

Trans Youth CAN!
SurveyParentCaregiver_12 (12 month follow up)

INTRODUCTION

This survey asks questions regarding your youth, your own well-being, and your family's well-being. Many of these questions will be ones you have seen before. We would like to be able to track these experiences 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.

DATA DETAILS

P12_LANG. [auto-fill based on selection]

- French
- English

PARENTID. Participant ID: _____

P12_INCLINIC. Completed in clinic?

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

P12_DATE. Date completed: _____

P12_RAID. [if P12_INCLINIC =1] Research Assistant ID: _____

P12_CLINIC. Clinic code:

- CHEO Diversity Clinic (Ottawa)
- BC Children's Hospital (Vancouver)
- GDAAY Clinic (Winnipeg)
- Alberta Children's Hospital (Calgary)
- Centre Meraki (Montreal)
- Montreal Children's Hospital (Montreal)
- Stollery Children's Clinic (Edmonton)
- IWK Clinic (Halifax)
- SickKids Hospital (Toronto)
- McMaster Children's Hospital (Hamilton)
- LHSC Children's Hospital (London)

P12_PATIENT. Is the youth still at patient at [P12_clinic]?

- yes
- no

PARENT/CAREGIVER SURVEY

P12_2. Does the youth who is participating in this study live with you?

- Yes
- Some of the time
- No

[if P12_2 in (1,2)] Who else lives with you, other than yourself and your youth? (Check all that apply)

- P12_3_1 My male spouse or partner
- P12_3_2 My female spouse or partner
- P12_3_3 My non-binary gendered spouse or partner
- P12_3_4 My parent(s)
- P12_3_5 My child or child(ren). How many? ___P12_3_5_no_____
- P12_3_6 Others, please specify: ___P12_3_6ext_____

P12_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

P12_4_1. Have there been and changes to the family since completing the survey about 1 year ago? (check all that apply)

- 1 Parents of the youth have separated/divorced
- 2 Parent(s) of the youth have new partner(s)
- 3 Break-up of a significant relationship in the family
- 4 Addition of more children to the family
- 5 Other: please specify

P12_5. What is your gender?

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

P12_6. How do you describe your gender?

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

- P12_13_1 Indigenous spiritual
- P12_13_2 Anglican
- P12_13_3 Bahá'í
- P12_13_4 Buddhist
- P12_13_5 Catholic
- P12_13_6 Hindu
- P12_13_7 Jewish
- P12_13_8 Mennonite, Amish or Hutterite

- P12_13_9 Muslim
P12_13_10 Neo-pagan
P12_13_11 Protestant Christian
P12_13_12 Sikh
P12_13_13 Unitarian
P12_13_77 No religion
P12_13_14 Other, please specify: _____ P3_14text _____

P12_14. How religious or faith-based is your family?

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

P12_15. Thinking about the last 12 months, 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

P12_18. Thinking about the last 12 months, 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

P12_19. Which of the following reflects your sexual orientation? You can choose more than one.

- P12_19_1 Two-spirit
P12_19_2 Heterosexual or straight

- P12_19_3 Lesbian
- P12_19_4 Gay
- P12_19_5 Bisexual
- P12_19_6 Pansexual
- P12_19_7 Queer
- P12_19_8 Asexual

P12_20. How do you identify your own sexual orientation?

P12_21. Thinking about the last 12 months, 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

[if P12_PATIENT=2] P12_64. There are many reasons why youth may leave a clinic. Did any of the following contribute to the decision for your youth to leave this clinic? You can choose more than one.

- 1 My youth really wanted to go somewhere else
- 2 I really wanted them to go somewhere else
- 3 Another parent (or caregiver) really wanted them to go somewhere else
- 4 I didn't like the changes that were happening to their body
- 5 I wanted more or faster changes for my youth
- 6 It was too far to travel to clinic
- 7 It was too expensive
- 8 I didn't like the way the people at clinic treated us
- 9 My youth can receive this care from their family doctor
- 10 I felt like the doctor was moving too fast with treatment
- 11 We couldn't go when the clinic was open
- 12 We have to wait too long in the waiting room
- 13 They wouldn't provide the care my I wanted my youth to have
- 14 We didn't feel safe there
- 15 We were worried they wouldn't keep our information private
- 16 We moved
- 17 My youth's friends were going to a different clinic
- 18 Any other reason? Specify __Y12_C7_18text_____

[if P12_64_1=17]P12_64_17text. What was the other reason?

[if P12_64_1=2]P12_64_1text. Why did you want you them to go somewhere else?

[if P12_64_1=12]P12_64_12text. What care did you want for your youth that they wouldn't provide? _____

[if P12_PATIENT=2] P12_65. Of those reasons, which one was the most important in the decision to leave clinic? (choose one) (populated with reasons chosen from previous question)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17 [other specified reason]

[if P12_PATIENT=2] P12_66. How do you feel about the quality of care your youth received at [clinic]?

- 1 Very satisfied, they received great care at the clinic
- 2
- 3 Neither satisfied or unsatisfied
- 4
- 5 Very unsatisfied, I did not like the care my youth received at the clinic

[if P12_PATIENT=2] P12_67. Where is your youth currently receiving gender-affirming health care? (check all that apply)

- 1 Their regular family doctor
- 2 A different family doctor
- 3 Endocrinologist/hormone doctor
- 4 Pediatrician/children's clinic
- 5 Community Health Centre
- 6 Walk-in clinic
- 7 Naturopath
- 8 Counsellor/Psychiatrist/Psychologist/Mental health provider
- 9 Somewhere else? _____ P12_67_9text _____

[if P12_PATIENT=2] P12_68. What kind of care is your youth getting from [practitioner 1]?
(question repeats for each practitioner chosen in previous question)

- 1 Blockers
- 2 Hormones
- 3 Surgery referral
- 4 Mental health care
- 5 Something else? ___P12_68_5text_____

[if P12_PATIENT=2] P12_69. What are the goals of their current care? Is it...

- 1 To help them transition
- 2 To help them not be trans or non-binary
- 3 To give them time to figure out whether I'm going to transition

[if P12_PATIENT=2] P12_70. Does your youth's current health care provider fully accept their gender identity?

- 1 Yes
- 2 Not really; they question if they are 'really' trans or non-binary
- 3 No, they do not believe they are trans or non-binary

P12_29. 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

P12_30. [if P12_3_1=1 or P12_3_2=1 or P12_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

P12_31. 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

P12_32. 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?

P12_33_1. OVERALL, your youth's life is ... [do slider on tablet]

The WORST ☹ ----- ☺ The BEST

P12_33_2. Considering their HEALTH, your youth's life is ... [do slider on tablet]

The WORST ☹ ----- ☺ The BEST

P12_34_3. Since 12 months ago my youth's life is ...

- 1 Much worse
- 2 A little worse
- 3 A little better
- 4 Much better

External Stress Checklist

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.

[if P12_2 in (1,2)] As a parent or caregiver, have you or your family experienced any of the following in the last 12 months because of your youth's gender? (You may choose more than one.)

- P12_34_1 Friends or family have told you that you are a bad parent or caregiver
- P12_34_2 Strangers (online or in person) have told you that you are a bad parent or caregiver

- P12_34_3 Friends or family have given you unwanted parenting or caregiving advice
- P12_34_4 Strangers (in person or online) have given you unwanted parenting or caregiving advice
- P12_34_5 Child welfare authorities have opened a file or an investigation into your parenting, threatened, attempted, or taken your youth away from you
- P12_34_6 Other family members no longer speak to you
- P12_34_7 Members of your community no longer speak to you or members of your family
- P12_34_8 Other parents stopped letting their kids come to your house
- P12_34_9 Other people stopped letting your youth (or your other children) go to their house(s) to visit their friends
- P12_34_10 You or someone in your family has had to get involved in their school regarding gender issues
- P12_34_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
- P12_34_12 You or someone in your family had to defend their right to use a washroom
- P12_34_13 You or someone in your family was asked to not participate in your religious organization anymore
- P12_34_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)
- P12_34_15 Your youth or your family was asked to find another family doctor or health care provider
- P12_34_16 Your youth or your family was asked to find another mental health care provider
- P12_34_17 Something else _____ P12_34_17text _____
- P12_34_18 None of the above

In the last 12 months, have you discouraged your youth from doing any of the following to avoid stigma or discrimination?

- P12_35_1 Participating in organized sports teams
- P12_35_2 Participating in religious services or activities
- P12_35_3 Participating in extracurricular activities (e.g., boy scouts/girl guides, clubs, social groups etc.)
- P12_35_4 Dressing the way they want
- P12_35_5 Going to gyms or pools
- P12_35_6 Travelling out of the country
- P12_35_7 Going to a specific school
- P12_35_8 Going to family functions with extended family
- P12_35_9 Going to summer camps/sleep-away camps
- P12_35_10 Going to or having sleepovers
- P12_35_11 Going on school field trips
- P12_35_12 Something else _____ P12_35_12text _____
- P12_35_13 None of the above

P12_36. In the last 12 months, have you had to change your youth's school or homeschool them because others had issues with their gender?

1 Yes

2 No

P12_37. In the last 12 months, have you seriously considered changing your youth's school or homeschooling them because others had issues with their gender?

1 Yes

2 No

P12_38. In the last 12 months, have you had to move to a new home because others had issues with your youth's gender?

1 Yes

2 No

P12_39. In the last 12 months, have you 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.)

P12_40_1 transphobia in society in general

P12_40_2 your youth facing rejection

P12_40_3 your youth encountering violence

P12_40_4 your youth engaging in self-harm

P12_40_5 your youth's physical health

P12_40_6 how your friends or colleagues react to your youth's transition

P12_40_7 how to discuss your youth's gender or transition with extended family

P12_40_8 that saying the wrong thing will hurt your youth

P12_40_9 that you may be making a mistake by supporting your youth

P12_40_10 what you are losing with your youth's transition

P12_40_11 the lack of good health information for your youth

P12_40_12 that your youth won't find a good career

P12_40_13 that your youth won't find a good romantic partner

P12_40_14 that your youth may have unsafe dating experiences

P12_40_15 youth youth's fertility and being able to have children

P12_40_16 that you might make irreversible decisions for your youth for something that might be a phase

P12_40_17 the way your youth's gender challenges your religious beliefs or values

P12_40_18 letting people know your youth's gender might hurt or disadvantage your youth

P12_40_19 letting people know your youth's gender might hurt or disadvantage you

P12_40_20 Other, please specify: _____ P12_40_20text _____

P12_40_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)

- P12_41_1 A sense of pride in your youth
- P12_41_2 A sense of pride in your own parenting
- P12_41_3 A sense of confidence in your own parenting
- P12_41_4 An improved relationship with your youth
- P12_41_5 Motivation to become involved in public education or advocacy about trans youth
- P12_41_6 A sense of community with other parents of trans youth
- P12_41_7 A sense of personal growth
- P12_41_8 A strengthening of your family
- P12_41_9 Being pleased by unexpected support
- P12_41_10 Pleasure in seeing your youth becoming more confident
- P12_41_11 A sense of hope for your youth's future
- P12_41_12 Being inspired by your youth
- P12_41_13 Addressing your own internalized homophobia/transphobia
- P12_41_14 Reduced tension in the family/a sense of peace in the family
- P12_41_15 Other, please specify: _____ P12_41_15text_____

P12_42_1. Has addressing your youth's gender weakened or strengthened your family?

Weakened our family 1 2 3 4 5 Strengthened our family

P12_42_2. Is there anything you would like to tell us about this?

[if P12_3_5=1]. P12_64. Have you gotten professional support for one or more of your other children, related to your youth's gender?

- 1 Yes, counselling
- 2 Yes, support group or other professional resources
- 3 No
- 77 Not applicable, there are no siblings

[if P12_3_5=1]. P12_65 Do you need additional professional support for your other child(ren)?

- 1 Yes, a lot of additional support
- 2 Yes, a little bit of additional support
- 3 No
- 77 Not applicable, there are no siblings

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

P12_43_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

P12_43_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

P12_43_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

P12_43_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

P12_43_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

P12_43_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

[if P12_2 in (1,2)] In general, right now how supportive are you of your youth's ... ?

P12_47_1. Gender identity

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

P12_47_2. Their gender expression

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

P12_47_3. Their gender-affirming medical care overall

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

P12_50_4. Receiving puberty blockers

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

P12_50_5. Receiving hormones (estrogen or testosterone)

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

P12_50_6. Getting bottom surgery

- 1 Not at all supportive
- 2 Not very supportive

- Somewhat supportive
- Very supportive

P12_50_7. Getting top surgery

- Not at all supportive
- Not very supportive
- Somewhat supportive
- Very supportive

[if P12_2 in (1,2) and [if P12_3_1=1 or P12_3_2=1 or P12_3_3=1]] **In general, right now how supportive is your spouse or partner of your youth's ...?**

P12_48_1. Gender identity

- Not at all supportive
 - Not very supportive
 - Somewhat supportive
 - Very supportive
- 77 Not applicable; they don't know

P12_48_2. Their gender expression

- Not at all supportive
 - Not very supportive
 - Somewhat supportive
 - Very supportive
- 77 Not applicable; they don't know

P12_48_3. Their gender-affirming medical care overall

- Not at all supportive
 - Not very supportive
 - Somewhat supportive
 - Very supportive
- 77 Not applicable; they don't know

P12_51_4. Receiving puberty blockers

- Not at all supportive
 - Not very supportive
 - Somewhat supportive
 - Very supportive
- 77 Not applicable; they don't know

P12_51_5. Receiving hormones (estrogen or testosterone)

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

P12_51_6. Getting bottom surgery

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

P12_51_7. Getting top surgery

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

P12_49. [if P12_2 in (1,2) and [if P12_3_1=1 or P12_3_2=1 or P12_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 P12_4=1] In general, right now how supportive is the co-parent of your youth's ...?

P12_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

P12_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

P12_53_3. Their gender-affirming medical care overall

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

77 Not applicable; they don't know

P12_53_4. Receiving puberty blockers

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

P12_53_5. Receiving hormones (estrogen or testosterone)

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

P12_53_6. Getting bottom surgery

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

P12_53_7. Getting top surgery

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

P12_54. [if P12_2 in (1,2) and P12_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

P12_50. 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

[if P12_2 in (1,2)] 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.

		YES: Fits our family well 1	2	SOME: Fits our family some 3	4	NO: Does not fit our family 5
P12_51_1	Family members pay attention to each other's feelings.					
P12_51_2	Our family would rather do things together than with other people.					
P12_51_3	We all have a say in family plans.					
P12_51_4	The grownups in this family understand and agree on family decisions.					
P12_51_5	Grownups in the family compete and fight with each other.					
P12_51_6	There is closeness in my family but each person is allowed to be special and different.					
P12_51_7	We accept each other's friends.					

P12_51_8	There is confusion in our family because there is no leader.					
P12_51_9	Our family members touch and hug each other.					
P12_51_10	Family members put each other down.					
P12_51_11	We speak our minds, no matter what.					
P12_51_12	In our home, we feel loved.					
P12_51_13	Even when we feel close, our family is embarrassed to admit it.					
P12_51_14	We argue a lot and never solve problems.					
P12_51_15	Our happiest times are at home.					
P12_51_16	The grownups in this family are strong leaders.					
P12_51_17	The future looks good to our family.					
P12_51_18	We usually blame one person in our family when things aren't going right.					
P12_51_19	Family members go their own way most of the time.					
P12_51_20	Our family is proud of being close.					
P12_51_21	Our family is good at solving problems together.					
P12_51_22	Family members easily express warmth and caring towards each other.					
P12_51_23	It's okay to fight and yell in our family.					
P12_51_24	One of the adults in this family has a favourite child.					
P12_51_25	When things go wrong we blame each other.					
P12_51_26	We say what we think and feel.					

P12_51_27	Our family members would rather do things with other people than together.					
P12_51_28	Family members pay attention to each other and listen to what is said.					
P12_51_29	We worry about hurting each other's feelings.					
P12_51_30	The mood in my family is usually sad and blue.					
P12_51_31	We argue a lot.					
P12_51_32	One person controls and leads our family.					
P12_51_33	My family is happy most of the time.					
P12_51_34	Each person takes responsibility for their behaviour.					

P12_51_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
P12_52_1	Someone you can count on to listen to you when you need to talk					
P12_52_2	Someone to give you information to help you understand a situation					
P12_52_3	Someone to give you good advice about a crisis					

P12_52_4	Someone to confide in or talk to about yourself or your problems					
P12_52_5	Someone whose advice you really want					
P12_52_6	Someone to share your most private worries and fears with					
P12_52_7	Someone to turn to for suggestions about how to deal with a personal problem					
P12_52_8	Someone who understands your problems					
P12_52_9	Someone to help you if you were confined to bed					
P12_52_10	Someone to take you to the doctor if you needed it					
P12_52_11	Someone to prepare your meals if you were unable to do it yourself					
P12_52_12	Someone to help with daily chores if you were sick					
P12_52_13	Someone who shows you love and affection					
P12_52_14	Someone to love and make you feel wanted					
P12_52_15	Someone who hugs you					
P12_52_16	Someone to have a good time with					
P12_52_17	Someone to get together with for relaxation					
P12_52_18	Someone to do something enjoyable with					
P12_52_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.

- P12_53_1 Talking to your own counsellor or therapist
- P12_53_2 Talking to your youth's doctor or care provider
- P12_53_3 Talking with an Indigenous elder
- P12_53_4 Talking with a priest, rabbi, imam, or other religious leader
- P12_53_5 Talking with another parent/caregiver of a trans youth
- P12_53_6 Talking with a friend or relative (who is not a parent of a trans youth)
- P12_53_7 Talking with your spouse or partner
- P12_53_8 In-person peer support group
- P12_53_9 On-line peer support group
- P12_53_10 Social media (e.g., YouTube, Facebook, Twitter, etc.)
- P12_53_11 Connecting or talking with trans people other than your youth
- P12_53_12 Your own youth
- P12_53_13 Other, please specify: ____ P12_53_13text _____
- P12_53_14 I have no sources of support [if only response is P12_53_14=1, skip to P12_55]

P12_54. Which of these sources do you find the most helpful?

SHARING YOUR THOUGHTS

P12_55. What would you like to see happen as a result of the information in this research?

P12_56. Who do we need to reach with our research results? What is the best way to do that?

P12_57. 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?

P12_58. 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, you can contact us by e-mail at [e-mail address] or phone at [phone number].

Thank you so much for sharing your information with us.

FOR INFORMATION ONLY