\_7 ☐ how to discuss your youth's gender or transition with extended family  
P00\_41\_8 ☐ that saying the wrong thing will hurt your youth  
P00\_41\_9 ☐ that you may be making a mistake by supporting your youth  
P00\_41\_10 ☐ what you are losing with your youth's transition  
P00\_41\_11 ☐ the lack of good health information for your youth  
P00\_41\_12 ☐ that your youth won't find a good career  
P00\_41\_13 ☐ that your youth won't find a good romantic partner  
P00\_41\_14 ☐ that your youth may have unsafe dating experiences  
P00\_41\_15 ☐ youth youth's fertility and being able to have children

- P00\_41\_16 ☐ that you might make irreversible decisions for your youth for something that might be a phase
- P00\_41\_17 ☐ the way your youth's gender challenges your religious beliefs or values
- P00\_41\_18 ☐ letting people know your youth's gender might hurt or disadvantage your youth
- P00\_41\_19 ☐ letting people know your youth's gender might hurt or disadvantage you
- P00\_41\_20 ☐ Other, please specify: \_\_\_\_\_ P00\_41\_20text \_\_\_\_\_
- P00\_41\_21 ☐ I have no great concerns.

**Which of the following positive feelings have you experienced, related to your youth's gender? (You may choose more than one)**

- P00\_42\_1 ☐ A sense of pride in your youth
- P00\_42\_2 ☐ A sense of pride in your own parenting
- P00\_42\_3 ☐ A sense of confidence in your own parenting
- P00\_42\_4 ☐ An improved relationship with your youth
- P00\_42\_5 ☐ Motivation to become involved in public education or advocacy about trans youth
- P00\_42\_6 ☐ A sense of community with other parents of trans youth
- P00\_42\_7 ☐ A sense of personal growth
- P00\_42\_8 ☐ A strengthening of your family
- P00\_42\_9 ☐ Being pleased by unexpected support
- P00\_42\_10 ☐ Pleasure in seeing your youth becoming more confident
- P00\_42\_11 ☐ A sense of hope for your youth's future
- P00\_42\_12 ☐ Being inspired by your youth
- P00\_42\_13 ☐ Addressing your own internalized homophobia/transphobia
- P00\_42\_14 ☐ Reduced tension in the family/a sense of peace in the family
- P00\_42\_15 ☐ Other, please specify: \_\_\_\_\_ P00\_42\_15text \_\_\_\_\_

**P00\_43\_1. Has addressing your youth's gender weakened or strengthened your family?**

Weakened our family 1 2 3 4 5 Strengthened our family

**P00\_43\_2. Is there anything you would like to tell us about this?**

The next six questions are about how you have been feeling during the past 30 days.

**P00\_44\_1. About how often during the past 30 days did you feel nervous?**

- 1 ☐ all of the time
- 2 ☐ most of the time
- 3 ☐ some of the time
- 4 ☐ a little of the time
- 5 ☐ none of the time

**P00\_44\_2. During the past 30 days, about how often did you feel hopeless?**

- 1 ☐ all of the time
- 2 ☐ most of the time
- 3 ☐ some of the time
- 4 ☐ a little of the time
- 5 ☐ none of the time

**P00\_44\_3. During the past 30 days, about how often did you feel restless or fidgety?**

- 1 ☐ all of the time
- 2 ☐ most of the time
- 3 ☐ some of the time
- 4 ☐ a little of the time
- 5 ☐ none of the time

**P00\_44\_4. How often did you feel so depressed that nothing could cheer you up?**

- 1 ☐ all of the time
- 2 ☐ most of the time
- 3 ☐ some of the time
- 4 ☐ a little of the time
- 5 ☐ none of the time

**P00\_44\_5. During the past 30 days, about how often did you feel that everything was an effort?**

- 1 ☐ all of the time
- 2 ☐ most of the time
- 3 ☐ some of the time
- 4 ☐ a little of the time
- 5 ☐ none of the time

**P00\_44\_6. During the past 30 days, about how often did you feel worthless?**

- 1 ☐ all of the time
- 2 ☐ most of the time
- 3 ☐ some of the time
- 4 ☐ a little of the time
- 5 ☐ none of the time

When your youth first disclosed their gender identity, how supportive were you of your youth's ... ?

**P00\_45\_1. Gender identity**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive

**P00\_45\_2. Their gender expression**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive

**P00\_45\_3. Their gender-affirming medical care**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive

[if P00\_3\_1=1 or P00\_3\_2=1 or P00\_3\_3=1] When your youth first disclosed their gender identity to your spouse or partner, how supportive were they of your youth's ... ?

**P00\_46\_1. Gender identity**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive
- 77 ☐ Not applicable; they don't know

**P00\_46\_2. Their gender expression**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive
- 77 ☐ Not applicable; they don't know

**P00\_46\_3. Their gender-affirming medical care**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive
- 77 ☐ Not applicable; they don't know

**P00\_47. [if P00\_3\_1=1 or P00\_3\_2=1 or P00\_3\_3=1]] In the past, was there any relationship conflict between you and your spouse or partner regarding disagreement about your youth's gender?**

- 1 ☐ No conflict at all
- 2 ☐ Some conflict
- 3 ☐ A lot of conflict
- 77 ☐ Not applicable; they don't know

**[if P00\_4 =1] When your youth first disclosed their gender identity to the co-parent, how supportive were they of your youth's ...?**

**P00\_48\_1. Gender identity**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive
- 77 ☐ Not applicable; they don't know

**P00\_48\_2. Their gender expression**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive
- 77 ☐ Not applicable; they don't know

**P00\_48\_3. Their gender-affirming medical care**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive
- 77 ☐ Not applicable; they don't know

**P00\_49. [if P00\_4=1] In the past, was there any conflict between you and the co-parent regarding disagreement about your youth's gender?**

- 1 ☐ No conflict at all
- 2 ☐ Some conflict
- 3 ☐ A lot of conflict
- 77 ☐ Not applicable; they don't know



In general, right now how supportive are you of your youth's ... ?

**P00\_50\_1. Gender identity**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive

**P00\_50\_2. Their gender expression**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive

**P00\_50\_3. Their gender-affirming medical care**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive

[if P00\_3\_1=1 or P00\_3\_2=1 or P00\_3\_3=1] In general, right now how supportive is your spouse or partner of your youth's ... ?

**P00\_51\_1. Gender identity**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive
- 77 ☐ Not applicable; they don't know

**P00\_51\_2. Their gender expression**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive
- 77 ☐ Not applicable; they don't know

**P00\_51\_3. Their gender-affirming medical care**

- 1 ☐ Not at all supportive
- 2 ☐ Not very supportive

- ☐ 3 Somewhat supportive  
☐ 4 Very supportive  
☐ 77 Not applicable; they don't know [if P00\_42\_3 = 77 skip to P00\_49]

**P00\_52. [if P00\_3\_1=1 or P00\_3\_2=1 or P00\_3\_3=1]] Is there relationship conflict between you and your spouse or partner regarding disagreement about your youth's gender?**

- ☐ 1 No conflict at all  
☐ 2 Some conflict  
☐ 3 A lot of conflict  
☐ 77 Not applicable; they don't know

**[if P00\_4=1] In general, right now how supportive is the co-parent of your youth's ...?**

**P00\_53\_1. Gender identity**

- ☐ 1 Not at all supportive  
☐ 2 Not very supportive  
☐ 3 Somewhat supportive  
☐ 4 Very supportive  
☐ 77 Not applicable; they don't know

**P00\_53\_2. Their gender expression**

- ☐ 1 Not at all supportive  
☐ 2 Not very supportive  
☐ 3 Somewhat supportive  
☐ 4 Very supportive  
☐ 77 Not applicable; they don't know

**P00\_53\_3. Their gender-affirming medical care**

- ☐ 1 Not at all supportive  
☐ 2 Not very supportive  
☐ 3 Somewhat supportive  
☐ 4 Very supportive  
☐ 77 Not applicable; they don't know [if P00\_42\_3 = 77 skip to P00\_49]

**P00\_54. [if P00\_4=1] Is there conflict between you the co-parent regarding disagreement about your youth's gender?**

- ☐ 1 No conflict at all  
☐ 2 Some conflict  
☐ 3 A lot of conflict  
☐ 77 Not applicable; they don't know

**P00\_55. How would you describe the communication between you and your youth?**

Very open, we talk about everything 1 2 3 4 5 Very closed, we don't talk about anything

**For each question, say the answer that best fits how you see your family now. If you feel that your answer is between two of the labeled numbers (the odd numbers), then choose the even number that is between them.**

**When we say 'family,' it's however you define your family for yourself.**

		YES: Fits our family well 1	2	SOME: Fits our family some 3	4	NO: Does not fit our family 5
P00_56_1	Family members pay attention to each other's feelings.					
P00_56_2	Our family would rather do things together than with other people.					
P00_56_3	We all have a say in family plans.					
P00_56_4	The grownups in this family understand and agree on family decisions.					
P00_56_5	Grownups in the family compete and fight with each other.					
P00_56_6	There is closeness in my family but each person is allowed to be special and different.					
P00_56_7	We accept each other's friends.					
P00_56_8	There is confusion in our family because there is no leader.					
P00_56_9	Our family members touch and hug each other.					
P00_56_10	Family members put each other down.					
P00_56_11	We speak our minds, no matter what.					
P00_56_12	In our home, we feel loved.					

P00_56_13	Even when we feel close, our family is embarrassed to admit it.					
P00_56_14	We argue a lot and never solve problems.					
P00_56_15	Our happiest times are at home.					
P00_56_16	The grownups in this family are strong leaders.					
P00_56_17	The future looks good to our family.					
P00_56_18	We usually blame one person in our family when things aren't going right.					
P00_56_19	Family members go their own way most of the time.					
P00_56_20	Our family is proud of being close.					
P00_56_21	Our family is good at solving problems together.					
P00_56_22	Family members easily express warmth and caring towards each other.					
P00_56_23	It's okay to fight and yell in our family.					
P00_56_24	One of the adults in this family has a favourite child.					
P00_56_25	When things go wrong we blame each other.					
P00_56_26	We say what we think and feel.					
P00_56_27	Our family members would rather do things with other people than together.					
P00_56_28	Family members pay attention to each other and listen to what is said.					
P00_56_29	We worry about hurting each other's feelings.					

P00_56_30	The mood in my family is usually sad and blue.					
P00_56_31	We argue a lot.					
P00_56_32	One person controls and leads our family.					
P00_56_33	My family is happy most of the time.					
P00_56_34	Each person takes responsibility for their behaviour.					

**P00\_56\_35. On a scale of 1 to 5, I would rate my family as:**

- ☐ 1 My family functions well together.  
☐ 2  
☐ 3 My family does not function well together at all.  
☐ 4  
☐ 5 We really need help.

**People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Choose the one number that best describes your experience for each statement of support.**

		None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5
P00_57_1	Someone you can count on to listen to you when you need to talk					
P00_57_2	Someone to give you information to help you understand a situation					
P00_57_3	Someone to give you good advice about a crisis					
P00_57_4	Someone to confide in or talk to about yourself or your problems					
P00_57_5	Someone whose advice you really want					
P00_57_6	Someone to share your most private worries and fears with					
P00_57_7	Someone to turn to for suggestions about how to deal with a personal problem					

P00_57_8	Someone who understands your problems					
P00_57_9	Someone to help you if you were confined to bed					
P00_57_10	Someone to take you to the doctor if you needed it					
P00_57_11	Someone to prepare your meals if you were unable to do it yourself					
P00_57_12	Someone to help with daily chores if you were sick					
P00_57_13	Someone who shows you love and affection					
P00_57_14	Someone to love and make you feel wanted					
P00_57_15	Someone who hugs you					
P00_57_16	Someone to have a good time with					
P00_57_17	Someone to get together with for relaxation					
P00_57_18	Someone to do something enjoyable with					
P00_57_19	Someone to do things with to help you get your mind off things					

**Which of the following are sources of support for you as the parent or caregiver of a trans youth? You may choose more than one.**

- P00\_58\_1 ☐ Talking to your own counsellor or therapist
- P00\_58\_2 ☐ Talking to your youth's doctor or care provider
- P00\_58\_3 ☐ Talking with an Indigenous elder
- P00\_58\_4 ☐ Talking with a priest, rabbi, imam, or other religious leader
- P00\_58\_5 ☐ Talking with another parent/caregiver of a trans youth
- P00\_58\_6 ☐ Talking with a friend or relative (who is not a parent of a trans youth)
- P00\_58\_7 ☐ Talking with your spouse or partner
- P00\_58\_8 ☐ In-person peer support group
- P00\_58\_9 ☐ On-line peer support group
- P00\_58\_10 ☐ Social media (e.g., YouTube, Facebook, Twitter, etc.)
- P00\_58\_11 ☐ Connecting or talking with trans people other than your youth
- P00\_58\_12 ☐ Your own youth

P00\_58\_13 ☐ Other, please specify: \_\_\_\_\_ P00\_58\_13text \_\_\_\_\_

P00\_58\_14 ☐ I have no sources of support [if only response is P00\_58\_14=1, skip to P00\_60]

**P00\_59. Which of these sources do you find the most helpful?**

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FOR INFORMATION PURPOSES ONLY

## SHARING YOUR THOUGHTS

**P00\_60. What would you like to see happen as a result of the information in this research?**

**P00\_61. Who do we need to reach with our research results? What is the best way to do that?**

**P00\_62. Is there anything that has come up about your youth's gender that you would like us to ask either youth or parents/caregivers about on our follow-up surveys?**

**P00\_63. Is there anything else you would like us to know?**

We will contact you with another parent/caregiver survey in one year with some follow-up questions to see how both you and your youth are doing. We will contact you using the information you gave to the researcher at the clinic. If you have any changes to make, please make sure you contact the research assistant at your local clinic

Thank you so much for sharing your information with us.