

**Trans Youth CAN! SurveyYouth_12
(12 month follow-up)
March 2019**

NOTES on this version:

Don't know (DK) and refused (RF) options will 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 ONLY

INTRODUCTION

Thank you again for being part of this study.

One thing you should remember 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 or did provide 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 sexual experiences, 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?

This will work the same way as last time, in that we are going to talk for about an hour. 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. Many of the questions will be the same ones we asked last time, but it's been a year so we want to make sure we have your current information correct. 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 a 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

Y12_LANG.

- 1 French
- 2 English

YOUTHID. Participant ID: _____

Y12_DATE. Date completed: _____

Y12_INTID. Interviewer ID: _____

Y12_CLINIC. Clinic: [Pull-down list of clinic codes]

- 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)
- 9 SickKids Hospital (Toronto)
- 10 McMaster Children's Hospital (Hamilton)
- 11 LHSC Children's Hospital (London)

Y12_PARENT: Was parent/caregiver present while administering the survey?

- 1 Yes
- 2 No

Y12_MODE: Was survey completed ...?

- 1 In clinic
- 2 Phone call
- 3 Video call

Y12_PATIENT. Is the youth still a patient at [Y12_CLINIC]?

- 1 Yes
- 2 No

Y12_NOTES. Interviewer notes

SECTION A. ABOUT YOU

Y12_A2. What pronouns do you like to use for yourself?

- 1 she/her
- 2 he/him
- 3 they/them, or
- 4 something else? _____ Y12_A2_4text_____

- 88 DK
- 99 RF

Y12_A3. What word or words do you use to identify your own gender?

Y12_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

Y12_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

Y12_A6. [if Y12_A5 in (1,2)] ...and at what age did you start living as <Y12_A3>?

_____ years

Y12_A8. Would you say you are...

Y12_A8_1 Indigenous (that is First Nations, Metis or Inuit)?

- 1 yes
- 2 no

- 88 DK
- 99 RF

Y12_A9. [if Y12_A8_1=1] Are you ...?

- 1 First Nations
- 2 Métis
- 3 Inuit
- 4 Other Indigenous group, specify: _____ Y12_A16_4text _____

- 88 DK

Y12_A10. [if Y12_A8_1=1] How do you personally identify as an Indigenous person?

Y12_A11. [if Y12_A8_1=1] Do you live in a First Nations reserve community?

- 1 Yes
- 2 No

Y12_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

Y12_A13. [if Y12_A12 in (1,2,88,99)] Does your school practice a specific religion?

- 1 yes. Which religion? _____ Y12_A20_1text _____
- 2 no

- 88 DK
- 99 RF

Y12_A14. [if Y12_A12 in (1,2,88,99)] Are you in a special school for LGBT2Q students?

- 1 yes
2 no

- 88 DK
99 RF

Y12_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

Y12_A17. Last time you said you had [number and type of family members from baseline survey] in your life on a regular basis, has this changed in the last 12 months?

- 1 no (continue survey with family listed in baseline survey)
2 yes (complete Y12_A16 below to update number and types of family members)

Y12_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.

- Y12_A17_1 Parent(s) _____ Y12_A17_1_no _____
Y12_A17_2 Step-parent(s) _____ Y12_A17_2_no _____
Y12_A17_3 Foster parent(s) _____ Y12_A17_3_no _____
Y12_A17_4 Sibling(s) _____ Y12_A17_4_no _____
Y12_A17_5 Grandparents, aunties, uncles and extended family _____ Y12_A17_5_no _____

[if Y12_A12 in (1,2,88,99)] Y12_A17. What grade are you in? (if currently summer, enter grade they will be entering in September) _____

Y12_A21. Which of the following reflect your background? You can choose more than one.

- Y12_A21_1 Indigenous (First Nations, Métis, or Inuit)
Y12_A21_2 Latin American (e.g. Argentina, Mexico, Nicaragua)
Y12_A21_3 East Asian (e.g. China, Japan, Korea, Taiwan)
Y12_A21_4 Indo-Caribbean (e.g. Guyanese with origins in India)
Y12_A21_5 Black Caribbean

- Y12_A21_6 South Asian (e.g. India, Sri Lanka, Pakistan)
Y12_A21_7 Middle Eastern (e.g. Egypt, Iran, Israel, Saudi Arabia)
Y12_A21_8 South East Asian (e.g. Vietnam, Malaysia, Philippines)
Y12_A21_9 White Canadian or White American
Y12_A21_10 White European (e.g. England, Greece, Sweden, Russia)
Y12_A21_11 Black Canadian or African-American
Y12_A21_12 Black African (e.g. Ghana, Kenya, Somalia)
Y12_A21_13 Other, please specify _____Y12_A21_13text_____

Y12_A22. How do you identify your own ethnic or racial background?

Y12_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 Y12_A23=1] Which one or ones?

- Y12_A24_1 girls
Y12_A24_2 boys
Y12_A24_3 non-binary people

Y12_A25. What words would you use to describe your sexual orientation?

SECTION B. GENDER EXPERIENCES

Y12_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

Y12_B2. [if Y12_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

Y12_B3. [if Y12_B2 in (2,88,99)] Do you want to?

1 yes
2 no
88 DK
99 RF

Y12_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

Y12_B5. [if Y12_B4 in (2,88,99)] Do you want to?

1 yes
2 no
88 DK
99 RF

Y12_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

Y12_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

Y12_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

Y12_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

[Provide youth with cue card containing response options] 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 | |
| Y12_B10_1 | I wish I had been born in a different body |
| Dysphoria related to gendered social life | |
| Y12_B10_2 | I avoid social situations or activities because I can't express myself in my gender |
| Y12_B10_3 | I feel hurt if someone calls me the wrong gender (using the wrong pronouns/wrong name) |

| | |
|--|---|
| Y12_B10_4 | I enjoy dressing myself in ways that express my gender [reversed] |
| Y12_B10_5 | I feel that society doesn't accept or embrace me in my gender |
| Y12_B10_6 | I worry that people will always treat me as the wrong gender |
| Y12_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 | |
| Y12_B10_8 | I dislike seeing my naked body |
| Y12_B10_9 | I feel unhappy because I have a [masculine/feminine] body |
| Y12_B10_10 | I worry that I might always have a [masculine/feminine] body |
| Y12_B10_11 | I dislike peeing [standing up/sitting down] |
| Y12_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 |
| Y12_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 |
| Y12_B10_14 | I feel like I can't trust what my body might do as I get older |
| Y12_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 | |
| Y12_B11_1 | Being trans or non-binary is one of the cool things about me |
| Y12_B11_2 | I feel a sense of accomplishment and pride being able to express myself as my gender |
| Euphoria related to gendered social life | |
| Y12_B11_3 | I enjoy going out in public and doing social activities because I can express myself as my gender |
| Y12_B11_4 | I feel validated when strangers in public treat me like my gender |
| Y12_B11_5 | I feel confident trying new and different clothes that express my gender |
| Y12_B11_6 | I feel happy that society sees me on the outside for who I am on the inside |
| Y12_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 | |
| Y12_B11_8 | I feel confident in my body |
| Y12_B11_9 | I feel attractive |
| Y12_B11_10 | I am comfortable in my body |
| Y12_B11_11 | I feel like my body fits with the real me |

| | |
|------------|---|
| Y12_B11_12 | Things about my body that used to bother me don't bother me as much anymore |
|------------|---|

Y12_B12. I'm going to ask about some types of surgeries you may have thought about getting, or that you may have had. Can you tell me if you think that's a surgery you want or not, or if you're not sure/undecided, or if it's something you have had.

| | | (1)Yes/Want | (2)No/Don't want | (3)Unsure/undecided | (4)Have had | (99) RF |
|-----------|-----------------------|-------------|------------------|---------------------|-------------|---------|
| Y12_B12_1 | Top surgery | | | | | |
| Y12_B12_2 | Bottom surgery | | | | | |
| Y12_B12_3 | Facial surgery | | | | | |

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

- 1 Yes
- 2 No
- 3 Undecided/unsure

- 88 DK
- 99 RF

Y12_B12. How do you see your life five years from now?

- 1 My life will be pretty easy
- 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

Y12_C4. Some youth have questions or doubts about using gender-affirming medical care, and others feel more certain. Thinking back to when you first joined this study, do you feel more certain, or less certain now about using gender-affirming medical care?

- 1 A lot less certain
- 2 A bit less certain
- 3 About as certain
- 4 A bit more certain
- 5 A lot more certain

- 88 DK
- 99 RF

Y12_C5. If you were to have any questions or doubts about using gender-affirming medical care, how comfortable would you be talking to your parent/caregiver?

- 1 Not at all comfortable
- 2
- 3
- 4
- 5 Very comfortable

- 88 DK
- 99 RF

Y12_C6. If you were to have any questions or doubts about using gender-affirming medical care, how comfortable would you be talking to your doctor?

- 1 Not at all comfortable
- 2
- 3
- 4
- 5 Very comfortable

- 88 DK
- 99 RF

[if Y12_PATIENT=2] Y12_C7. There are many reasons why youth may leave a clinic. Did any of the following contribute to the decision to leave this clinic? You can choose more than one.

- 1 My parent(s) or caregiver(s) really wanted me to go somewhere else
- 2 I didn't like the changes that were happening to my body
- 3 I wanted more or faster changes to my body
- 4 It was too far to travel to clinic
- 5 It was too expensive
- 6 I didn't like the way the people at clinic treated me
- 7 I can receive this care from my family doctor
- 8 I felt like the doctor was moving too fast with treatment
- 9 I couldn't go when the clinic was open
- 10 I have to wait too long in the waiting room
- 11 They wouldn't provide the care I wanted
- 12 I didn't feel safe there
- 13 I was worried they wouldn't keep my information private
- 14 We moved
- 15 My friends were going to a different clinic
- 16 Any other reason? Specify __Y12_C7_16text__

[if Y12_C7_1=1]Y12_C7_1text. Why did you parent(s) or caregiver(s) want you to go somewhere else? _____

[if Y12_C7_11=1]Y12_C7_11text. What care did you want that they wouldn't provide? _____

[if Y12_PATIENT=2] Y12_C8. Of those reasons, which one was the most important in your 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 [other specified reason]

[if Y12_PATIENT=2] Y12_C9. How do you feel about the quality of care you received at [clinic]?

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

[if Y12_PATIENT=2] Y12_C10. Where are you currently receiving gender-affirming health care? (check all that apply)

- 1 My 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? _____ Y12_C10_9text_____

[if Y12_PATIENT=2] Y12_C11. What kind of care are you getting from [practitioner 1]? (question repeats for each practitioner endorsed in previous question)

- 1 Blockers
- 2 Hormones

- 3 Surgery referral
- 4 Mental health care
- 5 Something else? ___Y12_C11_5text_____

[if Y12_PATIENT=2] Y12_C12. What are the goals of your current care? Is it...

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

[if Y12_PATIENT=2] Y12_C13. Does your current health care provider fully accept your gender identity?

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

[if Y12_PATIENT=2] Y12_C14. Which medications are you currently taking?

- 1 Lupron
- 2 Depo-Provera
- 3 Continuous birth control pill
- 4 Levonorgestrel-releasing intrauterine system (Mirena/IUD)
- 5 Testosterone
- 6 Spironolactone
- 7 Estrogen
- 8 Progesterone
- 9 Other, specify name: ___Y12_C14_8text___
- 10 None

[if Y12_C14=1] Y12_C15. How often are you receiving Lupron?

- 1 Every month
- 2 Every 3 months
- 3 Every day
- 4 Other, specify: _____

[if Y12_C14=5] Y12_C16. How often are you receiving Testosterone?

- 1 Every week
- 2 Every 2 weeks
- 3 Every month
- 4 Other, specify: _____

[if Y12_C14=5] Y12_C17. How are you receiving your Testosterone?

- 1 Pill
- 2 Patch
- 3 Injection
- 4 Other, specify: _____

[if Y12_C14=7] Y12_C18. How often are you receiving Estrogen?

- 1 Every day
- 2 Other, specify: _____

[if Y12_C14=7] Y12_C19. How are you receiving your Estrogen?

- 1 Pill
- 2 Patch
- 3 Injection
- 4 Other, specify: _____

[if Y12_C14=8] Y12_C20. How often are you receiving [other medication]? (specify number of times per week or month, etc)

[if Y12_C14=8] Y12_C21. How are you receiving your [other medication]? (specify oral or injection, etc.)

[if Y12_PATIENT=2] Y12_C22. Have you visited the emergency room SINCE THE LAST CLINIC VISIT you had at [Y12_clinic]?

- 1 Yes, how many times? ___ Y12_C22no ___ [show detail form for # of visits, up to 4]
- 2 No [Skip to Y12_C27]

ER VISIT 1 ___ [show detail form for # of visits, up to 4]

Y12_C23_What was the date? _ (dd/mm/yy)

Y12_C23_loc. What hospital was it? _____

Y12_C23_rea. What was the reason? _____

Y12_C23_kno. Was the help received in the emergency room gender knowledgeable?

- 1 Yes
- 2 No

[if Y12_PATIENT=2] Y12_C27. Have you been admitted to the hospital SINCE THE LAST CLINIC VISIT you had at [Y12_clinic]?

- 1 Yes, how many times? ___ Y12_C27no ___ [show detail form for # of visits, up to 4]
- 2 No [Skip to Section D]

HOSPITALIZATION VISIT 1 ___ [show detail form for # of visits, up to 4]

Y12_C28_What was the date? __ (dd/mm/yy)

Y12_C28_loc. What hospital was it? _____

Y12_C28_rea. What was the reason? _____

Y12_C28_kno. Was the help received in the hospital gender knowledgeable?

- 1 Yes
- 2 No

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.

Y12_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

Y12_D2. Do you feel like you have a stable place to live?

- 1 Yes
- 2 No

88 DK
99 RF

Y12_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

Y12_D4. In the past 12 months have you had to move out of a home because others had issues with your gender?

- 1 Yes
- 2 No

88 DK
99 RF

Y12_D5. Which of these is your current living situation?

- 1 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.
- 2 Sleeping somewhere temporary, such as 'couch surfing' with family, friends, or strangers, or staying in drug treatment facility or jail
- 3 Sleeping in regular housing, such as an apartment or house

Y12_D6. If it's changed in the last year, which of the other options reflect your housing situation over the past 12 months?

- Y12_D6_1 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.
- Y12_D7_2 Sleeping somewhere temporary, such as 'couch surfing' with family, friends, or strangers, or staying in drug treatment facility or jail
- Y12_D8_3 Sleeping in regular housing, such as an apartment or house
- Y12_D6_4 My living situation hasn't changed in the last 12 months

[Provide youth with cue card containing response options] In the last 12 months, how often did you have access to the following things if and when you need them?

Y12_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

Y12_D7_2. Internet access (whether at home, school, library, etc.)?

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

88 DK
99 RF

Y12_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

Y12_D7_4. Other clothing essentials (such as socks, underwear, etc.)?

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

- 88 DK
- 99 RF

Y12_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.

[If Y12_A17=2] You said you had [Y12_25_1_no + Y12_25_2_no + Y12_25_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.

[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 _____ Y12_E1_1 _____

Parent 2 _____ Y12_E1_2 _____

Parent 3 _____ Y12_E1_3 _____

Parent 4 _____ Y12_E1_4 _____

Y12_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 Y12_E2=1] [Provide youth with cue card containing response options] 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.

Y12_E3_1. Your [Parent 1]

- 1 yes
- 2 sometimes
- 3 no
- 4 haven't asked

- 88 DK
- 99 RF

Y12_E3_2. Your [Parent 2]

- 1 yes
- 2 sometimes
- 3 no
- 4 haven't asked

- 88 DK
- 99 RF

Y12_E3_3. Your [Parent 3]

- 1 yes
- 2 sometimes
- 3 no

4 haven't asked

88 DK

99 RF

Y12_E3_4. Your [Parent 4]

1 yes

2 sometimes

3 no

4 haven't asked

88 DK

99 RF

Y12_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

Y12_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

Y12_E3_11. Your classmates

1 yes

2 sometimes

3 no

4 some, but not all

5 haven't asked

77 not applicable

88 DK

99 RF

Y12_E3_13. 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]

[Provide youth with cue card containing response options] 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?

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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]

Y12_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

Y12_E5_5. In general, how supportive is your [parent 1] of you receiving puberty blockers?:

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_E5_6. In general, how supportive is your [parent 1] of you receiving hormones (estrogen or testosterone)?:

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_E5_7. In general, how supportive is your [parent 1] of you receiving bottom surgery?:

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_E5_8. In general, how supportive is your [parent 1] of you receiving top surgery?:

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_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

Y12_E5_9. In general, how supportive is your [parent 2] of you receiving puberty blockers?:

1 Not at all supportive

2 Not very supportive

3 Somewhat supportive

4 Very supportive

77 Not applicable

88 DK

99 RF

Y12_E5_10. In general, how supportive is your [parent 2] of you receiving hormones (estrogen or testosterone)?:

1 Not at all supportive

2 Not very supportive

3 Somewhat supportive

4 Very supportive

77 Not applicable

88 DK

99 RF

Y12_E5_11. In general, how supportive is your [parent 2] of you receiving bottom surgery?:

1 Not at all supportive

2 Not very supportive

3 Somewhat supportive

4 Very supportive

77 Not applicable

88 DK

99 RF

Y12_E5_12. In general, how supportive is your [parent 2] of you receiving top surgery?:

1 Not at all supportive

2 Not very supportive

3 Somewhat supportive

4 Very supportive

77 Not applicable

88 DK

99 RF

Y12_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

Y12_E5_13. In general, how supportive is your [parent 3] of you receiving puberty blockers?:

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_E5_14. In general, how supportive is your [parent 3] of you receiving hormones (estrogen or testosterone)?:

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_E5_15. In general, how supportive is your [parent 3] of you receiving bottom surgery?:

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_E5_16. In general, how supportive is your [parent 3] of you receiving top surgery?:

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_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

Y12_E5_17. In general, how supportive is your [parent 4] of you receiving puberty blockers?:

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_E5_18. In general, how supportive is your [parent 4] of you receiving hormones (estrogen or testosterone)?:

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_E5_19. In general, how supportive is your [parent 4] of you receiving bottom surgery?:

- 1 Not at all supportive

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_E5_20. In general, how supportive is your [parent 4] of you receiving top surgery?:

- 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?

Y12_E6_1. In your neighbourhood in the daytime?

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

- 88 DK
- 99 RF

Y12_E6_2. In your neighbourhood at night?

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

- 88 DK
- 99 RF

Y12_E6_3. Inside your home?

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

88 DK
99 RF

In the last 12 months have you 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.

- Y12_E7_1 Public transit
Y12_E7_2 Grocery store or pharmacy
Y12_E7_3 Malls or clothing stores
Y12_E7_4 Schools
Y12_E7_5 Travelling out of the country
Y12_E7_6 Clubs or social groups
Y12_E7_7 School locker rooms
Y12_E7_8 Gyms or pools
Y12_E7_9 Church, synagogue, temple, mosque or other religious institution
Y12_E7_10 School washrooms
Y12_E7_11 Public washrooms
Y12_E7_12 Public spaces (for example, parks)
Y12_E7_13 Restaurants or bars
Y12_E7_14 Cultural or community centres
Y12_E7_15 None of the above

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.

Y12_L12_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

Y12_L12_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

Y12_L12_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

Y12_L12_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

Y12_L12_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.

Y12_F1. In the last 12 months have you been absent from school for more than 2 weeks at a time?

- 1 yes
2 no
- 88 DK
99 RF

Y12_F2. [if Y12_F1=1] In the last 12 months 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

Y12_F3. [if Y12_F1=1] In the last 12 months have you had any absences of more than 2 weeks that were related to your gender identity?

- 1 yes Please explain ____ Y12_F3_1text _____

2 no

88 DK

99 RF

[if Y12_A12 in (1,2)] [Provide youth with cue card containing response options] **How strongly do you agree or disagree with each of the following?**

Y12_F7_1. I feel close to people at my school.

1 strongly agree

2 agree

3 disagree

4 strongly disagree

88 DK

99 RF

Y12_F7_2. I feel I am part of my school.

1 strongly agree

2 agree

3 disagree

4 strongly disagree

88 DK

99 RF

Y12_F7_3. I am happy to be at my school.

1 strongly agree

2 agree

3 disagree

4 strongly disagree

88 DK

99 RF

Y12_F7_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

Y12_F7_5. I feel safe in my school.

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

- 88 DK
- 99 RF

Y12_F7_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 Y12_A12 in (1,2)] [Provide youth with cue card containing response options] **While at school, how often do you feel safe....**

Y12_F8_1. In your classroom?

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_F8_2. In the washrooms?

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_F8_3. In the changing rooms?

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_F8_4. In the hallways and stairwells?

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_F8_5. In the library?

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_F8_6. In the cafeteria?

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

- 77 Not applicable
- 88 DK
- 99 RF

Y12_F8_7. Outside on school grounds?

- 1 Never
- 2 Rarely
- 3 Sometimes

- 4 Usually
- 5 Always

- 77 Not applicable
- 88 DK
- 99 RF

Y12_F8_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.

Y12_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 Y12_G1=1] What is the religion or faith of your family? Is your family... ? (You can choose more than one.)

- Y12_G2_1 Indigenous spiritual
- Y12_G2_2 Anglican
- Y12_G2_3 Bahá'í
- Y12_G2_4 Buddhist
- Y12_G2_6 Catholic
- Y12_G2_7 Hindu

- Y12_G2_8 Jewish
- Y12_G2_9 Mennonite, Amish or Hutterite
- Y12_G2_10 Muslim
- Y12_G2_11 Neo-pagan
- Y12_G2_12 Protestant Christian
- Y12_G2_13 Sikh
- Y12_G2_14 Unitarian
- Y12_G2_15 Other, please specify: _____ Y12_G2_15text _____
- Y12_G2_16 No religion, agnostic
- Y12_G2_17 No religion, athiest

Y12_G3. [if Y12_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

| |
|----------------------------------|
| External Family Stress Checklist |
|----------------------------------|

[if Y12_G1=1] In the last 12 months has your family experienced any of the following because of your gender?

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_G4_6. Other family members no longer speak to your family?

- 1 Yes
2 No

- 88 DK
99 RF

Y12_G4_7. Members of your community no longer speak to your family?

- 1 Yes
2 No

- 88 DK
99 RF

Y12_G4_8. Other parents stopped letting their kids come to your house or see you?

- 1 Yes
2 No

88 DK
99 RF

Y12_G4_9. Other people stopped letting you go to their house to visit your friends?

1 Yes
2 No

88 DK
99 RF

Y12_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

Y12_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

Y12_G4_12. Someone in your family has had to defend your right to use a washroom?

1 Yes
2 No

88 DK
99 RF

Y12_G4_13. Someone in your family was asked to not participate in a religious organization anymore?

1 Yes
2 No

88 DK
99 RF

Y12_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

Y12_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

Y12_G4_16. You or your family was asked to find another mental health care provider?

- 1 Yes
2 No

- 88 DK
99 RF

Y12_G4_17. Something else _____ 17text _____

- 1 Yes
2 No

- 88 DK
99 RF

How much do you feel...

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

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

Has addressing your gender weakened or strengthened your family?

Weakened our family 1 2 3 4 5 Strengthened our family

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

SECTION H. COMMUNITY, SUPPORT, DISCRIMINATION

Y12_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

Y12_H2. [if Y12_H1=1] Have you attended it?

1 yes

2 no

88 DK

99 RF

[if Y12_H2=1] Y12_H3. How useful did you find it?

1 Not at all useful

2

3

4

5

6

7

8

9

10 Extremely useful

[if Y12_H2=2] Y12_H4. Briefly, can you tell me why not? _____

Y12_H3. Do you access online groups for trans, non-binary, two-spirit or LGBT youth?

1 yes

2 no

88 DK

99 RF

Y12_H4. [if Y12_H3=1] Are there online groups you would recommend to other youth?

[Provide youth with cue card containing response options] 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.

In the last 12 months, because of who you are, have you...

Never Yes, but not in the past year Yes, once or twice in the past year Yes, many times in the past year

Y12_H5_1. Heard, saw, or read others joking or laughing about you (or people like you)

Y12_H5_2. Been treated as if you are unfriendly, unhelpful, or rude

Y12_H5_3. Been called names or heard/saw your identity used as an insult

Y12_H5_4. Been treated as if others are afraid of you

Y12_H5_5. Been stared or pointed at in public

Y12_H5_6. Been told that you should think, act, or look more like others

Y12_H5_7. Heard that you or people like you don't belong

Y12_H5_8. Asked inappropriate, offensive, or overly personal questions

Y12_H5_9. Been treated as if you are less smart or capable than others

Y12_H6. 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

Y12_H7. In the last 12 months 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

Y12_H8. In the last 12 months have other people threatened or harassed your friends (in person or online), because of your gender?

1 Yes
 2 No

88 DK
 99 RF

[Provide youth with cue card containing response options] **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 1 | A little of the time 2 | Some of the time 3 | Most of the time 4 | All of the time 5 |
|-----------|--|-----------------------|---------------------------|-----------------------|-----------------------|----------------------|
| Y12_H9_1 | Someone you can count on to listen to you when you need to talk | | | | | |
| Y12_H9_2 | Someone to give you information to help you understand a situation | | | | | |
| Y12_H9_3 | Someone to give you good advice about a crisis | | | | | |
| Y12_H9_4 | Someone to confide in or talk to about yourself or your problems | | | | | |
| Y12_H9_5 | Someone whose advice you really want | | | | | |
| Y12_H9_6 | Someone to share your most private worries and fears with | | | | | |
| Y12_H9_7 | Someone to turn to for suggestions about how to deal with a personal problem | | | | | |
| Y12_H9_8 | Someone who understands your problems | | | | | |
| Y12_H9_9 | Someone to help you if you were confined to bed | | | | | |
| Y12_H9_10 | Someone to take you to the doctor if you needed it | | | | | |
| Y12_H9_11 | Someone to prepare your meals if you were unable to do it yourself | | | | | |

| | | | | | | |
|-----------|--|--|--|--|--|--|
| Y12_H9_12 | Someone to help with daily chores if you were sick | | | | | |
| Y12_H9_13 | Someone who shows you love and affection | | | | | |
| Y12_H9_14 | Someone to love and make you feel wanted | | | | | |
| Y12_H9_15 | Someone who hugs you | | | | | |
| Y12_H9_16 | Someone to have a good time with | | | | | |
| Y12_H9_17 | Someone to get together with for relaxation | | | | | |
| Y12_H9_18 | Someone to do something enjoyable with | | | | | |
| Y12_H9_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.

- Y12_H10_1 Your [Parent 1]
- Y12_H10_2 Your [Parent 2]
- Y12_H10_3 Your [Parent 3]
- Y12_H10_4 Your [Parent 4]
- Y12_H10_10 Your sibling(s)
- Y12_H10_11 Your extended family
- Y12_H10_12 Your online friends
- Y12_H10_13 Your IRL friends
- Y12_H10_14 Your trans friends
- Y12_H10_15 Your non-trans friends
- Y12_H10_16 Your classmates
- Y12_H10_17 Your extracurricular leaders (for example coaches)
- Y12_H10_18 Your teachers
- Y12_H10_19 Your religious or faith-based community
- Y12_H10_20 Your cultural or ethnic community
- Y12_H10_21 Your LGBT2Q community
- Y12_H10_22 Your mental health provider
- Y12_H10_23 Your regular doctor (family doctor or pediatrician)
- Y12_H10_24 Other Please specify ____ Y12_H10_24text _____

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?

Y12_J1_1. OVERALL, my life is ... [let youth do slider on tablet]

The WORST ☹ ----- ☺ The BEST

Y12_J1_2. Considering my HEALTH, my life is ... [let youth do slider on tablet]

The WORST ☹ ----- ☺ The BEST

Y12_J1_3. Since 12 months ago, my life is ...

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

88 DK
99 RF

[Provide youth with cue card containing response options] **The next six questions are about how you have been feeling during the past 30 days.**

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_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

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

- Y12_J3_1 A sense of pride in yourself
- Y12_J3_2 A sense of hope.
- Y12_J3_3 A sense of confidence.
- Y12_J3_4 An improved relationship with your parents/caregivers.
- Y12_J3_5 Motivation to become involved in public education/advocacy about trans youth
- Y12_J3_6 A sense of community with other trans youth.
- Y12_J3_7 A sense of personal growth
- Y12_J3_8 A strengthening of your family
- Y12_J3_9 Being pleased by unexpected support
- Y12_J3_10 Other, please specify: _____ Y12_J3_10text _____

Y12_J4. In the last 12 months have you 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

Y12_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

Y12_J6. [If Y12_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

Y12_J7_1. [Provide youth with cue card containing response options] 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

Y12_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

Y12_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

Y12_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

Y12_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

Y12_J8. [If one or more of Y12_J7_1 to Y12_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?

Y12_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

Y12_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

Y12_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

Y12_K4. If the last 12 months, have you used any medication or drugs that you weren't prescribed, including marijuana?

1 Yes

2 No

88 DK

99 RF

[if Y12_K4 in (1,88,99)] I am going to read you a list of substances. You can tell me which you have used in the last 12 months.

- Y12_K5_1 Marijuana/hashish (hash, weed, pot, bong, dabs)
Y12_K5_2 Mushrooms (magic mushrooms, shrooms, psilocybin)
Y12_K5_3 Spice (K2, K3, Blaze, Black mamba, legal weed, fake pot, IZMS)
Y12_K5_4 Sizzurp (robos, dex, DXM, purple drank)
Y12_K5_5 Adrenochromes (wagon wheels, dreens)
Y12_K5_6 Poppers or nitrites, including ampules
Y12_K5_7 Crack
Y12_K5_8 Cocaine (coke, blow, snow, powder, snort)
Y12_K5_9 Crystal meth (speed, crank, ice)
Y12_K5_10 PCP (angel dust)
Y12_K5_11 Special K/Ketamine
Y12_K5_12 GHB (G)
Y12_K5_13 LSD (acid)
Y12_K5_14 Opium
Y12_K5_15 Heroin (H, junk, smack)
Y12_K5_16 Ecstasy, Molly, or MDMA
Y12_K5_17 Bath salts
Y12_K5_18 Fentanyl
Y12_K5_19 Other pain medication besides fentanyl that was not prescribed to you (Percocet, Oxycontin, OxyNeo, Tylenol #3, Demerol, Dilaudid, codeine)
Y12_K5_20 Sedatives or tranquilizers not prescribed to you (Valium, Ativan, Xanax, tranqs, 'downers')
Y12_K5_21 Prescription ADHD medication that was not prescribed to you (Ritalin, Concerta, Adderall, Dexedrine)
Y12_K5_22 Huffing gas or other solvents
Y12_K5_23 Other, please specify: ____ Y12_K5_23text _____
Y12_K5_24 None of the above

In the last 30 days, which of the following have you used? [only display items endorsed in Y12_K5]

- Y12_K6_1 Marijuana/hashish (hash, weed, pot, bong, dabs)
Y12_K6_2 Mushrooms (magic mushrooms, shrooms, psilocybin)
Y12_K6_3 Spice (K2, K3, Blaze, Black mamba, legal weed, fake pot, IZMS)

- Y12_K6_4 Sizzurp (robos, dex, DXM, purple drank)
- Y12_K6_5 Adrenochromes (wagon wheels, dreens)
- Y12_K6_6 Poppers or nitrites, including ampules
- Y12_K6_7 Crack
- Y12_K6_8 Cocaine (coke, blow, snow, powder, snort)
- Y12_K6_9 Crystal meth (speed, crank, ice)
- Y12_K6_10 PCP (angel dust)
- Y12_K6_11 Special K/Ketamine
- Y12_K6_12 GHB (G)
- Y12_K6_13 LSD (acid)
- Y12_K6_14 Opium
- Y12_K6_15 Heroin (H, junk, smack)
- Y12_K6_16 Ecstasy, Molly, or MDMA
- Y12_K6_17 Bath salts
- Y12_K6_18 Fentanyl
- Y12_K6_19 Other pain medication besides fentanyl that was not prescribed to you (Percocet, Oxycontin, OxyNeo, Tylenol #3, Demerol, Dilaudid, codeine)
- Y12_K6_20 Sedatives or tranquilizers not prescribed to you (Valium, Ativan, Xanax, tranqs, 'downers')
- Y12_K6_21 Prescription ADHD medication that was not prescribed to you (Ritalin, Concerta, Adderall, Dexedrine)
- Y12_K6_22 Huffing gas or other solvents
- Y12_K6_23 Other, please specify: Y12_K6_23text _____

[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?

| Strategy | Have you used this to deal with general stress in the last 30 days? [YES/NO] | Have you used this to deal with gender-related stress in the last 30 days? [YES/NO] |
|-----------------|---|--|
| [DRUG1] | Y12_K6_XX | Y12_K7_XX |
| [DRUG2] | Y12_K6_XX | Y12_K7_XX |
| [DRUG3] | Y12_K6_XX | Y12_K7_XX |
| [DRUG4] | Y12_K6_XX | Y12_K7_XX |
| [DRUG5] | Y12_K6_XX | Y12_K7_XX |
| [DRUG6] | Y12_K6_XX | Y12_K7_XX |

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?

[Provide youth with cue card containing response options] In the last 30 days, how often ...

Y12_L1_1. Were you very sad?

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

- 88 DK
- 99 RF

Y12_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

Y12_L1_3. Did you feel hopeless about the future?

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

- 88 DK
- 99 RF

Y12_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

Y12_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 to you 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.

Y12_L2. In the last 12 months have you seriously considered committing suicide or taking your own life?

- 1 Yes
- 2 No [skip to anxiety]

- 88 DK
- 99 RF

Y12_L3. [If Y12_L2=1] Was this related to you being trans?

- 1 Yes
- 2 No

- 88 DK
- 99 RF

[if Y12_L2=1, screen for current suicidality and need for safety protocol]

Y12_L5. [If Y12_L2=1] In the last 12 months have you attempted to commit suicide or tried taking your own life?

- 1 Yes
- 2 No [skip to anxiety]

- 88 DK
- 99 RF

[if Y12_L5=1 go to safety protocol]

Y12_L7. [Y12_L5=1] Did you see or talk to a health professional following your attempt to commit suicide?

- 1 Yes
- 2 No

- 88 DK
- 99 RF

Y12_L8. [Y12_L7=1] Who did you see or talk to?

- 1 a family doctor
- 2 a pediatrician
- 3 an adolescent medicine specialist
- 4 a psychologist
- 5 a psychiatrist
- 6 another type of counsellor
- 7 an Indigenous elder
- 8 a priest, rabbi, imam or other religious leader
- 9 a school counsellor
- 10 other, specify: _____ Y12_C1_10text _____
- 11 none of the above

Y12_L9. [Y12_L7=1] Were they knowledgeable and understanding regarding gender?

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

- 88 DK
- 99 RF

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.

Y12_L13. In the last 12 months have you done anything to hurt yourself on purpose?

- 1 Yes
- 2 No

- 88 DK
- 99 RF

[If Y12_L13=1] To try and hurt yourself, in the last 12 months have you ... ?

Y12_L14_1. Cut, scratched, bitten, or burned your skin (not including your breasts or genitals)?

- 1 Yes
- 2 No

- 88 DK
- 99 RF

Y12_L14_2. Cut, scratched, or burned your breasts or genitals?

- 1 Yes
- 2 No

- 88 DK
- 99 RF

Y12_L14_3. Punched or hit your breasts or genitals?

- 1 Yes
- 2 No

- 88 DK
- 99 RF

Y12_L14_4. Picked at wounds or prevented wounds or injuries from healing?

- 1 Yes
- 2 No

- 88 DK
- 99 RF

Y12_L14_5. Is there anything else you have done to purposely try and hurt yourself in the last 12 months?

1 Yes, specify: ____ Y12_L14_5text _____

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 |
| Watching a movie, TV, or online videos |
| Playing video games |
| Talking with your LGBT friends |
| Talking with your non-LGBT friends |
| Going for a run or walk, doing exercise, or playing sports |
| Writing or journaling |
| Deep breathing/relaxation exercises |
| Taking a bath |
| Reading |
| Spending time with your family |
| Creating something artistic (painting, making music, etc.) |
| Spending time with a pet/animals |
| Praying/attending a religious service |
| Taking a nap or sleeping to avoid the problem |
| Eating food that makes you feel better |
| Spending time with a romantic partner |
| Meditating |
| Self-grooming activities (like painting your nails, styling your hair, etc.) |
| Looking for or seeking our romantic or sexual encounters |
| Spending time alone |
| Fantasizing or daydreaming |
| Self-advocacy or speaking up for yourself |
| Helping others or volunteering |
| Spending time with others in social activities |
| Posting about your life on social media |
| Ignoring it or pretending it's not real |
| Other: specify ____ Y12_M1_M2_28 _____ |

SECTION N. SHARING YOUR THOUGHTS

Y12_N1. What would you like to see happen as a result of the information in this research?

Y12_N2. Who do we need to reach with our research results? What is the best way to do that?

Y12_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?

Y12_N4. Is there anything else you would like us to know?

I just want to check with you to make sure we have the correct and most up to date information. This information is kept separately from all the other information you've shared today. Can you confirm the number/address?

[Check record and confirm. This information is not entered in the survey database.]

L12_5. In the past three months, how anxious have you been?

1 2 3 4 5 6 7 8 9 10
extremely not at all
anxious anxious

Lastly, we also have some specific questions related to possible effects of gender-affirming care you may be receiving. In the last 3 months have you experienced any of the following? (Check all that apply.)

- L12_6 Acne
- L12_7 Hair loss (on head)
- L12_8 Anger or grumpiness
- L12_9 Mood improved
- L12_10 Mood worse
- L12_11 Weight gain
- L12_12 Weight loss
- L12_13 Breast/chest discharge
- L12_14 Erections
- L12_15 Menstrual periods
- L12_16 Night sweats
- L12_17 Lupron injection site warm, swollen, and red
- L12_18 Testosterone injection site itchy or with hives
- L12_19 Increase in body hair
- L12_20 Decrease in body hair
- L12_21 Hot flashes
- L12_22 Nausea
- L12_23 Breast/chest tenderness or pain
- L12_24 Other, please specify _____ L12_24text _____

L12_25. Is there anything else that you think is important to share?

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?