

Trans Youth CAN! Youth Baseline Survey

***This document is for information purposes only and is not used for data collection. This survey is interviewer-administered in person with the youth participant, and the questions are programmed into a secure online data collection interface. The interviewer proceeds through the questions and enters the youth's responses into the online survey interface, and is able to help youth with any questions or wording they may need help with.

Don't know (DK) and refused (RF) options are not be read out loud, but will be used to indicate if a youth says they don't know an answer or they would rather not answer that question.

FOR INFORMATION PURPOSES ONLY

INTRODUCTION

[Interviewer introduces self] You [and your parent/caregiver] have agreed to share some information about you as part of a research study we are involved in. Have you ever been part of a research study? I am going to explain a little bit about how this works, and I can also answer any questions you may have.

One thing you should know is that while people at your clinic are involved in this study, this is different from the regular care you get at the clinic. The information you share is not seen by any doctor, or by anyone else who provides medical or mental health care for you. That means two things. First, if there is any information you share with me that you want your doctor or other staff to know, you need to tell them separately. They won't be able to get that information from the study, even if they're involved in the study in other ways. Second, if there is any information you don't want others to know, you can still safely share that information here because the information will only be seen by members of the research team who are not your care providers. The answers you give to questions today are being stored at Western University in London, Ontario, so your information is not even being kept at the clinic.

This information will be combined with information from all the other youth we are interviewing in clinics across Canada, and used to better understand the experiences of trans youth in clinics, the processes of getting care, how hormone treatment impacts health, and to improve medical treatments. We will also be asking you about your feelings, experiences with your family, school and community so that we can better understand how to ensure that trans youth are doing well in all parts of their lives. Because we are combining information gathered from many youth, we will never report about you as an individual. Instead, we will say things like "such a percent of youth who are referred for hormone treatment had this experience". Do you understand?

So how this works is that we are going to talk for about an hour. [While we are doing this your parent/caregiver is going to be <LOCATION> answering some questions about themselves as well.] I am going to ask you some questions about yourself. Some may feel really easy, some might take some thinking, some might make you a little uncomfortable, but they are all important to understanding health. There are no right or wrong answers. We want to hear from you about your own unique feelings, thoughts and experiences. It may feel like some of the questions don't apply to you exactly, but we are asking the exact same questions to all the youth in the study and they might apply better to some other youth. You should definitely ask me if you don't understand what something means. You can also tell me if you want to skip a question. If you want to come back to it later, we can do that as well, or if you really don't want to answer something at all that is okay too. As you answer questions, I am going to enter them onto this tablet. This is similar to some things you may have used on the internet, but it is super secure because it is designed for keeping research information private. It sends your answers right to our secure computers in London, Ontario.

Do you have any questions for me?

DATA DETAILS

Y00_LANG.

- 1 ☐ French
- 2 ☐ English

YOUTHID. Participant ID: _____

PARENTID. ID generated for parent or caregiver (to complete their survey): _____

Y00_DATE. Date completed: _____

Y00_INTID. Interviewer ID: _____

Y00_CLINIC. Clinic:

- 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)

Y00_PARENT: Was parent/caregiver present while administering the survey?

- 1 ☐ Yes
- 2 ☐ No

Y00_SAB: Sex assigned at birth:

- 1 ☐ Female
- 2 ☐ Male

SECTION A. ABOUT YOU

Y00_A1. How old are you? _____ years

Y00_A2. What pronouns do you like to use for yourself?

- 1 ☐ she/her
- 2 ☐ he/him
- 3 ☐ they/them, or
- 4 ☐ something else? _____ Y00_A2_4text _____

88 ☐ DK
99 ☐ RF

Y00_A3. What word or words do you use to identify your own gender?

Y00_A4. If you had to pick one of the following, would you say that you are...

- 1 ☐ Male or primarily a boy;
- 2 ☐ Female or primarily a girl;
- 3 ☐ or non-binary or something other than male or female?

88 ☐ DK
99 ☐ RF

Y00_A5. In your day-to-day life, do you live as that gender? For example, do you go by your preferred name or wear clothes that reflect your gender as you see it?

- 1 ☐ all of the time;
- 2 ☐ some of the time, or;
- 3 ☐ none of the time?

88 ☐ DK
99 ☐ RF

Y00_A6. [if Y00_A5 in (1,2)] ...and at what age did you start living as <Y00_A3>?

_____ years

Y00_A7. At what age did you first realize that your gender was different from what other people called you?

_____ years

Y00_A8. Would you say you are...

Y00_A8_1 Indigenous (that is First Nations, Metis or Inuit)?

1 ☐ yes

2 ☐ no

88 ☐ DK

99 ☐ RF

Y00_A8_2 Someone who immigrated to Canada from another country?

1 ☐ yes

2 ☐ no

88 ☐ DK

99 ☐ RF

Y00_A8_3 Someone who was born in Canada, but not an Indigenous person?

1 ☐ yes

2 ☐ no

88 ☐ DK

99 ☐ RF

Y00_A8_4 Someone whose parent or parents immigrated to Canada from another country?

1 ☐ yes

2 ☐ no

88 ☐ DK

99 ☐ RF

Y00_A9. [if Y00_A8_1=1] Are you ...?

1 ☐ First Nations

2 ☐ Métis

3 ☐ Inuit

4 ☐ Other Indigenous group, specify: _____ Y00_A9_4text_____

88 ☐ DK

Y00_A10. [if Y00_A8_1=1] How do you personally identify as an Indigenous person?

--

Y00_A11. [if Y00_A8_1=1] Do you live in a First Nations reserve community?

1 ☐ Yes

2 ☐ No

Y00_A12. What is your current school situation? Are you ...

1 ☐ in public school (where you don't pay tuition)

2 ☐ in a private school (where you pay tuition)

3 ☐ homeschooled

4 ☐ not enrolled in a school

88 ☐ DK

99 ☐ RF

Y00_A13. [if Y00_A12 in (1,2,88,99)] Does your school practice a specific religion?

1 ☐ yes. Which religion? _____ Y00_A13_1text _____

2 ☐ no

88 ☐ DK

99 ☐ RF

Y00_A14. [if Y00_A12 in (1,2,88,99)] Are you in a special school for LGBT2Q students?

1 ☐ yes

2 ☐ no

88 ☐ DK

99 ☐ RF

Y00_A15. Do you live in a ...

1 ☐ city;

2 ☐ suburb (towns that are attached to a major city), or;

3 ☐ rural area?

88 ☐ DK
99 ☐ RF

Y00_A16. Which of the following types of family members do you have in your life on a regular basis (and how many)? By this, we mean family members you see regularly, and not just on holidays, for example.

Y00_A16_1 ☐ Parent(s) _____ Y00_A16_1_no _____
Y00_A16_2 ☐ Step-parent(s) _____ Y00_A16_2_no _____
Y00_A16_3 ☐ Foster parent(s) _____ Y00_A16_3_no _____
Y00_A16_4 ☐ Sibling(s) _____ Y00_A16_4_no _____
Y00_A16_5 ☐ Grandparents, aunts, uncles and extended family _____ Y00_A16_5_no _____

[if Y00_A12 in (1,2,88,99)] Y00_A17. What grade are you in? (if currently summer, enter grade they will be entering in September) _____

Y00_A18. What languages do you speak at home? If there is more than one, start with the one you use most.

Y00_A18_1 Your first language?

1 ☐ English
2 ☐ French
3 ☐ Indigenous language _____ Y00_A18_1_3text _____
4 ☐ Other language _____ Y00_A18_1_4text _____

88 ☐ DK
99 ☐ RF

Y00_A17_2 Your second language? [if none, skip to Y00_A20]

1 ☐ English
2 ☐ French
3 ☐ Indigenous language _____ Y00_A18_2_3text _____
4 ☐ Other language _____ Y00_A18_2_4text _____

Y00_A17_3 Your third language?

1 ☐ English
2 ☐ French
3 ☐ Indigenous language _____ Y00_A18_3_3text _____
4 ☐ Other language _____ Y00_A18_3_4text _____

Y00_A19. 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 _____ Y00_A19_3text _____
4 ☐ Other language _____ Y00_A19_4text _____

88 ☐ DK
99 ☐ RF

Y00_A20. In which language would you most prefer to get information on trans issues or trans health for your parent(s) or caregiver(s)?

1 ☐ English
2 ☐ French
3 ☐ Indigenous language _____ Y00_A20_3text _____
4 ☐ Other language _____ Y00_A20_4text _____

88 ☐ DK
99 ☐ RF

Y00_A21. Which of the following reflect your background? You can choose more than one.

Y00_A21_1 ☐ Indigenous (First Nations, Métis, or Inuit)
Y00_A21_2 ☐ Latin American (e.g. Argentina, Mexico, Nicaragua)
Y00_A21_3 ☐ East Asian (e.g. China, Japan, Korea, Taiwan)
Y00_A21_4 ☐ Indo-Caribbean (e.g. Guyanese with origins in India)
Y00_A21_5 ☐ Black Caribbean
Y00_A21_6 ☐ South Asian (e.g. India, Sri Lanka, Pakistan)
Y00_A21_7 ☐ Middle Eastern (e.g. Egypt, Iran, Israel, Saudi Arabia)
Y00_A21_8 ☐ South East Asian (e.g. Vietnam, Malaysia, Philippines)
Y00_A21_9 ☐ White Canadian or White American
Y00_A21_10 ☐ White European (e.g. England, Greece, Sweden, Russia)
Y00_A21_11 ☐ Black Canadian or African-American
Y00_A21_12 ☐ Black African (e.g. Ghana, Kenya, Somalia)
Y00_A21_13 ☐ Other, please specify _____ Y00_A21_13text _____

Y00_A22. How do you identify your own ethnic or racial background?

--

Y00_A23. Do you have an idea what gender or genders you are attracted to?

1 ☐ yes
2 ☐ no
3 ☐ I am not sexually attracted to other people
88 ☐ DK
99 ☐ RF

[if Y00_A23=1] Which one or ones?

Y00_A24_1 ☐ girls

Y00_A24_2 ☐ boys

Y00_A24_3 ☐ non-binary people

Y00_A25. What words would you use to describe your sexual orientation?

SECTION B. GENDER EXPERIENCES

Y00_B1. Have you asked people in your life to call you by a different name that reflects your gender?

1 ☐ yes, everyone

2 ☐ yes, some people

3 ☐ no, my name already reflects my gender

4 ☐ no

88 ☐ DK

99 ☐ RF

Y00_B2. [if Y00_B1 in (1,2)] Have you legally changed your name to reflect your gender identity?

1 ☐ yes

2 ☐ no

3 ☐ It's in process

88 ☐ DK

99 ☐ RF

Y00_B3. [if Y00_B2 in (2,88,99)] Do you want to?

1 ☐ yes

2 ☐ no

88 ☐ DK

99 ☐ RF

Y00_B4. Have you legally changed the sex designation on your birth certificate?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ It's in process

- 88 ☐ DK
- 99 ☐ RF

Y00_B5. [if Y00_B4 in (2,88,99)] Do you want to?

- 1 ☐ yes
- 2 ☐ no

- 88 ☐ DK
- 99 ☐ RF

Y00_B6. If a non-binary option (something other than male or female) was available for your birth certificate, would you want to change it to that?

- 1 ☐ yes
- 2 ☐ no

- 88 ☐ DK
- 99 ☐ RF

Y00_B7. If having no sex designation was available for your birth certificate (where it is left empty or blank), would you want that option?

- 1 ☐ yes
- 2 ☐ no

- 88 ☐ DK
- 99 ☐ RF

Y00_B8. How often do strangers know you are trans without being told?

- 1 ☐ Always
- 2 ☐ Often
- 3 ☐ About half the time
- 4 ☐ Rarely
- 5 ☐ Never

- 88 ☐ DK
- 99 ☐ RF

Y00_B9. In general, do you want people to know you're trans without being told?

1 ☐ yes
2 ☐ no

88 ☐ DK
99 ☐ RF

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

Gender Dysphoria

On a scale from 1-5 (1= disagree completely, 2= disagree somewhat, 3= neutral, 4= agree somewhat, and 5= agree completely), to what extent do you agree with the following statements:

Birth wish	
Y00_B10_1	I wish I had been born in a different body
Dysphoria related to gendered social life	
Y00_B10_2	I avoid social situations or activities because I can't express myself in my gender
Y00_B10_3	I feel hurt if someone calls me the wrong gender (using the wrong pronouns/wrong name)
Y00_B10_4	I enjoy dressing myself in ways that express my gender [reversed]
Y00_B10_5	I feel that society doesn't accept or embrace me in my gender
Y00_B10_6	I worry that people will always treat me as the wrong gender
Y00_B10_7	When people treat me like the wrong gender or expect me to behave like a [boy/girl] I feel hurt
Dysphoria related to sexed body	
Y00_B10_8	I dislike seeing my naked body
Y00_B10_9	I feel unhappy because I have a [masculine/feminine] body
Y00_B10_10	I worry that I might always have a [masculine/feminine] body
Y00_B10_11	I dislike peeing [standing up/sitting down]
Y00_B10_12	I dislike having a penis or erections because it makes me feel like I'm not my true gender / I dislike having a period because it makes me feel like I'm not my true gender
Y00_B10_13	I dislike having facial hair because it makes me feel like I'm not my true gender / I dislike having breasts because they make me feel like I'm not my true gender
Y00_B10_14	I feel like I can't trust what my body might do as I get older
Y00_B10_15	I dislike my voice because I feel that it doesn't match my gender

I want to check in after those questions and see how you're doing. Let me know if you need a break as well, or to talk. I am going to ask you some more positive things about your gender next.

Gender Euphoria

On a scale from 1-5 (1= disagree completely, 2= disagree somewhat, 3= neutral, 4= agree somewhat, and 5= agree completely), to what extent do you agree with the following statements:

Enjoyment/pride in gender	
Y00_B11_1	Being trans or non-binary is one of the cool things about me
Y00_B11_2	I feel a sense of accomplishment and pride being able to express myself as my gender
Euphoria related to gendered social life	
Y00_B11_3	I enjoy going out in public and doing social activities because I can express myself as my gender
Y00_B11_4	I feel validated when strangers in public treat me like my gender
Y00_B11_5	I feel confident trying new and different clothes that express my gender
Y00_B11_6	I feel happy that society sees me on the outside for who I am on the inside
Y00_B11_7	I am relieved I don't have to work as hard as I used to for people to see me as my gender
Euphoria related to sexed body	
Y00_B11_8	I feel confident in my body
Y00_B11_9	I feel attractive
Y00_B11_10	I am comfortable in my body
Y00_B11_11	I feel like my body fits with the real me
Y00_B11_12	Things about my body that used to bother me don't bother me as much anymore

Y00_B12. I'm going to ask about some types of surgeries you may have thought about getting. Can you tell me if you think that's a surgery you want or not, or if you're not sure/undecided.

		(1)Yes/Want	(2)No/ Don't want	(3)Unsure/ undecided	(88) DK	(99) RF
Y00_B12_1	Top surgery					
Y00_B12_2	Bottom surgery					
Y00_B12_3	Facial surgery					

Y00_B13. Would you like to have or adopt a child in the future?

- 1 ☐ Yes
 2 ☐ No
 3 ☐ Undecided/unsure

- 88 ☐ DK
 99 ☐ RF

Y00_B14. How do you see your life five years from now?

- 1 ☐ My life will be pretty good
- 2 ☐ My life will be a struggle
- 3 ☐ I can't imagine my life five years from now

88 ☐ DK
99 ☐ RF

SECTION C. ACCESSING GENDER-AFFIRMING CARE

Y00_C1. How old were you the first time you met with someone outside of your family to discuss your gender? ____ years

How long has it been since you first started seeking hormone treatment?

____ Y00_C2_yrs ____ **years** ____ Y00_C2_mos ____ **months**

Y00_C3. Is there anything you would like to add about your or your family's experiences with counselling, programs, or other visits with someone outside the family to talk about your gender?

--

SECTION D. YOUR LIVING SITUATION

Next, we have a few questions on your living situation: who you live with, what type of place you live in, and whether you have access to things you need.

Y00_D1. Which of the following statements best describes the food eaten in your household in the past 12 months?

- 1 ☐ You have always had enough food to eat.
- 2 ☐ Sometimes you did not have enough to eat.
- 3 ☐ Often you did not have enough to eat.

88 ☐ DK
99 ☐ RF

Y00_D2. Do you feel like you have a stable place to live?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_D3. What is your current living situation? Are you ...

1 ☐ living with birth parents or your adoptive family, including step-parents

2 ☐ living with a foster family

3 ☐ living in a group home

4 ☐ living with other relatives

5 ☐ living with friends

6 ☐ living by yourself

88 ☐ DK

99 ☐ RF

Y00_D4. Have you ever had to move out of a home because others had issues with your gender?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_D5. Which of these is your current living situation?

1 ☐ Sleeping in regular housing, such as an apartment or house

2 ☐ Sleeping somewhere temporary, such as 'couch surfing' with family, friends, or strangers, or staying in drug treatment facility or jail

3 ☐ Sleeping somewhere that is not intended for regular housing, such as living on the streets or in a shelter, in a car, or in an abandoned building.

88 ☐ DK

99 ☐ RF

If it's changed in the last year, which of the other options reflect your housing situation over the past 12 months?

Y00_D6_1 ☐ My living situation hasn't changed in the last 12 months.

Y00_D6_2 ☐ Sleeping in regular housing, such as an apartment or house

Y00_D6_3 ☐ Sleeping somewhere temporary, such as 'couch surfing' with family, friends, or strangers, or staying in drug treatment facility or jail

Y00_D6_4 ☐ Sleeping somewhere that is not intended for regular housing, such as living on the streets or in a shelter, in a car, or in an abandoned building

88 ☐ DK

99 ☐ RF

In the last 12 months, how often did you have access to the following things if and when you need them?

Y00_D7_1. School supplies (like a school bag, notebooks, pencils, etc.)?

1 ☐ Never

2 ☐ Rarely

3 ☐ Sometimes

4 ☐ Often

5 ☐ Always

88 ☐ DK

99 ☐ RF

Y00_D7_2. Internet access (whether at home, school, library, etc.)?

1 ☐ Never

2 ☐ Rarely

3 ☐ Sometimes

4 ☐ Often

5 ☐ Always

88 ☐ DK

99 ☐ RF

Y00_D7_3. Proper seasonal clothing (such as coat, hat, boots, etc.)?

1 ☐ Never

2 ☐ Rarely

3 ☐ Sometimes

4 ☐ Often

5 ☐ Always

88 ☐ DK

99 ☐ RF

Y00_D7_4. Other clothing essentials (such as socks, underwear, etc.)?

1 ☐ Never

2 ☐ Rarely

3 ☐ Sometimes

4 ☐ Often

5 ☐ Always

88 ☐ DK

99 ☐ RF

Y00_D7_5. Reliable transportation when you need to get somewhere (by car or public transit)?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Often
- 5 ☐ Always

88 ☐ DK

99 ☐ RF

SECTION E. YOUR SOCIAL WORLD

These next questions have to do with your social world, including people and places. We will ask about people with different relationships to you, such as classmates, relatives and community members.

You said you had [Y00_a16_1_no + Y00_A16_2_no + Y00_A16_3_no] parents, step-parents or foster parents in your life, so I'm going to start by asking about each of them. I can have the computer ask the questions about different types of parents, so first let's list yours out.

Y00_E1. [For type variables, they can choose from this list]

- 1 ☐ Mom
- 2 ☐ Dad
- 3 ☐ Non-binary parent
- 4 ☐ Stepmom
- 5 ☐ Stepdad
- 6 ☐ Non-binary stepparent
- 7 ☐ Foster mom
- 8 ☐ Foster dad
- 9 ☐ Non-binary foster parent
- 10 ☐ Other parent figure

Parent 1 _____ Y00_E1_1 _____

Parent 2 _____ Y00_E1_2 _____

Parent 3 _____ Y00_E1_3 _____

Parent 4 _____ Y00_E1_4 _____

Y00_E2. Have you asked at least some people in your life to call you by a new pronoun that reflects your gender?

1 ☐ yes

2 ☐ no

88 ☐ DK

99 ☐ RF

[if Y00_E2=1] I'm going to read you a list, and you can tell me whether any people in this group call you by your preferred pronoun, don't call you by that, or whether you haven't asked them to use this pronoun. If you don't have any of that group of people in your life, let me know.

Y00_E3_1. Your [Parent 1]

1 ☐ yes

2 ☐ sometimes

3 ☐ no

4 ☐ haven't asked

88 ☐ DK

99 ☐ RF

Y00_E3_2. Your [Parent 2]

1 ☐ yes

2 ☐ sometimes

3 ☐ no

4 ☐ haven't asked

88 ☐ DK

99 ☐ RF

Y00_E3_3. Your [Parent 3]

1 ☐ yes

2 ☐ sometimes

3 ☐ no

4 ☐ haven't asked

88 ☐ DK

99 ☐ RF

Y00_E3_4. Your [Parent 4]

1 ☐ yes

2 ☐ sometimes

3 ☐ no

4 ☐ haven't asked

88 ☐ DK

99 ☐ RF

Y00_E3_5. Your sibling(s)

1 ☐ yes

2 ☐ sometimes

3 ☐ no

4 ☐ some, but not all

5 ☐ haven't asked

77 ☐ not applicable

88 ☐ DK

99 ☐ RF

Y00_E3_6. Your extended family

1 ☐ yes

2 ☐ sometimes

3 ☐ no

4 ☐ some, but not all

5 ☐ haven't asked

77 ☐ not applicable

88 ☐ DK

99 ☐ RF

Y00_E3_7. Your classmates

1 ☐ yes

2 ☐ sometimes

3 ☐ no

4 ☐ some, but not all

5 ☐ haven't asked

77 ☐ not applicable

88 ☐ DK

99 ☐ RF

Y00_E3_8. Your teachers

1 ☐ yes

2 ☐ sometimes

3 ☐ no

4 ☐ some, but not all

5 ☐ haven't asked

77 ☐ not applicable

88 ☐ DK
99 ☐ RF

[Gender support]

In general, how supportive of your gender identity or expression are the following people or communities? Please choose one for each, and let me know if something doesn't apply to your situation. Are they... Not at all supportive? Not very supportive? Somewhat supportive, or Very supportive?

Y00_E4_1. Your [Parent 1]?

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

77 ☐ Not applicable, they don't know about your gender
88 ☐ DK
99 ☐ RF

Y00_E4_2. Your [Parent 2]

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

77 ☐ Not applicable, they don't know about your gender
88 ☐ DK
99 ☐ RF

Y00_E4_3. Your [Parent 3]

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

77 ☐ Not applicable, they don't know about your gender
88 ☐ DK
99 ☐ RF

Y00_E4_4. Your [Parent 4]

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

- 77 ☐ Not applicable, they don't know about your gender
88 ☐ DK
99 ☐ RF

Y00_E4_5. Your sibling(s)

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

- 77 ☐ Not applicable, they don't know about your gender
78 ☐ Not applicable, you don't have siblings
88 ☐ DK
99 ☐ RF

Y00_E4_6. Your extended family

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

- 77 ☐ Not applicable, they don't know about your gender
78 ☐ Not applicable, you don't have extended family
88 ☐ DK
99 ☐ RF

Y00_E4_7. Your online friends

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

- 77 ☐ Not applicable, they don't know about your gender
78 ☐ Not applicable, you don't have online friends
88 ☐ DK
99 ☐ RF

Y00_E4_8. Your IRL friends

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

- 77 ☐ Not applicable, they don't know about your gender
78 ☐ Not applicable, you don't have IRL friends
88 ☐ DK
99 ☐ RF

Y00_E4_9. Your trans friends

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

- 77 ☐ Not applicable, they don't know about your gender
- 78 ☐ Not applicable, you don't have trans friends
- 88 ☐ DK
- 99 ☐ RF

Y00_E4_10. Your non-trans friends

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

- 77 ☐ Not applicable, they don't know about your gender
- 78 ☐ Not applicable, you don't have non-trans friends
- 88 ☐ DK
- 99 ☐ RF

Y00_E4_11. Your classmates

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

- 77 ☐ Not applicable, they don't know about your gender
- 78 ☐ Not applicable, you don't have classmates
- 88 ☐ DK
- 99 ☐ RF

Y00_E4_12. Your extracurricular leaders (for example coaches)

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

- 77 ☐ Not applicable, they don't know about your gender
- 78 ☐ Not applicable, you don't have extracurricular leaders
- 88 ☐ DK
- 99 ☐ RF

Y00_E4_13. Your teachers

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

- 77 ☐ Not applicable, they don't know about your gender
78 ☐ Not applicable, you don't have teachers
88 ☐ DK
99 ☐ RF

Y00_E4_14. 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 don't know about your gender
78 ☐ Not applicable, you don't have a religious or faith-based community
88 ☐ DK
99 ☐ RF

Y00_E4_15. Your cultural or ethnic community

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

- 77 ☐ Not applicable, they don't know about your gender
78 ☐ Not applicable, you don't have a cultural or ethnic
88 ☐ DK
99 ☐ RF

Y00_E4_16. Your LGBT2Q community

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

- 77 ☐ Not applicable, they don't know about your gender
78 ☐ Not applicable, you don't have an LGBT2Q community
88 ☐ DK
99 ☐ RF

Y00_E4_17. Your mental health provider(s)

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

4 ☐ Very supportive

77 ☐ Not applicable, they don't know about your gender

78 ☐ Not applicable, you don't have a mental health provider

88 ☐ DK

99 ☐ RF

Y00_E4_18. Your regular doctor (family doctor or pediatrician)

1 ☐ Not at all supportive

2 ☐ Not very supportive

3 ☐ Somewhat supportive

4 ☐ Very supportive

77 ☐ Not applicable, they don't know about your gender

78 ☐ Not applicable, you don't have a regular doctor

88 ☐ DK

99 ☐ RF

[Gender support for medical care from parents. Ask for as many as were enumerated earlier]

Y00_E5_1. In general, how supportive is your [parent 1] of you receiving gender-affirming medical care:

1 ☐ Not at all supportive

2 ☐ Not very supportive

3 ☐ Somewhat supportive

4 ☐ Very supportive

77 ☐ Not applicable

88 ☐ DK

99 ☐ RF

Y00_E5_2. In general, how supportive is your [parent 2] of you receiving gender-affirming medical care?

1 ☐ Not at all supportive

2 ☐ Not very supportive

3 ☐ Somewhat supportive

4 ☐ Very supportive

77 ☐ Not applicable

88 ☐ DK

99 ☐ RF

Y00_E5_3. In general, how supportive is your [parent 3] of you receiving gender-affirming medical care?

1 ☐ Not at all supportive

- 2 ☐ Not very supportive
- 3 ☐ Somewhat supportive
- 4 ☐ Very supportive

- 77 ☐ Not applicable
- 88 ☐ DK
- 99 ☐ RF

Y00_E5_4. In general, how supportive is your [parent 4] of you receiving gender-affirming medical care?

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

- 77 ☐ Not applicable
- 88 ☐ DK
- 99 ☐ RF

How often do you feel safe in the following places?

Y00_E6_1. In your neighbourhood in the daytime?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually
- 5 ☐ Always

- 88 ☐ DK
- 99 ☐ RF

Y00_E6_2. In your neighbourhood at night?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually
- 5 ☐ Always

- 88 ☐ DK
- 99 ☐ RF

Y00_E6_3. Inside your home?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually

5 ☐ Always

88 ☐ DK

99 ☐ RF

Have you ever avoided any of the following situations because of a fear of being harassed, being read as trans, or being outed? You can say yes to more than one.

Y00_E7_1 ☐ Public transit

Y00_E7_2 ☐ Grocery store or pharmacy

Y00_E7_3 ☐ Malls or clothing stores

Y00_E7_4 ☐ Schools

Y00_E7_5 ☐ Travelling

Y00_E7_6 ☐ Clubs or social groups

Y00_E7_7 ☐ School locker rooms

Y00_E7_8 ☐ Gyms or pools

Y00_E7_9 ☐ Church, synagogue, temple, mosque or other religious institution

Y00_E7_10 ☐ School washrooms

Y00_E7_11 ☐ Public washrooms

Y00_E7_12 ☐ Public spaces (for example, parks)

Y00_E7_13 ☐ Restaurants

Y00_E7_14 ☐ Cultural or community centres

Y00_E7_15 ☐ Sports stadiums or sports fields

Y00_E7_16 ☐ Community events

Y00_E7_17 ☐ Being out on the land

Y00_E7_18 ☐ Other people's homes

Y00_E7_19 ☐ None of the above

88 ☐ DK

99 ☐ RF

[if Y00_A1 ≥ 12] The following items ask about anxiety and fear. These symptoms may include panic attacks, situational anxieties, worries, flashbacks hypervigilance, or feeling startled. Include all of your anxiety symptoms when answering these questions. For each item, say the number for the answer that best describes your experience over the past week.

[if Y00_A1 ≥ 12] Y00_E8_1. In the past week, how often have you felt anxious?

0 ☐ No anxiety in the past week.

1 ☐ *Infrequent* anxiety. Felt anxious a few times.

2 ☐ *Occasional* anxiety. Felt anxious as much of the time as not. It was hard to relax.

3 ☐ *Frequent* anxiety. Felt anxious most of the time. It was very difficult to relax.

4 ☐ *Constant* anxiety. Felt anxious all of the time and never really relaxed.

88 ☐ DK

99 ☐ RF

[if Y00_A1 ≥ 12]Y00_E8_2. In the past week, when you have felt anxious, how intense or severe was your anxiety?

- 0□ *Little or None:* Anxiety was absent or barely noticeable.
- 1□ *Mild:* Anxiety was at a low level. It was possible to relax when I tried. Physical symptoms were only slightly uncomfortable.
- 2□ *Moderate:* Anxiety was distressing at times. It was hard to relax or concentrate, but I could do it if I tried. Physical symptoms were uncomfortable.
- 3□ *Severe:* Anxiety was intense much of the time. It was very difficult to relax or focus on anything else. Physical symptoms were extremely uncomfortable.
- 4□ *Extreme:* Anxiety was overwhelming. It was impossible to relax at all. Physical symptoms were unbearable.

88□ DK

99□ RF

[if Y00_A1 > 12]Y00_E8_3. In the past week, how often did you avoid situations, places, objects, or activities because of anxiety or fear?

- 0□ *None:* I do not avoid places, situations, activities, or things because of fear.
- 1□ *Infrequent:* I avoid something once in a while, but will usually face the situation or confront the object. My lifestyle is not affected.
- 2□ *Occasional:* I have some fear of certain situations, places, or objects, but it is still manageable. My lifestyle has only changed in minor ways. I always or almost always avoid the things I fear when I'm alone, but can handle them if someone comes with me.
- 3□ *Frequent:* I have considerable fear and really try to avoid the things that frighten me. I have made significant changes in my life style to avoid the object, situation, activity, or place.
- 4□ *All the Time:* Avoiding objects, situations, activities, or places has taken over my life. My lifestyle has been extensively affected and I no longer do things that I used to enjoy.

88□ DK

99□ RF

[if Y00_A1 ≥ 12]Y00_E8_4. In the past week, how much did your anxiety interfere with your ability to do the things you needed to do at work, at school, or at home?

- 0□ *None:* No interference at work/home/school from anxiety
- 1□ *Mild:* My anxiety has caused some interference at work/home/school. Things are more difficult, but everything that needs to be done is still getting done.
- 2□ *Moderate:* My anxiety definitely interferes with tasks. Most things are still getting done, but few things are being done as well as in the past.
- 3□ *Severe:* My anxiety has really changed my ability to get things done. Some tasks are still being done, but many things are not. My performance has definitely suffered.
- 4□ *Extreme:* My anxiety has become incapacitating. I am unable to complete tasks and have had to leave school, have quit or been fired from my job, or have been unable to

complete tasks at home and have faced consequences like bill collectors, eviction, etc.

88 ☐ DK

99 ☐ RF

[if Y00_A1 > 12] Y00_E8_5. In the past week, how much has anxiety interfered with your social life and relationships?

0 ☐ *None*: My anxiety doesn't affect my relationships.

1 ☐ *Mild*: My anxiety slightly interferes with my relationships. Some of my friendships and other relationships have suffered, but, overall, my social life is still fulfilling.

2 ☐ *Moderate*: I have experienced some interference with my social life, but I still have a few close relationships. I don't spend as much time with others as in the past, but I still socialize sometimes.

3 ☐ *Severe*: My friendships and other relationships have suffered a lot because of anxiety. I do not enjoy social activities. I socialize very little.

4 ☐ *Extreme*: My anxiety has completely disrupted my social activities. All of my relationships have suffered or ended. My family life is extremely strained.

88 ☐ DK

99 ☐ RF

SECTION F. SCHOOL EXPERIENCES

I'm going to ask you some questions about your school attendance, your feelings about school, and your experiences there. People miss school for a bunch of reasons, so don't worry if this has happened to you.

Y00_F1. Have you ever been absent from school for more than 2 weeks at a time?

1 ☐ yes

2 ☐ no

88 ☐ DK

99 ☐ RF

Y00_F2. [if Y00_F1=1] What is the longest period of time that you have been absent from school?

1 ☐ 2 to 4 weeks

2 ☐ 5 or 6 weeks

3 ☐ 7 or 8 weeks

4 ☐ more than 8 weeks

88 ☐ DK

99 ☐ RF

Y00_F3. [if Y00_F1=1] Have you had any absences of more than 2 weeks that were related to your gender identity?

- 1 ☐ yes Please explain ____ Y00_F3_1text ____
2 ☐ no

88 ☐ DK
99 ☐ RF

[if Y00_A12 in (1,2)] How strongly do you agree or disagree with each of the following?

Y00_F4_1. I feel close to people at my school.

- 1 ☐ strongly agree
2 ☐ agree
3 ☐ disagree
4 ☐ strongly disagree

88 ☐ DK
99 ☐ RF

Y00_F4_2. I feel I am part of my school.

- 1 ☐ strongly agree
2 ☐ agree
3 ☐ disagree
4 ☐ strongly disagree

88 ☐ DK
99 ☐ RF

Y00_F4_3. I am happy to be at my school.

- 1 ☐ strongly agree
2 ☐ agree
3 ☐ disagree
4 ☐ strongly disagree

88 ☐ DK
99 ☐ RF

Y00_F4_4. I feel the teachers at my school treat me fairly.

- 1 ☐ strongly agree
2 ☐ agree
3 ☐ disagree
4 ☐ strongly disagree

88 ☐ DK
99 ☐ RF

Y00_F4_5. I feel safe in my school.

- 1 ☐ strongly agree
- 2 ☐ agree
- 3 ☐ disagree
- 4 ☐ strongly disagree

88 ☐ DK
99 ☐ RF

Y00_F4_6. How much do you feel that teachers and other school staff care about you?

- 1 ☐ not at all;
- 2 ☐ very little;
- 3 ☐ somewhat;
- 4 ☐ quite a bit, or
- 5 ☐ very much?

88 ☐ DK
99 ☐ RF

[if Y00_A12 in (1,2)] **While at school, how often do you feel safe....**

Y00_F5_1. In your classroom?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually
- 5 ☐ Always

77 ☐ Not applicable
88 ☐ DK
99 ☐ RF

Y00_F5_2. In the washrooms?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually
- 5 ☐ Always

77 ☐ Not applicable
88 ☐ DK
99 ☐ RF

Y00_F5_3. In the changing rooms?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually
- 5 ☐ Always

- 77 ☐ Not applicable
- 88 ☐ DK
- 99 ☐ RF

Y00_F5_4. In the hallways and stairwells?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually
- 5 ☐ Always

- 77 ☐ Not applicable
- 88 ☐ DK
- 99 ☐ RF

Y00_F5_5. In the library?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually
- 5 ☐ Always

- 77 ☐ Not applicable
- 88 ☐ DK
- 99 ☐ RF

Y00_F5_6. In the cafeteria?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually
- 5 ☐ Always

- 77 ☐ Not applicable
- 88 ☐ DK
- 99 ☐ RF

Y00_F5_7. Outside on school grounds?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually
- 5 ☐ Always

- 77 ☐ Not applicable
- 88 ☐ DK
- 99 ☐ RF

Y00_F5_8. Getting to/from school?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Usually
- 5 ☐ Always

- 77 ☐ Not applicable
- 88 ☐ DK
- 99 ☐ RF

SECTION G. YOUR FAMILY

Family screener question

We want to ask about the types of things that families of trans youth might be subjected to from outside of the family. Since we're asking about experiences families have had, we are defining family as your biological, adoptive or step-parent, sibling or others that you have lived with as a family for at least a year.

Y00_G1. Does this apply to you; in other words, do you live with a family?

- 1 ☐ Yes
- 2 ☐ No [skip family section]

- 88 ☐ DK
- 99 ☐ RF

[if Y00_G1=1] What is the religion or faith of your family? Is your family... ? (You can choose more than one.)

- Y00_G2_1 ☐ Indigenous spiritual
- Y00_G2_2 ☐ Anglican
- Y00_G2_3 ☐ Bahá'í
- Y00_G2_4 ☐ Buddhist

- Y00_G2_5 ☐ Catholic
Y00_G2_6 ☐ Hindu
Y00_G2_7 ☐ Jewish
Y00_G2_8 ☐ Mennonite, Amish or Hutterite
Y00_G2_9 ☐ Muslim
Y00_G2_10 ☐ Neo-pagan
Y00_G2_11 ☐ Protestant Christian
Y00_G2_12 ☐ Sikh
Y00_G2_13 ☐ Unitarian
Y00_G2_14 ☐ Other, please specify: _____ Y00_G2_14text _____
Y00_G2_77 ☐ No religion

Y00_G3. [if Y00_G1=1] How religious or faith-based is your family?

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

- 88 ☐ DK
99 ☐ RF

[if Y00_G1=1] Has your family experienced any of the following because of your gender?

Y00_G4_1. Friends or family have told your parent or caregiver that they are a bad parent or caregiver?

- 1 ☐ Yes
2 ☐ No

- 88 ☐ DK
99 ☐ RF

Y00_G4_2. Strangers (online or in person) have told your parent or caregiver that they are a bad parent or caregiver?

- 1 ☐ Yes
2 ☐ No

- 88 ☐ DK
99 ☐ RF

Y00_G4_3. Your parent or caregiver has had to deal with unwanted parenting advice from friends or family?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_4. Your parent or caregiver has had to deal with unwanted parenting advice from strangers (in person or online)?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_5. Child welfare authorities have investigated, threatened, attempted or taken you away from your parent or caregiver?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_6. Other family members no longer speak to your family?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_7. Members of your community no longer speak to your family?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_8. Other parents stopped letting their kids come to your house or see you?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_9. Other people stopped letting you go to their house to visit your friends?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_10. Someone in your family has had to get involved in your school regarding gender issues?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_11. Someone in your family had to get involved regarding a dress code that forced you to wear clothes (or a uniform or costume) that didn't fit your gender?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_12. Someone in your family has had to defend your right to use a washroom?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_13. Someone in your family was asked to not participate in a religious organization anymore?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

Y00_G4_14. Someone in your family had to defend your right to participate on your identified gender's sports team or extracurricular activities (e.g., boy scouts/girl guides, clubs, sports)?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_G4_15. You or your family was asked to find another family doctor or health care provider?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_G4_16. You or your family was asked to find another mental health care provider?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_G4_17. Something else _____ 17text _____

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

[if no_parents >= 1] Y00_G5. How would you describe the communication between you and your parent/caregiver?

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

How much do you feel...

Y00_G6_1. Your family understands you?

1 ☐ Not at all
2 ☐ A little
3 ☐ Some
4 ☐ Quite a bit
5 ☐ Very much

88 ☐ DK
99 ☐ RF

Y00_G6_2. *Your family has fun together?

- 1 ☐ Not at all
2 ☐ A little
3 ☐ Some
4 ☐ Quite a bit
5 ☐ Very much

88 ☐ DK
99 ☐ RF

Y00_G6_3.*Your family respects your privacy?

- 1 ☐ Not at all
2 ☐ A little
3 ☐ Some
4 ☐ Quite a bit
5 ☐ Very much

88 ☐ DK
99 ☐ RF

Y00_G6_4. Your family pays attention to you?

- 1 ☐ Not at all
2 ☐ A little
3 ☐ Some
4 ☐ Quite a bit
5 ☐ Very much

88 ☐ DK
99 ☐ RF

Y00_G6_5.Your family cares about your feelings?

- 1 ☐ Not at all
2 ☐ A little
3 ☐ Some
4 ☐ Quite a bit
5 ☐ Very much

88 ☐ DK
99 ☐ RF

Y00_G7. Has addressing your gender weakened or strengthened your family?

Weakened our family 1 2 3 4 5 Strengthened our family

Y00_G8. Is there anything you would like to tell us about this?

--

SECTION H. COMMUNITY, SUPPORT, DISCRIMINATION

Y00_H1. Is there a youth group for trans, non-binary, two-spirit or LGBT people in your community?

- 1 ☐ yes
2 ☐ no

- 88 ☐ DK
99 ☐ RF

Y00_H2. [if Y00_H1=1] Have you attended it?

- 1 ☐ yes
2 ☐ no

- 88 ☐ DK
99 ☐ RF

[if Y00_H2=1] Y00_H3. How useful did you find it?

- 1 ☐ Not at all useful
2 ☐
3 ☐
4 ☐
5 ☐
6 ☐
7 ☐
8 ☐
9 ☐
10 ☐ Extremely useful

[if Y00_H2=2] Y00_H4. Briefly, can you tell me why not? _____

Y00_H5. Have you accessed online groups for trans, non-binary, two-spirit or LGBT youth?

- 1 ☐ yes
2 ☐ no

- 88 ☐ DK
99 ☐ RF

Y00_H6. [if Y00_H5=1] Are there online groups you would recommend to other youth?

--

These 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 gender, skin colour, ancestry, nationality, religion, sexuality, age, weight, disability or mental health issue, and income.

Because of who you are, have you...

1-Never 2-Yes, but not in 3-Yes, once or twice 4-Yes, many times in
the past year in the past year in the past year

Y00_H7_1. Heard, saw, or read others joking or laughing about you (or people like you)

Y00_H7_2. Been treated as if you are unfriendly, unhelpful, or rude

Y00_H7_3. Been called names or heard/saw your identity used as an insult

Y00_H7_4. Been treated as if others are afraid of you

Y00_H7_5. Been stared or pointed at in public

Y00_H7_6. Been told that you should think, act, or look more like others

Y00_H7_7. Heard that you or people like you don't belong

Y00_H7_8. Asked inappropriate, offensive, or overly personal questions

Y00_H7_9. Been treated as if you are less smart or capable than others

Y00_H8. Were these experiences because of your gender?

1 ☐ Yes, my gender and other things about me

2 ☐ Yes, all because of my gender

3 ☐ No

4 ☐ Not sure

88 ☐ DK

99 ☐ RF

Y00_H9. Have other people stopped speaking to your friends or excluded them from activities, because of your gender?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

**Y00_H10. Have other people threatened or harassed your friends (in person or online),
because of your gender?**

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

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 one number from each line.

		None of the time	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5
Y00_H11_1	Someone you can count on to listen to you when you need to talk					
Y00_H11_2	Someone to give you information to help you understand a situation					
Y00_H11_3	Someone to give you good advice about a crisis					
Y00_H11_4	Someone to confide in or talk to about yourself or your problems					
Y00_H11_5	Someone whose advice you really want					
Y00_H11_6	Someone to share your most private worries and fears with					
Y00_H11_7	Someone to turn to for suggestions about how to deal with a personal problem					
Y00_H11_8	Someone who understands your problems					
Y00_H11_9	Someone to help you if you were confined to bed					
Y00_H11_10	Someone to take you to the doctor if you needed it					

Y00_H11_11	Someone to prepare your meals if you were unable to do it yourself					
Y00_H11_12	Someone to help with daily chores if you were sick					
Y00_H11_13	Someone who shows you love and affection					
Y00_H11_14	Someone to love and make you feel wanted					
Y00_H11_15	Someone who hugs you					
Y00_H11_16	Someone to have a good time with					
Y00_H11_17	Someone to get together with for relaxation					
Y00_H11_18	Someone to do something enjoyable with					
Y00_H11_19	Someone to do things with to help you get your mind off things					

Thinking on these questions, is the support you have received from... You may choose more than one.

- Y00_H12_1 ☐ Your [Parent 1]
 Y00_H12_2 ☐ Your [Parent 2]
 Y00_H12_3 ☐ Your [Parent 3]
 Y00_H12_4 ☐ Your [Parent 4]
 Y00_H12_5 ☐ Your sibling(s)
 Y00_H12_6 ☐ Your extended family
 Y00_H12_7 ☐ Your online friends
 Y00_H12_8 ☐ Your IRL friends
 Y00_H12_9 ☐ Your trans friends
 Y00_H12_10 ☐ Your non-trans friends
 Y00_H12_11 ☐ Your classmates
 Y00_H12_12 ☐ Your extracurricular leaders (for example coaches)
 Y00_H12_13 ☐ Your teachers
 Y00_H12_14 ☐ Your religious or faith-based community
 Y00_H12_15 ☐ Your cultural or ethnic community
 Y00_H12_16 ☐ Your LGBT2Q community
 Y00_H12_17 ☐ Your mental health provider
 Y00_H12_18 ☐ Your regular doctor (family doctor or pediatrician)
 Y00_H12_19 ☐ Other Please specify ____ Y00_H12_19text _____

SECTION J. YOUR HEALTH AND WELL-BEING

Some of the youth who visit this clinic feel that their life is not that great, while others think that their life is okay. How about you?

Y00_J1_1. OVERALL, my life is ... [let youth do slider on tablet]

The WORST ☹ ----- ☺ The BEST

Y00_J1_2. Considering my HEALTH, my life is ... [let youth do slider on tablet]

The WORST ☹ ----- ☺ The BEST

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

Y00_J2_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

88 ☐ DK
99 ☐ RF

Y00_J2_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

88 ☐ DK
99 ☐ RF

Y00_J2_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

88 ☐ DK
99 ☐ RF

Y00_J2_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

88 ☐ DK
99 ☐ RF

Y00_J2_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

88 ☐ DK
99 ☐ RF

Y00_J2_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

88 ☐ DK
99 ☐ RF

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

- Y00_J3_1 ☐ A sense of pride in yourself
- Y00_J3_2 ☐ A sense of hope.
- Y00_J3_3 ☐ A sense of confidence.
- Y00_J3_4 ☐ An improved relationship with your parents/caregivers.
- Y00_J3_5 ☐ Motivation to become involved in public education/advocacy about trans youth
- Y00_J3_6 ☐ A sense of community with other trans youth.
- Y00_J3_7 ☐ A sense of personal growth
- Y00_J3_8 ☐ A strengthening of your family
- Y00_J3_9 ☐ Being pleased by unexpected support
- Y00_J3_10 ☐ Other, please specify: _____ Y00_J3_10text _____

Y00_J4. Have you ever changed your eating or activities to try to change or control your weight?

- 1 ☐ yes

2 ☐ no [skip to Section K]

88 ☐ DK

99 ☐ RF

Y00_J5. Was this something your health care provider asked you to do, or something you did on your own?

1 ☐ health care provider

2 ☐ on own

88 ☐ DK

99 ☐ RF

Y00_J6. [If Y00_J5=2] Did this affect your eating or activities in the last 30 days?

1 ☐ yes

2 ☐ no [skip to Section K]

88 ☐ DK

99 ☐ RF

Y00_J7_1. During the past 30 days, how often have you vomited to change or control your weight?

1 ☐ never;

2 ☐ 1 to 3 times;

3 ☐ once per week;

4 ☐ 2 to 6 times per week;

5 ☐ once per day, or

6 ☐ more than once per day?

88 ☐ DK

99 ☐ RF

Y00_J7_2. 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 (like all in one sitting), but you feel like you can't stop or that you're out of control you don't realize how much you're eating. It's not just when you're really hungry and have a lot to eat, and it's not when you just have a big meal or a big snack.)

1 ☐ never;

2 ☐ 1 to 3 times;

3 ☐ once per week;

4 ☐ 2 to 6 times per week;

5 ☐ once per day, or

6 ☐ more than once per day?

88 ☐ DK
99 ☐ RF

Y00_J7_3. During the past 30 days, how often have you exercised to change or control your weight?

- 1 ☐ never;
- 2 ☐ 1 to 3 times;
- 3 ☐ once per week;
- 4 ☐ 2 to 6 times per week;
- 5 ☐ once per day, or
- 6 ☐ more than once per day?

88 ☐ DK
99 ☐ RF

Y00_J7_4. During the past 30 days, how often have you swallowed a pill or something else to change or control your weight?

- 1 ☐ never;
- 2 ☐ 1 to 3 times;
- 3 ☐ once per week;
- 4 ☐ 2 to 6 times per week;
- 5 ☐ once per day, or
- 6 ☐ more than once per day?

88 ☐ DK
99 ☐ RF

Y00_J7_5. 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?

- 1 ☐ never;
- 2 ☐ 1 to 3 times;
- 3 ☐ once per week;
- 4 ☐ 2 to 6 times per week;
- 5 ☐ once per day, or
- 6 ☐ more than once per day?

88 ☐ DK
99 ☐ RF

Y00_J8. [If one or more of Y00_J7_1 to Y00_J7_5 in (2,3,4,5,6)] To what extent was wanting to change or control your weight related to your gender?

- 1 ☐ not at all;
- 2 ☐ somewhat;
- 3 ☐ mostly, or;
- 4 ☐ completely?

88 ☐ DK
99 ☐ RF

SECTION K. SUBSTANCE USE

In this next section, we will be asking you some questions about your health and well-being. There are no right or wrong answers, and as you know this information will be kept private.

The only people who see it will be the researchers combining your information with information from other youth to see how you as a group are doing. Are you ready?

Y00_K1. At the present time, do you smoke cigarettes daily, sometimes, or not at all?

- 1 ☐ Daily
2 ☐ Sometimes
3 ☐ Not at all

88 ☐ DK
99 ☐ RF

Y00_K2. At the present time, do you smoke e-cigarettes (vaping) daily, occasionally, or not at all?

- 1 ☐ Daily
2 ☐ Sometimes
3 ☐ Not at all

88 ☐ DK
99 ☐ RF

The next question will ask about drinking. When we use the word 'drink' it means:

- one bottle or can of beer or a glass of draft beer
- one glass of wine or a wine cooler
- one mixed drink with one and a half ounces of liquor
- one shot or shooter with one and a half ounces of liquor

Y00_K3. How often in the past 12 months have you had 5 or more drinks on one occasion?

- 1 ☐ Never
2 ☐ Less than once a month
3 ☐ Once a month

- 4 ☐ 2 to 3 times a month
 5 ☐ Once a week
 6 ☐ More than once a week

88 ☐ DK
 99 ☐ RF

Y00_K4_1. In the last 12 months, have you used marijuana?

- 1 ☐ Yes
 2 ☐ No

88 ☐ DK
 99 ☐ RF

[if Y00_K4_1=1] Y00_K4_2. Have you used marijuana in the last 30 days?

- 1 ☐ Yes
 2 ☐ No

88 ☐ DK
 99 ☐ RF

Y00_K5. In the last 12 months have you used any other drugs or prescription medications that were not prescribed to you?

- 1 ☐ Yes
 2 ☐ No

88 ☐ DK
 99 ☐ RF

[if Y00_K5=1] Can you tell me which other drugs or prescription medications that were not prescribed to you that you have used in the last 12 months?

	(1) Used in the last 12 months	(2) If said used in the last 12 months, then ask if used in the last 30 days
Y00_K6_1: Mushrooms (magic mushrooms, shrooms, psilocybin)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_2: Spice (K2, K3, Blaze, Black mamba, legal weed, fake pot, IZMS)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_3: Sizzurp (robos, dex, DXM, purple drank)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_4: Adrenochromes (wagon wheels, dreens)	<input type="checkbox"/>	<input type="checkbox"/>

Y00_K6_5: Poppers or nitrites, including ampules	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_6: Crack	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_7: Cocaine (coke, blow, snow, powder, snort)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_8: Crystal meth (speed, crank, ice)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_9: PCP (angel dust)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_10: Special K/Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_11: GHB (G)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_12: LSD (acid)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_13: Opium	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_14: Heroin (H, junk, smack)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_15: Ecstasy, Molly, or MDMA	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_16: Bath salts	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_17: Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_18: Other pain medication besides fentanyl that was not prescribed to you (Percocet, Oxycontin, OxyNeo, Tylenol #3, Demerol, Dilaudid, codeine)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_19: Sedatives or tranquilizers not prescribed to you (Valium, Ativan, Xanax, transqs, 'downers')	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_20: Prescription ADHD medication that was not prescribed to you (Ritalin, Concerta, Adderall, Dexedrine)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_21: Huffing gas or other solvents	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K6_22: Other, please specify: Y00_K6_22text	<input type="checkbox"/>	<input type="checkbox"/>

[for relevant drugs indicated above] I'm going to ask about some reasons why you may have used some substances.

We're going to ask you about two types of stress that you may experience. Everyone experiences stress in their lives sometimes, regardless of their gender identity, so this means more general stress that you experience (like stress about homework, friends, parents, etc.), but there is also specific stress that you might deal with related to gender issues and gender dysphoria.

For each item I list, can you tell us if you've used that strategy to deal with general stress or gender-related stress (or both or neither) in the last 30 days?

	(1) Used to deal with general stress in the last 30 days	(2) Used to deal with gender-related stress in the last 30 days
--	--	---

Y00_K7_1: Marijuana/hashish (hash, weed, pot, bong, dabs)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_2: Mushrooms (magic mushrooms, shrooms, psilocybin)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_3: Spice (K2, K3, Blaze, Black mamba, legal weed, fake pot, IZMS)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_4: Sizzurp (robos, dex, DXM, purple drank)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_5: Adrenochromes (wagon wheels, dreens)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_6: Poppers or nitrites, including ampules	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_7: Crack	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_8: Cocaine (coke, blow, snow, powder, snort)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_9: Crystal meth (speed, crank, ice)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_10: PCP (angel dust)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_11: Special K/Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_12: GHB (G)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_13: LSD (acid)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_14: Opium	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_15: Heroin (H, junk, smack)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_16: Ecstasy, Molly, or MDMA	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_17: Bath salts	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_18: Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_19: Other pain medication besides fentanyl that was not prescribed to you (Percocet, Oxycontin, OxyNeo, Tylenol #3, Demerol, Dilaudid, codeine)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_20: Sedatives or tranquilizers not prescribed to you (Valium, Ativan, Xanax, tranqs, 'downers')	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_21: Prescription ADHD medication that was not prescribed to you (Ritalin, Concerta, Adderall, Dexedrine)	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_22: Huffing gas or other solvents	<input type="checkbox"/>	<input type="checkbox"/>
Y00_K7_23: [Y00_K7_23text]	<input type="checkbox"/>	<input type="checkbox"/>

SECTION L. YOUR MENTAL WELL-BEING

In this next section we are going to ask you about your mental well-being. Because getting a good idea of someone's mental health cannot be done by asking a single question, we often need to ask a bunch of separate questions about symptoms. You may be experiencing a lot of these, or maybe none of them, but your answers are important to being able to see how the well-being of trans youth as a group changes over time with gender-affirming medical care. Let me know if you want to take a break from this section at any time, okay?

In the last 30 days, how often ...

Y00_L1_1. Were you very sad?

- 1 ☐ never;
- 2 ☐ rarely;
- 3 ☐ sometimes;
- 4 ☐ often, or
- 5 ☐ always?

88 ☐ DK

99 ☐ RF

Y00_L1_2. Were you grouchy or irritable, or in a bad mood?

- 1 ☐ never;
- 2 ☐ rarely;
- 3 ☐ sometimes;
- 4 ☐ often, or
- 5 ☐ always?

88 ☐ DK

99 ☐ RF

Y00_L1_3. Did you feel hopeless about the future?

- 1 ☐ never;
- 2 ☐ rarely;
- 3 ☐ sometimes;
- 4 ☐ often, or
- 5 ☐ always?

88 ☐ DK

99 ☐ RF

Y00_L1_4. Did you sleep a lot more or a lot less than usual?

- 1 ☐ never;

- 2 ☐ rarely;
3 ☐ sometimes;
4 ☐ often, or
5 ☐ always?

88 ☐ DK
99 ☐ RF

Y00_L1_5. Did you have difficulty concentrating on your school work?

- 1 ☐ never;
2 ☐ rarely;
3 ☐ sometimes;
4 ☐ often, or
5 ☐ always?

88 ☐ DK
99 ☐ RF

I'm going to ask you a few questions about suicide. I just want to remind you that I am legally obligated to report to someone who can help if there are any concerns about your safety at this time. I want you to be honest in answering these questions, but if we think there might be a risk of you trying to kill yourself we have to tell someone so that you can get help. Your safety is really important to us, so we want to make sure there is no risk of you trying to hurt yourself.

Y00_L2. Have you ever seriously considered committing suicide or taking your own life?

- 1 ☐ Yes
2 ☐ No [skip to Y00_L13]

88 ☐ DK
99 ☐ RF

Y00_L3. [If Y00_L2=1] Was this related to you being trans?

- 1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L4. [If Y00_L2=1] Has this happened in the past 12 months?

- 1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L5. [If Y00_L2=1] Have you ever attempted to commit suicide or tried taking your own life?

1 ☐ Yes
2 ☐ No [skip to Y00_L13]

88 ☐ DK
99 ☐ RF

Y00_L6. [Y00_L5=1] Did this happen in the past 12 months?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L7. [Y00_L5=1] Did you see or talk to someone following your attempt to commit suicide?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L8. [Y00_L7=1] Who did you see or talk to?

1 ☐ a doctor
2 ☐ a nurse
3 ☐ a psychologist or psychiatrist
4 ☐ a school counsellor
5 ☐ another type of counsellor
6 ☐ an Indigenous elder
7 ☐ a priest, rabbi, imam or other religious leader
8 ☐ a parent or caregiver
9 ☐ other family members
10 ☐ other, specify: _____ Y00_L8_10text _____
11 ☐ none of the above

Y00_L9. [Y00_L7=1] Were they knowledgeable and understanding regarding gender?

- 1 ☐ Yes
2 ☐ No
3 ☐ We didn't discuss gender

- 88 ☐ DK
99 ☐ RF

Y00_L10. [Y00_L5=1] How old were you when you first attempted suicide or tried taking your own life?

_____ years old

I'm going to ask you 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.

Y00_L11. Have you ever done anything to hurt yourself on purpose?

- 1 ☐ Yes
2 ☐ No

- 88 ☐ DK
99 ☐ RF

[If Y00_L11=1] To try and hurt yourself, have you ever ... ?

Y00_L12_1. Cut, scratched, bitten, or burned your skin (not including your breasts or genitals)?

- 1 ☐ Yes
2 ☐ No

- 88 ☐ DK
99 ☐ RF

Y00_L13_1. [if Y00_L13_1=1] Has this happened in the last year?

- 1 ☐ Yes
2 ☐ No

- 88 ☐ DK
99 ☐ RF

Y00_L12_2. Cut, scratched, or burned your breasts or genitals?

- 1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L13_2. [if Y00_L13_2=1] Has this happened in the last year?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L12_3. Punched or hit your breasts or genitals?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L13_3. [if Y00_L13_3=1] Has this happened in the last year?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L12_4. Picked at wounds or prevented wounds or injuries from healing?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L13_4. [if Y00_L13_4=1] Has this happened in the last year?

1 ☐ Yes
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L12_5. Is there anything else you have done to purposely try and hurt yourself?

1 ☐ Yes, specify: ____Y00_L12_5text_____
2 ☐ No

88 ☐ DK
99 ☐ RF

Y00_L13_5. [if Y00_L12_5=1] Has this happened in the last year?

1 ☐ Yes

2 ☐ No

88 ☐ DK

99 ☐ RF

SECTION M. TAKING CARE OF YOURSELF

Self-care Checklist

We would like to ask you about things that you do to deal with stress.

Do you use any of these things to help cope with stress?

Strategy	
Listening to music	<input type="checkbox"/> Y00_M1_1
Watching a movie, TV, or online videos	<input type="checkbox"/> Y00_M1_2
Playing video games	<input type="checkbox"/> Y00_M1_3
Talking with your friends	<input type="checkbox"/> Y00_M1_4
Going for a run or walk, doing exercise, or playing sports	<input type="checkbox"/> Y00_M1_5
Writing or journaling	<input type="checkbox"/> Y00_M1_6
Deep breathing/relaxation exercises	<input type="checkbox"/> Y00_M1_7
Taking a bath	<input type="checkbox"/> Y00_M1_8
Reading	<input type="checkbox"/> Y00_M1_9
Spending time with your family	<input type="checkbox"/> Y00_M1_10
Creating something artistic (painting, making music, etc.)	<input type="checkbox"/> Y00_M1_11
Spending time with a pet/animals	<input type="checkbox"/> Y00_M1_12
Praying/attending a religious service	<input type="checkbox"/> Y00_M1_13
Taking a nap or sleeping to avoid the problem	<input type="checkbox"/> Y00_M1_14
Eating food that makes you feel better	<input type="checkbox"/> Y00_M1_15
Spending time with a romantic partner	<input type="checkbox"/> Y00_M1_16
Meditating	<input type="checkbox"/> Y00_M1_17
Self-grooming activities (like painting your nails, styling your hair, etc.)	<input type="checkbox"/> Y00_M1_18
Ignoring it or pretending it's not real	<input type="checkbox"/> Y00_M1_19
Spending time alone	<input type="checkbox"/> Y00_M1_20
Fantasizing or daydreaming	<input type="checkbox"/> Y00_M1_21
Self-advocacy or speaking up for yourself	<input type="checkbox"/> Y00_M1_22
Spending time with others in social activities	<input type="checkbox"/> Y00_M1_23
Posting about your life on social media	<input type="checkbox"/> Y00_M1_24
Helping others or volunteering	<input type="checkbox"/> Y00_M1_25
Something else?: specify <input type="text"/> Y00_M1_26text <input type="text"/>	<input type="checkbox"/> Y00_M1_26

SECTION N. SHARING YOUR THOUGHTS

Y00_N1. What would you like to see happen as a result of the information in this research?

Y00_N2. Who do we need to reach with our research results? What is the best way to do that?

Y00_N3. Is there anything that has come up with regard to your gender that you would like us to ask either youth or parents/caregivers about on our follow-up surveys?

Y00_N4. Is there anything else you would like us to know?

We know that this is a lot of questions to answer and some of them may have been difficult to answer. I just wanted to check in with you to see how you are doing now? Is there anything that you need before we go?