

PLEASE NOTE:

This copy of the survey is for informational use only. Please do not fill out and submit this copy of the survey.

To collect information from surveys, Trans PULSE is using a method called "respondent-driven sampling." This strategy requires that once completed, people that have been invited to participate pass the survey along to other people they know and who are eligible to complete it also. You should only fill out and submit the survey if you have been approached to do so. The reason for this is that this method allows us to produce more accurate statistics. Following this, the information produced from this method of collection will be considered more reliable by policymakers and other stakeholders.

Please feel free to read over this copy of the survey. If you have any questions or comments, do not hesitate to contact us at 1-877-54PULSE (78573) or email us at info@transpulseproject.ca.

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Introduction

Thank you so much for taking the time to answer the questions in this survey. The results will go a long way to help promote equality for trans communities in Ontario and beyond. We greatly appreciate your contribution.

This survey will eventually be completed by 1000 trans-identified people and people of trans experience across Ontario. We've chosen particular kinds of questions to make sure that the results are useful to trans communities, meaningful to us, and able to affect our lives for the better.

Why is this survey important?

This survey is important because it is driven and owned by community members who want to improve our quality of life. It's essential to be able to have every voice heard and to have the real experiences of what it is like to be trans or to transition in Ontario in order for services to change and to understand how the health of our community is affected by the problems and challenges thrown our way.

Where did the questions on this survey come from?

Some of the questions in this survey were designed by members of our communities, and other questions come from existing surveys so we can compare our results to theirs. This will enhance the success of our study in creating change and improving things for us.

We know that some of the questions on the survey may seem very straightforward and basic. What's really unique about this survey is that we've written many questions that relate to our real lives. For example, the supports in our lives, how we feel about ourselves, the health issues that concern us, and our experiences with services. Understanding these issues can help us promote change for trans communities. This survey is also important because trans people across Ontario told us these issues were meaningful.

What will come of the results of this survey?

The survey itself is not the final step of our project. Once we've collected the surveys from you and analysed the information, we will be talking to 60 to 80 trans people in more detail to help us understand our results. Input from trans people is so important to make sure results are interpreted from our perspective. We will ensure that the results of this study do not sit on a shelf somewhere, but rather are put into action to improve our health and well-being.

We realize that this survey is long, but we appreciate the time you are taking to fill it out. Please feel free to save it and come back to it at a later time. Also, if you have more to say on any of the topics we cover, there is space at the end of the survey for you to tell us your thoughts.

A note on the following term:

"trans, trans-identified or trans experience" - these phrases are used in different places in the survey and in the articles and information created by the Trans PULSE Project more generally. Identities and labels are important parts of our lives and how we think about ourselves. At the same time, it's difficult to use a single term to cover all people who are trans, transgendered, cross-dressers, transsexual, genderqueer, or those who have transitioned and identify simply as 'women' or 'men.' So, we've decided to use these phrases as a means of including all trans people, with an understanding that some people may not always identify as trans at all times and stages in their life.

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A. One question (or three) before you begin...



This study uses new ways to reach more trans people than traditional surveys that are given out at doctors' offices or at clubs or support groups. We want to know how well our method works. We would like to know whether or not you might have completed the survey in one of these other places, if we'd done this differently.

A1. If you were asked to complete this survey at your doctor's or therapist's office, would you have done it?

- Yes
- Likely yes
- Likely not
- No

A2. If you were asked to complete this survey at a trans or LGBT community event, would you have done it?

- Yes
- Likely yes
- Likely not
- No

A3. In the past 12 months, have you ... (Please check all that apply)

- Been a client of a psychiatrist or psychologist who sees many trans clients
- Been a patient of a doctor or clinic where many trans patients go
- Attended a trans support group
- Gone to trans-specific nights at a bar or club
- Been a member of a LGBT student group
- Gone to an event at a LGBT community centre
- Been a member of a LGBT religious group
- Been a client at a gender-identity clinic
- None of the above

B. About You



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

B1. How old are you?

Years old

B2. What was your assigned sex at birth?

- Male
- Female

B3. Have you been diagnosed with a medically-recognized intersex condition?

- Yes
- No
- Unsure

B4. Which of the following describes your present gender identity? (Please check all that apply)

- Boy or Man
- Girl or Woman
- FTM
- MTF
- Trans Boy or Trans Man
- Trans Girl or Trans Woman
- Feel like a girl sometimes
- Feel like a boy sometimes
- T Girl
- She-male
- Two-spirit
- Intersex
- Crossdresser
- Genderqueer
- Bi-gender
- Other, please specify:

B5. Which of the following reflect your ethno-racial background? (Please check all that apply)

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

B6. How do you identify your own ethno-racial background?

Please specify:

B7. Are you perceived or treated as a person of colour?

- Yes
- No

B8. What is your first language?

Please specify:

B9. What languages are most often spoken in your home?

First language:

Second language:

Third language:

B10. What country were you born in?

- Canada
- Other, please specify:

B11. How long have you been living in Canada?

Years Months

B12. Are you...?

- First Nations
- Métis
- Inuit
- None of the above

B13. What is your status in Canada?

- Canadian Citizen
- Permanent resident/landed
- Refugee
- Refugee Claimant / PRRA / Judicial Review
- Work permit / temporary work papers
- Visitor permit
- Student permit
- Undocumented / Non-status / Without papers
- I don't know
- Other, please specify:

B14. Are you currently enrolled in elementary school, middle school, high school, college, trade school, or university?

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

B15. At this point, what level of education have you completed (in Canada or any other country)?

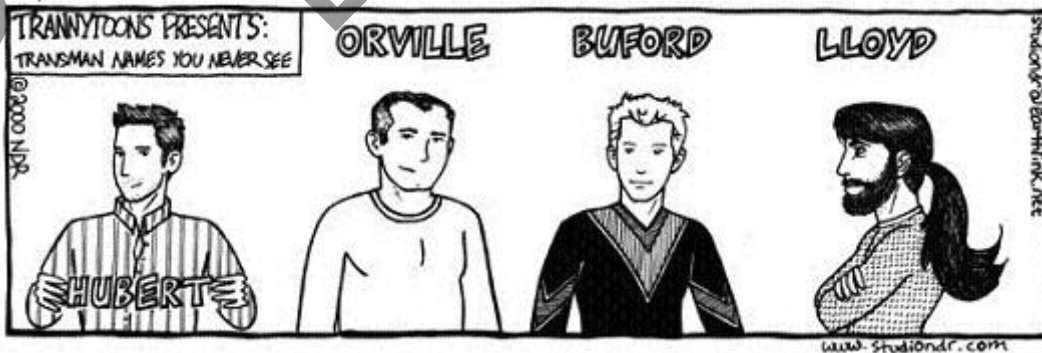
- Did not graduate from high school
- High school graduate
- Some college or trade school
- College or trade school graduate
- Some university
- University - bachelor's degree
- University - graduate or professional degree
- I don't know

B16. When you were a child, what was the religious or faith practice of your family? (Please check all that apply)

- Aboriginal Spirituality
- Agnostic
- Anglican
- Atheist
- Bahá'í
- Buddhist
- Catholic
- Hindu
- Jewish
- Mennonite
- Amish
- Islamic
- Protestant Christian
- Sikh
- Unitarian
- No religion
- Other, please specify:

B17. How religious or faith-based was your upbringing?

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



B18. What is your current religious or faith practice? (Please check all that apply)

- Aboriginal Spirituality
- Agnostic
- Anglican
- Atheist
- Bahá'í
- Buddhist
- Catholic
- Hindu
- Jewish
- Mennonite
- Amish
- Islamic
- Protestant Christian
- Sikh
- Unitarian
- No religion
- Other, please specify:

B19. Right now, how religious or spiritual are you?

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

B20. What are the first three digits of your postal code?

- The first three digits of my postal code are:
- I don't know my postal code
- I don't have a postal code, as I don't have a home right now
- I don't have a postal code, as I am in the military
- I don't have a postal code, as I am in the prison system

B21. Do you live on a reserve?

- Yes
- No

B22. How do you currently identify? (Please check all that apply)

- Bisexual
- Gay
- Lesbian
- Asexual
- Pansexual
- Queer
- Straight or heterosexual
- Two-Spirit
- Not sure or questioning
- Other, please specify:

B23. Are you attracted to...? (Please check all that apply)

- Trans men
- Non-trans men
- Trans women
- Non-trans women
- Genderqueer or bigendered people
- None of the above
- Other, please specify:

Although a lot of health costs are covered by health insurance, there is still a relationship between our health and our incomes. Please know that, like all other information you have provided, these answers will be kept confidential.

B24. 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?

- Less than \$5,000.00
- \$5,000 to less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$30,000
- \$30,000 to less than \$40,000
- \$40,000 to less than \$50,000
- \$50,000 to less than \$60,000
- \$60,000 to less than \$80,000
- \$80,000 to less than \$100,000
- \$100,000 or more
- I don't know
- I'd rather not say

B25. Including yourself, how many people were being supported on this household income? Please include everyone who is being supported, including those who may live outside of Canada.

Number of people

We recognize that, as a community, we work in all types of fields. When we talk about work and income, we are talking about all types of income-generating activity, both formal and informal employment. This includes not only jobs, but income earned through activities ranging from public speaking to sex work to child care.

B26. From which of the following sources did your household receive any income in the past 12 months? (Please check all that apply)

- Wages and salaries
- Income from self-employment
- Dividends and interest (e.g. on bonds, savings)
- Employment Insurance (E.I.)
- Worker's compensation
- Benefits from Canada or Quebec Pension Plan
- Retirement pensions, superannuation and annuities
- Old Age Security and Guaranteed Income Supplement
- Child Tax Benefit
- Provincial or municipal social assistance or welfare (including Ontario Works or Ontario Disability Support Program-ODSP)
- Child support
- Alimony
- None
- Other (e.g. rental income, scholarships, parental support), please specify:



Will Rowe

Will Rowe is a member of the provincial Community Engagement Team which guides the Trans PULSE Project. Will is a former lesbian feminist turned tranny poststructuralist. He has been active for over 20 years within queer communities of Guelph, K-W, Toronto and Hamilton where he has resided for the past five years. He will be attending MAC in the fall of '08 to complete his MSW. Will currently co-facilitates Hamilton's trans peer support group and HIFY's Rainbow Youth Drop-in. He is a step-parent of two daughters and the grandparent of four grandsons. Will enjoys spending time at home with his partner (and their dog) gardening, completing home renovations and reading critical theory.

B27. What is your best estimate of your total personal income, before taxes and other deductions, from all sources in the past 12 months?

- Less than \$5,000.00
- \$5,000 to less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$30,000
- \$30,000 to less than \$40,000
- \$40,000 to less than \$50,000
- \$50,000 to less than \$60,000
- \$60,000 to less than \$80,000
- \$80,000 to less than \$100,000
- \$100,000 or more
- I don't know
- I'd rather not say

B28. If you have socially or medically transitioned and are living in your felt gender, what is your best estimate of the highest annual personal income you earned, before taxes and other deductions, from all sources before you transitioned?

- Less than \$5,000.00
- \$5,000 to less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$30,000
- \$30,000 to less than \$40,000
- \$40,000 to less than \$50,000
- \$50,000 to less than \$60,000
- \$60,000 to less than \$80,000
- \$80,000 to less than \$100,000
- \$100,000 or more
- I don't know
- I'd rather not say
- Not applicable, I have not transitioned

B29. Are you currently living with any of the following? (Please check all that apply)

- Labelled with an intellectual disability
- Learning disability
- Autism, Aspergers or neuro-diverse spectrum
- Mental health disability (including depression)
- As a survivor of the psychiatric system
- Blind, low vision or visual impairment
- Communication disability (use of augmentative or alternative communication)
- Physical or mobility disability
- Chronic pain
- Chronic illness
- None of the above

B30. Are you?

- Deaf
- Deafened
- Hard of hearing
- None of the above

B31. What is your current relationship status?

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

B32. What is your legal marital status right now?

- Never married
- Separated
- Divorced
- Widowed
- Living common-law
- Married

B33. About how old were you when you first became aware that your own sense of your gender did not match your body or physical appearance?

Years old

B34. Are you currently living in your felt gender?

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

B35. If yes, at what age did you begin living in your felt gender?

Years old

Not applicable

B36. In your day-to-day life, do you use a different name or pronoun from the one that you were given at birth, one that better reflects your gender identity?

- Yes
- No

B37. Have you asked any of the following people to call you by a different name or pronoun, one which reflects your gender identity?

	Have done	Plan to do	Do not plan on doing	Not applicable
My parent(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sibling(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse(s) or partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My roommates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My trans friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My non-trans friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My church/temple/mosque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My cultural community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor/boss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B38. Have you legally changed your name to reflect your current gender identity?

- Yes (skip to question B40)
- No

B39. If No, do you want to?

- Yes
- No

B40. For the following forms of legal identification, are you listed as "male" or "female?"

	Male	Female	I don't have this/ not relevant
Driver's license	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ontario Birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OHIP card (health card)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Ontario birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (non-Canadian) passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certificate of Indian status card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian citizenship card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian permanent resident card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canadian armed forces card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Bring your ID" Card/age of majority card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B41. Do your academic transcripts accurately reflect your current name and gender identity?

- Yes
- No
- Not applicable

B42. Can you get letters of reference (for jobs, school, etc.) that accurately reflect your current name and gender identity?

- Yes
- No
- Not applicable

B43. Which of the following applies to your current situation regarding hormones and/or surgery?

- I have medically transitioned (hormones and/or surgery)
- I am in the process of medically transitioning
- I am planning to transition, but have not begun
- I am not planning to medically transition
- The concept of "transitioning" does not apply to me
- I am not sure whether I am going to medically transition

B44. If you started or completed a medical transition, how old were you when you began?

Years old

Not applicable

B45. Why is changing your body important to you? (Please check all that apply)

- For my self-esteem
- For my mental well-being
- For my safety
- For employment reasons
- To be comfortable in my own body
- My work depends directly on my body presentation
- It's not important to me
- Other, please specify:

Nael Bhanji

Nael is a half East-Indian, half Arab, queer, transguy who has spent most of his life in Kenya and now resides in Toronto, Ontario. A graduate student at the Women and Gender Studies Institute at the University of Toronto, he is passionate about queer, transgender, post-colonial and diasporic theory. When not in nerd-mode, he is also partial to crosswords, safaris, film festivals, soccer, basketball and warm socks. Nael is a member of the provincial Community Engagement Team which guides the Trans PULSE Project.

C. Overall Health Care



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

This first care-related section deals with overall health care.

C1. Do you have Ontario Health Insurance Program (OHIP) coverage?

Yes

No

C2. The following four questions refer to health care broadly, not just trans-related care.

	Excellent	Good	Fair	Poor
Overall, how would you rate the availability of health care services in Ontario?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how would you rate the quality of the health care services available in Ontario?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how would you rate the availability of health care services in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how would you rate the quality of the health care services available in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C3. During the past 12 months, was there ever a time when you felt that you needed health care but didn't receive it?

Yes

No

We know this next section takes more time than others in the survey, but we appreciate your effort in answering these important questions.

C4. For each type of service listed in Column 1, please indicate if you have needed the service in the past 12 months. If you did not need it, please go on to the next line (i.e. next service).

If you check Yes for any service(s) in Column 2, please indicate whether you were able to obtain this service in Column 3. If you check No, please indicate the reason(s) you were unable to obtain this service in Column 4 by choosing from the options in the list.

Column 1: Service	Column 2	Column 3	Column 4
	In the past 12 months, have you needed this service?	If yes, were you able to obtain this service?	Use the list below to indicate the top reason(s) you were unable to obtain this service
Addictions services	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text"/> *please choose from the following options* #2 <input type="text"/> *please choose from the following options* #3 <input type="text"/> *please choose from the following options*
Emergency services	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text"/> *please choose from the following options* #2 <input type="text"/> *please choose from the following options* #3 <input type="text"/> *please choose from the following options*
General health care services	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text"/> *please choose from the following options* #2 <input type="text"/> *please choose from the following options* #3 <input type="text"/> *please choose from the following options*
Sexual health care	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text"/> *please choose from the following options* #2 <input type="text"/> *please choose from the following options* #3 <input type="text"/> *please choose from the following options*
Trans-related hormonal therapy	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text"/> *please choose from the following options* #2 <input type="text"/> *please choose from the following options* #3 <input type="text"/> *please choose from the following options*
Trans-related surgery of any kind	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text"/> *please choose from the following options* #2 <input type="text"/> *please choose from the following options* #3 <input type="text"/> *please choose from the following options*

Column 1: Service	Column 2	Column 3	Column 4
	In the past 12 months, have you needed this service?	If yes, were you able to obtain this service?	Use the list below to indicate the reason(s) you were unable to obtain this service
Trans-related electrolysis	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
Trans-related speech therapy	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
HIV or sexually-transmitted infections testing	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
Sexual health information	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
Pap smears	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
Breast exams	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
Mammograms	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>

Column 1: Service	Column 2	Column 3	Column 4
	In the past 12 months, have you needed this service?	If yes, were you able to obtain this service?	Use the list below to indicate the reason(s) you were unable to obtain this service
Prostate exams	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
Fertility Services	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
AIDS service organizations	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
Shelter and hostel	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
Sexual assault centres	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
Mental health care services for reasons other than being trans	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>
Trans-related mental health services	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>

Column 1: Service	Column 2	Column 3	Column 4
	In the past 12 months, have you needed this service?	If yes, were you able to obtain this service?	Use the list below to indicate the reason(s) you were unable to obtain this service
Adoption services	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No →	#1 <input type="text" value="*please choose from the following options*"/> #2 <input type="text" value="*please choose from the following options*"/> #3 <input type="text" value="*please choose from the following options*"/>

If you chose "Other, please specify" from the list of options, please indicate in the following box the reason why you were not able to obtain this service.

For Information Only
Do not use

C5. Do you trust in doctor-patient confidentiality when it comes to receiving trans-related care?

- Completely
- Mostly
- Not much
- Not at all

C6. While living in Ontario, what is the furthest distance you have ever traveled for trans-related physical or mental health care?

- Within my city, town or township
- To another city or town in Ontario. How far away by car? Hours Minutes
- To another province. Please specify:
- To another country. Please specify:
- I have never received trans-related health care.

C7. How far did you travel to get to your most recent appointment for trans-related physical or mental health care?

- Within my city, town or township
- To another city or town in Ontario. How far away by car? Hours Minutes
- To another province. Please specify:
- To another country. Please specify:
- I have never received trans-related health care.



Liz James

Liz James is a 2-Spirited Transsexual Warrior Born in Toronto. A graduate from the school of Hard Knox. Having once been a Prostitute, Bank robber, Heroin/Cocaine addict, and thus ending up in Federal Prison for 5 years. Fast forwarding to the present day: Raven has discovered her First Nation 2-Spirit heritage. Obtained Sex re-assignment surgery, and turned over a new leaf. She has returned to school in order to better help her community. Liz is a member of the provincial Community Engagement Team which guides the Trans PULSE Project.

D. Emergency Care



D1. Have you ever avoided going to the emergency room when you needed care because you are trans?

- Yes
- No
- I have never needed emergency care

D2. Have you ever used emergency room services presenting in your felt gender?

- Yes
- No (skip to Section E)

D3. For each of the following, has an emergency care provider ever...? (Please check all that apply)

- Refused to see you or ended care because you were trans
- Used hurtful or insulting language about trans identity or experience
- Refused to discuss or address trans-related health concerns
- Told you that you were not really trans
- Discouraged you from exploring your gender
- Told you they don't know enough about trans-related care to provide it
- Belittled or ridiculed you for being trans
- Thought the gender listed on your ID or forms was a mistake
- Refused to examine parts of your body because you're trans
- None of the above

D4. Have you ever had to educate an emergency care provider regarding your needs as a trans person?

- Yes, provided a lot of education
- Yes, provided some education
- Yes, provided a little education
- No

E. Family Medicine



E1. Do you have a regular family doctor?

- Yes (skip to Question E2)
- No

E1a. If no, have you ever tried to get a family doctor and not been able to?

- Yes (skip to Question E5)
- No (skip to Question E5)

E2. Does your current family doctor know about your trans identity or experience?

- Yes
- No
- I'm not sure

E3. How comfortable are you discussing your trans status and trans-specific health care needs with your family doctor? (Please check only ONE response)

- Very uncomfortable
- Uncomfortable
- Comfortable
- Very comfortable

E4. How knowledgeable is your family doctor about trans-specific health care needs? (Please check only ONE response)

- Not at all knowledgeable
- Somewhat knowledgeable
- Knowledgeable
- Very knowledgeable

E5. How comfortable would you be discussing your trans status and/or trans-related health care needs with a doctor you did not know? (Please check only ONE response)

- Very uncomfortable
- Uncomfortable
- Comfortable
- Very comfortable

E6. Do you use walk-in clinics as your primary source of health care?

Yes

No

E7. If yes, how comfortable are you discussing your trans status and/or trans-related health care needs with a doctor at a walk in clinic? (Please check only ONE response)

Very uncomfortable

Uncomfortable

Comfortable

Very comfortable

E8. For each of the following, has a family doctor ever...? (Please check all that apply)

Refused to see you or ended care because you were trans

Used hurtful or insulting language about trans identity or experience

Refused to discuss or address trans-related health concerns

Told you that you were not really trans

Discouraged you from exploring your gender

Told you they don't know enough about trans-related care to provide it

Belittled or ridiculed you for being trans

Thought the gender listed on your ID or forms was a mistake

Refused to examine parts of your body because you're trans

None of the above

Not applicable, I have never used this service

E9. Have you ever had to educate a family doctor regarding your needs as a trans person?

Yes, provided a lot of education

Yes, provided some education

Yes, provided a little education

No



Tyson Purdy-Smith

Tyson Purdy-Smith is a member of the provincial Community Engagement Team which guides the Trans PULSE Project. Tyson is a 21-year-old transman from Halifax, Nova Scotia. He has been a singer all his life and an amateur actor since he was 13. He lives in an attic decorated with Les Miserables memorabilia and black-and-white abstract art. He likes poofy white shirts and multicoloured hand-knit socks. He really likes it when people who've read his bio-blurb offer to buy him bubble tea.

E10. For each of the following, has a walk in clinic doctor ever...? (Please check all that apply)

- Refused to see you or ended care because you were trans
- Used hurtful or insulting language about trans identity or experience
- Refused to discuss or address trans-related health concerns
- Told you that you were not really trans
- Discouraged you from exploring your gender
- Told you they don't know enough about trans-related care to provide it
- None of the above
- Not applicable, I have never used this service

E11. Have you ever had to educate a walk-in clinic doctor regarding your needs as a trans person?

- Yes, provided a lot of education
- Yes, provided some education
- Yes, provided a little education
- No



F. General Mental Health Care



People use mental health care services for a variety of reasons. This section asks only about experiences in seeking mental health care for reasons other than your gender identity. Section G will ask about mental health care related to gender identity or transition.

F1. Have you ever used mental health care services for reasons other than being trans, while presenting in your felt gender?

- Yes
- No (skip to Section G)

F2. I received mental health care for the following: (Please check all that apply)

- Depression
- Anxiety disorders (panic attacks, post traumatic stress disorder)
- Addictions
- Bipolar disorder
- Schizophrenia
- Borderline personality disorder
- Stress
- Anger management
- Grieving or bereavement
- Eating disorders
- Relationship issues
- Suicidal thoughts
- Couples/Relationship counselling
- Dissociative identity disorders (e.g. multiple personality disorder)
- Other, please specify:

F3. Who did you see or talk to? (Please check all that apply)

- Family doctor or general practitioner
- Psychiatrist
- Psychologist
- Nurse
- Social worker or counsellor
- Aboriginal Elder
- Religious or spiritual leader
- Support group
- Other, please specify:

F4. For each of the following, when seeing a mental health provider for reasons other than being trans, has a mental health provider ever...? (Please check all that apply)

- Refused to see you or ended care because you were trans
- Used hurtful or insulting language about trans identity or experience
- Refused to discuss or address trans-related health concerns
- Told you that you were not really trans
- Discouraged you from exploring your gender
- Told you they don't know enough about trans-related care to provide it
- Belittled or ridiculed you for being trans
- Thought the gender listed on your ID or forms was a mistake
- None of the above

F5. When seeing a mental health provider for reasons other than being trans, have you ever had to educate that mental health provider regarding your needs as a trans person?

- Yes, provided a lot of education
- Yes, provided some education
- Yes, provided a little education
- No

F6. In the past 12 months, have you used mental health care services for reasons other than being trans?

- Yes
- No (skip to Section G)

F7. Whom did you see or talk to **in the past 12 months**? (Please check all that apply)

- Family doctor or general practitioner
- Psychiatrist
- Psychologist
- Nurse
- Social worker or counsellor
- Aboriginal Elder
- Religious or spiritual leader
- Support group
- Other, please specify:

F8. In the **last 12 months**, how satisfied were you with your experience(s) with mental health care providers?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied



Caleb Nault

Caleb is a white, 24 year old, queer-identified trans guy who is currently completing his MA in Sociology at York University. He is a member of the provincial Community Engagement Team which guides the Trans PULSE Project. Caleb comes from a family of truck drivers and loves to travel (by bike during the summer, and grudgingly by transit in the winter). His current research interests include the negotiation of trans subjectivity and the autobiographical imperative, social determinants of health for trans people, theorizing the body, autoethnographic research methods, and anti-psychiatry, madness, and whiteness studies. He currently lives in Parkdale with his amazing partner, Megan, and their cat, Chandler.

G. Trans-related Mental Health Care



G1. Have you ever used mental health services related to your trans identity or experience?

- Yes
- No (Skip to Section H)

G2. Whom did you see or talk to? (Please check all that apply)

- Family doctor or general practitioner
- Psychiatrist
- Psychologist
- Nurse
- Social worker or counsellor
- Aboriginal Elder
- Religious or spiritual leader
- Support group
- Other, please specify:

G3. At what age did you first see a mental health care provider to discuss your trans identity or experience?

Years old

G4. Thinking back to your overall experiences discussing your needs as a trans person with a mental health care provider, how satisfied were you with your experience?

- Very satisfied
- Satisfied
- Equally satisfied and dissatisfied
- Dissatisfied
- Very dissatisfied

G5. Thinking back to your most recent experience discussing your needs as a trans person with a mental health care provider, how satisfied were you with your experience?

- Very satisfied
- Satisfied
- Equally satisfied and dissatisfied
- Dissatisfied
- Very dissatisfied

G6. For each of the following, when you used mental health care services related to your trans identity, has a mental health care provider ever...? (Please check all that apply)

- Refused to see you or ended care because you were trans
- Used hurtful or insulting language about trans identity or experience
- Refused to discuss or address trans-related health concerns
- Told you that you were not really trans
- Discouraged you from exploring your gender
- Told you they don't know enough about trans-related care to provide it
- Belittled or ridiculed you for being trans
- Thought the gender listed on your ID or forms was a mistake
- None of the above

G7. When using mental health care services related to your trans identity, have you ever had to educate your mental health provider regarding your needs as a trans person?

- Yes, provided a lot of education
- Yes, provided some education
- Yes, provided a little education
- No

G8. In the past 12 months, have you used mental health care services related to your trans identity or experience?

- Yes
- No (skip to Section H)

G9. Whom did you see or talk to in the past 12 months? (Please check all that apply)

- Family doctor or general practitioner
- Psychiatrist
- Psychologist
- Nurse
- Social worker or counsellor
- Aboriginal Elder
- Religious or spiritual leader
- Support group
- Other, please specify:



Matt Lundie

Matt is an Ottawa-area FTM who has been involved in the Ottawa queer communities for the past 10 years and is a member of the GBQ Trans Mens' Working Group. Currently a public servant working in an unrelated field, Matt's experience includes facilitating workshops for various community-driven initiatives, volunteering for the Ottawa Men's Survey, OASIS (a drop-in centre for street active and at-risk people), the Ottawa Police Liaison Committee, and the GLBT Cultural Competence Project.

H. HIV and Sexually Transmitted Infections



H1. In your lifetime, have you been diagnosed with any of the following? (Please check all that apply)

- Gonorrhoea (the clap)
- Chlamydia
- Genital herpes
- Syphilis
- HPV (Genital or anal warts)
- Abnormal Pap test (cervical HPV)
- Hepatitis B
- Hepatitis C
- I have not been diagnosed with any of these
- I'd rather not say

H2. In the past 12 months, have you been diagnosed with any of the following? (Please check all that apply)

- Gonorrhoea (the clap)
- Chlamydia
- Genital Herpes
- Syphilis
- HPV (Genital or anal warts)
- Abnormal Pap test (cervical HPV)
- Hepatitis B
- Hepatitis C
- I have not been diagnosed with any of these
- I'd rather not say



H3. Have you ever not gotten tested, or delayed getting tested for HIV for any of these reasons? (Please check all that apply)

- It was not important to me to get tested
- I hadn't had sex recently, so I didn't believe I needed to get tested
- I always had safer sex, so I didn't believe I needed to get tested
- I felt healthy, so I didn't believe I needed to get tested
- I didn't know where to get anonymous testing
- I didn't want my partner to know I got tested
- I didn't want other people to know I got tested
- I was afraid I might be HIV positive
- The HIV testing staff are/have been hostile or insensitive to me
- I don't believe I'm at risk
- I didn't want my insurance company to know my HIV status
- I always used clean needles so I didn't believe I needed to get tested
- I have delayed getting tested, or not gotten tested for other reasons (please specify):

H4. Have you ever had an HIV test?

- Yes
- No (skip to Question H6)



H5. When was your most recent HIV test?

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

Evana Ortigoza

My name is Evana Ortigoza. I was born in Maracaibo, Venezuela on January 28 1965. My family sent me away at the age of 12 to Spain and I studied a marketing degree and Ballet from the University of Barcelona. When I came to Canada in 1994 I danced with the National Ballet of Canada for 4 years. I am currently an Outreach Worker at The 519 Community Centre working with trans women who are working in the sex-trade in downtown Toronto. I also help to coordinate the weekly Meal Trans Drop-In for low-income trans people. I am forever grateful for the opportunity to work with other trans people and to improve my own life. Evana is a member of the provincial Community Engagement Team which guides the Trans PULSE Project.

H6. Why have you gone to get an HIV test? (Please check all that apply)

- Someone suggested I should be tested
- I felt I had unsafe sex
- I had sex with someone who I knew was HIV positive
- I had sex with someone who I suspected was HIV positive
- I shared needles or drug-using equipment
- I thought I might have been exposed at work
- I just wanted to find out if I was infected or not
- It was part of a routine medical check-up, or for hospitalization or surgical procedure
- I was feeling sick
- I had been sexually assaulted
- I had to for life insurance coverage
- I had to for immigration
- I was concerned I could give HIV to someone
- No particular reason
- Don't know
- Some other reason (please specify):

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Do not use

I. HIV-Related Care



11. Are you....?

- HIV Positive
- HIV Negative (skip to Section J)
- I don't know (skip to Section J)
- I would rather not say (skip to Section J)

12. When did you find out that you are HIV positive?

Year Month

13. Of the following options, which best describes the way you most likely became HIV positive? (Please check only ONE response)

- I don't know
- Unprotected sex
- Broken condom or other failed barrier
- Sharing needles or other drug-using equipment
- Sharing needles while injecting hormones or silicone
- Received tainted blood product
- Sexually assaulted or raped
- Needle stick as a health care worker
- Tattoo or piercing
- Born with HIV
- Other, please specify:

14. Do you currently have a doctor who regularly treats you for your HIV-related needs?

- Yes
- No

15. For each of the following, has the doctor(s) who provides your HIV care ever...? (Please check all that apply)

- Refused to see you or ended care because you were trans
- Used hurtful or insulting language about trans identity or experience
- Refused to discuss or address trans-related health concerns
- Told you that you were not really trans
- Discouraged you from exploring your gender
- Told you they don't know enough about trans-related care to provide it
- Belittled or ridiculed you for being trans
- Thought the gender listed on your ID or forms was a mistake
- Refused to examine parts of your body because you're trans
- None of the above
- I have never seen a doctor for HIV-related needs

16. Have you ever had to educate the doctor who provides your HIV care regarding your needs as a trans person?

- Yes, provided a lot of education
- Yes, provided some education
- Yes, provided a little education
- No

17. Are you currently taking any medications to treat HIV/AIDS?

- Yes
- No (skip to Section J)

18. Are you currently taking trans-related hormones with your HIV medications?

- Yes
- No (skip to Section J)

19. Does the doctor who prescribed your HIV medications know you also take hormones?

- Yes
- No
- I don't know

I10. Did the doctor discuss any possible interactions between the hormones and the HIV medications, or the effects of HIV on hormonal levels in your body?

- Yes
- No
- I don't recall



Catherine Purdie

Catherine refers to herself as a "grass roots, low key influencer" and takes advantage of every opportunity to participate in speaking events to educate the public that transgender people have a lot to offer society. Before retiring in October 2007 she worked in senior management at a financial institution where she developed a strong background in technology and senior management, and took pride in developing many other leaders and leading large projects. She now spends her time actively involved in several GLBT and non-GLBT organizations in the Ottawa area and pursuing her hobby of writing and photography. Catherine is a member of the Trans PULSE's provincial Community Engagement Team.

For Information Only
Do not PULSE

J. Gender-Related Hormones



J1. What is your primary source of information regarding hormones?

- Family
- Friends
- Internet / Websites
- Trans community people and organizations
- Doctor (GP, Specialist)
- Medical Journals
- Other(s), please specify:

J2. Do you feel you have enough information about hormones for gender transition or gender confirmation?

- Yes
- No
- Not Sure
- I do not need information on hormones

J3. Do you have prescription drug coverage of any kind?

- Yes, through the province (Ontario Drug Benefits or Trillium Drug Program)
- Yes, through employer- or school-provided insurance
- Yes, through parent's insurance
- Yes, through private insurance I have purchased
- Yes, through having Aboriginal status
- Yes, through the military
- Yes, through the federal prison system
- No

J4. Whether or not you are now taking them, do you have prescription drug coverage for hormones?

- Yes
- No
- Not sure

J5. Have you ever tried to get a prescription for hormones and not been able to?

- Yes
- No
- I have never tried to get a prescription for hormones

J6. Have you ever taken hormones for trans-related reasons?

- Yes (skip to Question J7)
- No

J6a. If you have never taken hormones, which best describes your situation?

- Not planning on taking hormones
- Still deciding if taking hormones is right for me
- Can't find a doctor to prescribe hormones
- Other, please specify:

If you have never taken any hormones, please skip to Section K



Devi McCallion

Devi is an enthused seventeen year old transwoman who's modest, yet lustrous personality doesn't particularly shine through the medium of a short bio written in third person. When she's not pretending to be the type of person to regularly use the world lustrous, Devi dedicates time to local peer outreach groups and fussily contributes to her ever-growing song writing catalogue. After years spent particularly muted as a home-schooled youth in a small town, she's doing her best to make up for lost time by propelling herself deeply into what she believes to be a more responsible level of social activism.

J7. In the following table, please specify whether you have ever taken any of the listed hormones, the year you started taking each type of hormone(s), and the total amount of time you have been on each hormone, excluding any breaks.

Column 1	Column 2	Column 3	Column 4
Hormones	Have you <u>ever</u> taken the hormone (s) listed in Column 1?	If you check `yes' for any hormone in Column 2, please state the <u>year</u> you first started taking the hormone(s)	If you check `yes' for any hormone in Column 2, please state the <u>total</u> amount of time you've been on the hormone(s), excluding any breaks
Progesterone	<input type="radio"/> Yes→ <input type="radio"/> No	Year <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Estrogen	<input type="radio"/> Yes→ <input type="radio"/> No	Year <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Testosterone blockers/ anti-androgens	<input type="radio"/> Yes→ <input type="radio"/> No	Year <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Testosterone	<input type="radio"/> Yes→ <input type="radio"/> No	Year <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Puberty blockers	<input type="radio"/> Yes→ <input type="radio"/> No	Year <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Other, please specify: <input type="text"/>	<input type="radio"/> Yes→ <input type="radio"/> No	Year <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Other, please specify: <input type="text"/>	<input type="radio"/> Yes→ <input type="radio"/> No	Year <input type="text"/>	Years <input type="text"/> Months <input type="text"/>

J8. From which source(s) have you ever received your hormones? (Please check all that apply)

- Family doctor or GP
- Specialist (e.g. endocrinologist)
- Internet pharmacy
- Friend or relative
- Street/strangers
- Herbals or supplements
- Veterinary sources
- Other(s), please specify:

J9. Do you currently take hormones?

- Yes, under medical supervision
- Yes, without medical supervision
- No (skip to Section K)

J10. Which hormone(s) are you currently taking? (Please check all that apply)

- Progesterone
- Estrogen
- Anti-androgens / Testosterone blockers
- Testosterone
- Puberty blockers
- Other(s), please specify:

J11. From which source(s) do you currently get your hormones? (Please check all that apply)

- Family doctor or GP
- Specialist (e.g. endocrinologist)
- Internet pharmacy
- Friend or relative
- Street/strangers
- Herbals or supplements
- Veterinary sources
- Other(s), please specify:

J12. Have you ever received blood tests to monitor the effect of hormones on your body?

- Yes, I receive regular blood tests
- Yes, but not regularly
- No
- I'm not sure whether blood tests were done

J13. Do you take hormones by injection?

- Yes
- No (skip to Section K)

J14. Where do you get your syringes or needles? (Check all that apply)

Pharmacy

Doctor's office

Friends

Needle exchange

Street

Other(s), please specify:

J15. Have you ever been in a situation where you had to use a needle or syringe to inject your hormones that had been used before by someone else?

Yes

No

Don't know

J16. Do you think you have enough knowledge about how to safely inject hormones?

Yes

No

Don't know



K. Surgery and Body Modifications



K1. For each of the following procedures, please indicate which applies to you:

	Don't want/need	Considering	Want	Have had	Year had or started	Number of revisions (follow-up surgeries)
Orchiectomy (removal of testicles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Vaginoplasty (SRS/GRS; making a vagina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Hysterectomy (removal of uterus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Oophorectomy (removal of ovaries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Metaoidioplasty (releasing the clitoris)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Urethral lengthening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Testicular Implants (creating testicles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Phalloplasty (making a penis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Breast Augmentation (making breasts bigger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Breast Reduction (making breasts smaller)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Mastectomy or Chest Reconstruction ('top surgery')	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Facial Surgeries (feminization/masculinization)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Vocal Chord Surgery (making voice higher)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Facial Hair Removal (laser or electrolysis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Adams Apple Shave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Hair Transplants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Other, please specify: <input style="width: 150px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

K2. How much money have you spent out-of-pocket on hormones, silicone and any of the above procedures?

- None
- \$1 to less than \$1,000
- \$1,000 to less than \$2,500
- \$2,500 to less than \$5,000
- \$5,000 to less than \$10,000
- \$10,000 to less than \$20,000
- \$20,000 to less than \$50,000
- \$50,000 to less than \$100,000
- \$100,000 or more

K3. Have you ever performed any of the above procedures on yourself?

- Yes
- No

K3a. If so, please tell us what you did:

K4. Have you ever injected silicone?

- Yes
- No (skip to Section L)

K5. In the past 12 months, how many times have you injected silicone?

- None
- 1
- 2
- 3
- 4
- 5
- More than 5 times

K6. Have you ever been in a situation where you had to use a needle or syringe to inject silicone that had been used before by someone else?

- Yes
- No
- Don't know

L. Making Money



L1. Do you currently have any of the following assets? (Please check all that apply)

- Retirement savings (RRSPs, RIFs, or pension from employer)
- GICs, stocks, or mutual funds outside of RRSPs
- Home you own
- Rental property (residential or commercial)
- Car that is owned outright
- None of the above
- Other assets, please specify:

L2. Do you currently have any of the following debts? (Please check all that apply)

- Credit card debt
- Line of credit
- Mortgage
- Loan debt (e.g. car loan, medical loan, student loan)
- None of the above
- Other, please specify:

L3. Has being trans affected your credit history?

- Yes, for the better
- Yes, for the worse
- No



Michelle Le-Claire

Michelle is a trans-activist who is actively involved in fighting for Trans Human Rights. She is the Executive elected as Commissioner of Advocacy and Equity on the Board of Directors Executive Committee for the Students' Association of George Brown College. It is there that she is earning her SSW diploma as a full time student, and has intentions to further her education through attaining her MSW degree. She also co-facilitates Trans Youth Toronto at The 519, is part of THRIVE!-TS/TG Housing and Employment Program at the Fred Victor Centre, a Programming Committee Member for Egale's Gender Variance Conference, and volunteers for many other not-for-profit organizations. Her key interests are fighting oppression and advocating for trans communities, in particularly, gender variant and/or trans youth. Michelle is a member of Trans PULSE's provincial Community Engagement Team, helping to guide the Project.

L4. Which of the following describes your employment situation? (Check all that apply)

- Employed in a permanent full-time position (35 hours or more per week)
- Employed in a permanent part-time position (less than 35 hours per week)
- Employed on contract full-time (35 hours or more per week as a temporary or casual worker)
- Employed on contract part-time (less than 35 hours per week as a temporary or casual worker)
- Self-employed full-time (35 hours or more per week)
- Self-employed part-time (less than 35 hours per week)
- On leave from work
- Not employed (not a student, retired, or disabled)
- Student
- Retired
- Receiving disability (ODSP)
- Receiving Employment Insurance (EI)
- Receiving General Social Assistance (welfare or workfare)

L5. About how many hours a week do you usually work at your job or business? If you usually work extra hours, paid or unpaid, please include these hours.

Hours

L6. How many jobs do you currently have?

Number of jobs

L7. How long have you been in your current job (if you work multiple jobs, respond based on the longest job you currently have)?

Months Years

L8. What type of paid work do you do right now (Check all that apply)?

- No paid work
- Accounting/Finance/Insurance/Banking
- Administrative/Clerical
- Aesthetics/Hair/Make-up
- Agriculture, Forestry, & Fishing
- Arts, Entertainment, and Media
- Automotive/Motor Vehicle
- Building Construction/Skilled Trades
- Business
- Computer Services/Hardware/Software
- Consulting Services
- Counselling
- Creative/Design
- Customer Support/Client Care
- Drug Trade
- Editorial/Writing
- Education/Training
- Electronics
- Engineering
- Escort work
- Food Services/Hospitality/Travel/Tourism
- Government and Policy
- Healthcare/medicine
- Legal services/law
- Manufacturing
- Military
- Nonprofit
- Personal Care and Service
- Printing/Editing/Writing
- Research/academia
- Retail/Sales
- Science/biotechnology
- Sex Work
- Sports and Recreation/Fitness
- Other, please specify:

L9. How satisfied are you with your job or main activity?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

L10. Right now, do you work in the field/job you would like to be working in?

- Yes (skip to Question L11)
- No

L10a. Why are you not working in the field/job you would like to be working in? (Please check all that apply)

- There are no jobs available in my field
- Do not have necessary education/training
- Education/training earned in another country is not recognized as equivalent in Canada
- Fear of discrimination for being trans
- Previous experiences of discrimination for being trans
- Employers do not accommodate my disability
- Disability
- Other, please specify:

L10b. What is the one main reason why you are not working in the field/job you would like to be working in?

- There are no jobs available in my field
- Do not have necessary education/training
- Education/training earned in another country is not recognized as equivalent in Canada
- Fear of discrimination for being trans
- Previous experiences of discrimination for being trans
- Other forms of discrimination
- Employers do not accommodate my disability
- Other, please specify:

L11. Have you ever done sex work or exchanged sex for money or other resources (e.g. shelter, drugs, food)?

- Yes
- No (skip to Question L12)

L11a. If yes, what were your reasons for doing so? (Please check all that apply)

- It paid well
- It was necessary to pay for living expenses
- It was necessary to pay for transition-related expenses (e.g. surgery, hormones)
- To be part of a community
- To affirm my gender identity
- It made me feel attractive
- None of the above

L11b. How would you describe your experience with sex work?

- Entirely positive
- Mostly positive
- An equal mix of positive and negative
- Mostly negative
- Entirely negative

L12. When applying for a job, have you ever not provided references from a previous job because of your trans identity or experience?

- Yes
- No

L13. Have you ever declined a job offer due to a lack of a trans-positive work environment?

- Yes
- No

L14. Do you believe you've ever been turned down for a job because you are trans?

- Yes
- No
- Unsure

L15. If you medically and/or socially transitioned in the workplace, how often were your employers and coworkers accepting during this period of time?

- Always
- Very frequently
- Occasionally
- About half the time
- Rarely
- Very rarely
- Never

L16. Have you ever been fired, constructively dismissed, or laid off because of your trans identity or gender expression?

- Yes
- No
- Not sure



L17. Please rank your monthly expenses from most important to least important, with 1 being the most important.

Designate all items that are not expenses for you because you don't have them or they are paid by someone else as not applicable ("NA"):

- Rent or home payment
- Groceries
- Hormones
- Other prescription drugs
- Alcohol and/or recreational drugs
- Saving for surgery
- Transportation-related expenses
- Hair removal
- Saving money for education
- Paying off money borrowed for education (student loan)
- Paying off money borrowed for surgery or other gender-related medical care
- Paying off other debt
- Clothing
- Vacation
- Entertainment
- Providing for my children
- Sending money home to family
- Saving money for retirement
- Saving money for other purposes
- Legal expenses
- Counselling

M. Living and Eating



M1. Which of the following statements best describes the food eaten in your household in the past 12 months? (Choose ONE)

- You and your household always had enough of the kinds of food you wanted to eat
- You and your household had enough to eat, but not always the kinds of food you wanted
- Sometimes you and your household did not have enough to eat
- Often you and your household didn't have enough to eat
- Don't know

M2. Was that often true, sometimes true, or never true in the past 12 months?

- Often true
- Sometimes true
- Never true
- Don't know

M3. Which best describes your current housing situation?

- I own a house
- I rent a house
- I own an apartment or condo
- I rent an apartment or condo
- I live in housing on a Reserve
- I live on a Metis Settlement
- I live in an Inuit Hamlet
- I live in subsidized or public housing
- I live in a group home
- I live in a long-term care facility
- I live with my parents or family
- I live in a seniors home or retirement home
- I live in a boarding school
- I live in a student residence
- I live in a self-contained room in a motel or boarding house
- I couch-surf or stay at a friend's house
- I am squatting
- I live on the street
- I live in a rehabilitation facility
- I live in military housing
- I live in a prison
- Other, please specify:

M4. In the past 5 years, how many different places have you lived?

Number of places

M5. How long have you been in your current dwelling?

Years Months

M6. Have you ever moved to a different city or town for your own safety because you were trans?

- Yes
- No

M7. Have you ever moved to a different city or town to be closer to trans-related services you needed?

- Yes
- No

M8. Have you ever been asked or told to leave your parent's or other guardian's house (where you were living) for being trans?

- Yes
- No
- I was not out as trans while living with parents/family

M9. Have you ever been asked or told to leave your home by your spouse or partner (who you were living with) for being trans?

- Yes
- No
- I have never been out as trans while living with a partner or spouse

M10. Has being trans affected your rental history?

- Yes, for the better
- Yes, for the worse
- No

M11. Considering your income, how difficult is it for you to meet your monthly housing-related costs? Housing costs include rent, mortgage, property taxes and utilities only.

- Very difficult
- Fairly difficult
- A little difficult
- Not difficult at all
- I don't know
- I'd rather not say

M12. Have you ever lost housing or a housing opportunity due to your trans status or gender expression?

- Yes
- No
- Unsure

M13. Are you worried that you will lose your housing because of your trans status or gender expression?

- Yes
- No

M14. Have you ever accessed a shelter as a trans person?

- Yes
- No (skip to Question M15)

M14a. As a trans person, did you feel safe at the shelter?

- Yes
- No

M14b. At the shelter, did you experience hostility or verbal harassment because of your trans status or gender expression?

- Yes
- No

M14c. At the shelter, did you experience physical harassment or violence because of your trans status or gender expression?

- Yes
- No

M15. Have you ever been refused access to a shelter because of your trans status or gender expression?

- Yes
- No
- I have never attempted to access a shelter

M16. Have you avoided accessing a shelter due to transphobia?

- Yes
- No
- I have never attempted to access a shelter

These next few questions are about your history of homelessness. By homeless we mean that you don't have a fixed, regular, and adequate night-time residence or you stay in a shelter, welfare hotel, transitional program or any place not usually used for sleeping, such as streets, cars, movie theatres, abandoned buildings, etc. People living in jail are not considered homeless.

M17. Based on the above definition, have you ever been homeless while presenting in your felt gender?

- Yes
- No (skip to Question M20)

M18. Are you currently homeless?

- Yes
- No

M19. Thinking about your most recent or current episode of homelessness, where did you sleep or where are you sleeping?

- In a shelter
- Outside on the street
- In a motel or hotel
- Outside in parks
- With a friend or friends
- In a car
- With a family member
- Other, please specify:

M20. Have you ever spent any time in a jail, presenting as your felt gender?

- Yes, both federal and provincial
- Yes, federal
- Yes, provincial
- No (skip to Section N)

M20a. Were you in a jail appropriate to your felt gender?

- Yes
- No
- Some of the time

M20b. As a trans person, did you usually feel safe in jail?

- Yes
- No

M20c. In jail, did you experience hostility or verbal harassment in jail because of your trans status or gender expression?

- Yes
- No

M20d. In jail, did you experience physical harassment or violence because of your trans status or gender expression?

- Yes
- No

M21. In the past twelve months, have you spent any time in a jail?

- Yes, both federal and provincial
- Yes, federal
- Yes, provincial
- No

N. Your Life Experiences



Next are some questions about the support that is available to you.

N1. About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?

Number of close friends

N2. How often is each of the following kinds of support available to you if you need it:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Someone to help you if you were confined to bed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone you can count on to listen to you when you need to talk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to give you advice about a crisis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to take you to the doctor if you needed it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone who shows you love and affection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to have a good time with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to give you information in order to help you understand a situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to confide in or talk to about yourself or your problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone who hugs you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to get together with for relaxation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to prepare your meals if you were unable to do it yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone whose advice you really want?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to do things with to help you get your mind off things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to help with daily chores if you were sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to share your most private worries and fears with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to turn to for suggestions about how to deal with a personal problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to do something enjoyable with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone who understands your problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to love you and make you feel wanted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3. How often do people you encounter perceive you as a person of colour?

- Always
- Very frequently
- Occasionally
- About half the time
- Rarely
- Very rarely
- Never

N4. For each of the following, please indicate how often you've had this experience.

	Never	Once or twice	Sometimes	Many times
1. As you were growing up, how often were made fun of or called names because of your race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. As you were growing up, how often were you hit or beaten up because of your race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. As an adult, how often were you made fun of or called names because of your race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How often were you treated rudely or unfairly because of your race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How often have you experienced some form of police harassment because of your race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How often have you been turned down for a job because of your race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How often have been uncomfortable in trans spaces because of your race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How often have had difficulty finding lovers because of your race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How often have you been objectified sexually because of your race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In sexual relationships, how often do you find that partners pay more attention to your race or ethnicity than to who you are as a person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N5. How accepting of ethno-racial diversity is the trans community?

- Completely accepting
- Mostly accepting
- Somewhat accepting
- Slightly accepting
- Not at all accepting

N6. How accepting of gender diversity is your ethno-racial community?

- Completely accepting
- Mostly accepting
- Somewhat accepting
- Slightly accepting
- Not at all accepting

N7. How often do people you encounter know you are trans without being told so?

- Always
- Very frequently
- Occasionally
- About half the time
- Rarely
- Very rarely
- Never

N8. In general, do you **want** people to know you're trans without being told?

- Yes
- No
- Don't care

N9.	Never	Once or Twice	Sometimes	Many times
How often have you been made fun of or called names for being trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you been hit or beaten up for being trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you heard that trans people are not normal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you been objectified or fetishized sexually because you're trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that being trans hurt and embarrassed your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you had to try to pass as non-trans to be accepted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you suspect you have been turned down for a job because of your trans identity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you had to move away from your family or friends because you're trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you experienced some form of police harassment for being trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you worry about growing old alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you fear you will die young?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions N10 to N15 are intended for those who have begun social transition or re living in their felt gender. If this does not apply to you, please skip to Question N16.

N10. In general, how supportive of your gender identity or expression are the following people? (Please check one for each)

	Not at all supportive	Not very supportive	Somewhat supportive	Very supportive	Not applicable
My parent(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sibling(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse(s) or partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My roommates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My trans friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My non-trans friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My church/temple/mosque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My cultural community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor/boss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N11. Since starting your transition and/or coming out as trans, has the number of people you would call "close friends"...?

- Increased a lot
- Increased somewhat
- Stayed about the same
- Decreased somewhat
- Decreased a lot

N12. Since transitioning or identifying as trans, has your quality of life...? (please check only one)

- Gotten a lot better
- Gotten somewhat better
- Stayed the same
- Gotten somewhat worse
- Gotten a lot worse

N13. Have you ever experienced the following because you're trans or because of your gender expression?
(Please check all that apply)

- Silent harassment (e.g. being stared at, being whispered about)
- Verbal harassment
- Physical intimidation and threats
- Physical violence (e.g. being hit, kicked or punched)
- Sexual harassment (e.g. cat calling, being propositioned)
- Sexual assault (e.g. unwanted sexual touching or sexual activity)

N14. If you experienced physical violence and/or sexual assaults, did you report the incident to the police?

- Yes
- No
- I have never experienced physical violence and/or sexual assaults

N15. Have you ever avoided any of the following situations because of a fear of being harassed, being read as trans, or being outed? (please check all that apply)

- Public transit
- Grocery store or pharmacy
- Malls or clothing stores
- Schools
- Travelling abroad
- Clubs or social groups
- Gyms
- Church/synagogue/temple or other religious institution
- Public washrooms
- Public spaces (e.g. parks)
- Restaurants or bars
- Cultural or community centres
- None of the above



Treanor Mahood-Greer

Treanor has many life experiences: per was a pig farmer, a prospector and now a social worker with a master's degree. Per is also an artist and an activist who maintains hir self-efficacy and balance by having JOHN WAYNE and Johnny Cash in hir life. Per attempts to help people understand gender theory through a trans-spiritual lens, by bringing together per's experiences from working in the bush, per's love of art and nature, and spirituality, and hir transgendered status. Per wants to create praxis, which becomes informed action not just dialogue in order to make a difference in this gendered world. Treanor is a member of the Community Engagement Team which guides the Trans PULSE Project.

If you have begun or completed a transition or come out as your felt gender, skip to N21.

N16. If you have not transitioned or come out, how supportive of your gender identity or expression do you expect the following people will be? (Please check one for each)

	Not at all supportive	Not very supportive	Somewhat supportive	Very supportive	Not applicable
My parent(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sibling(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse(s) or partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My roommates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My trans friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My non-trans friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My church/temple/mosque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My cultural community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor/boss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N17. After you begin your transition or come out as trans, do you expect the number of people you would call "close friends" to...?

- Increase a lot
- Increase somewhat
- Stay about the same
- Decrease somewhat
- Decrease a lot

N18. After you begin your transition or come out as trans, do you expect your quality of life will...?

- Get a lot better
- Get somewhat better
- Stay the same
- Get somewhat worse
- Get a lot worse

N19. Do you expect that you will experience the following because you're trans or because of your gender expression? (Check all that apply)

- Silent harassment (e.g. being stared at, being whispered about)
- Verbal harassment
- Physical intimidation and threats
- Physical violence (e.g. being hit, kicked or punched)
- Sexual harassment (e.g. cat calling, being propositioned)
- Sexual assault (e.g. unwanted sexual touching or sexual activity)

N20. Do you expect that you will avoid any of the following situations because of a fear of being harassed, being read as trans, or being outed? (please check all that apply)

- Public transit
- Grocery store or pharmacy
- Malls or clothing stores
- Schools
- Travelling abroad
- Clubs or social groups
- Gyms
- Church/synagogue/temple or other religious institution
- Public washrooms
- Public spaces (e.g. parks)
- Restaurants or bars
- Cultural or community centres
- None of the above

N21. Do you personally know of other trans people who have experienced the following because they're trans or because of their gender expression? (please check all that apply)

- Silent harassment (e.g. being stared at, being whispered about)
- Verbal harassment
- Physical intimidation and threats
- Physical violence (e.g. being hit, kicked or punched)
- Sexual harassment (e.g. cat calling, being propositioned)
- Sexual assault (e.g. unwanted sexual touching or sexual activity)
- Committed suicide
- Been killed

N22. How would you describe your sense of belonging to your local community?

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak

N23. How important is having a strong 'trans community' to you?

- Very important
- Somewhat important
- Neutral
- Not too important
- Not important at all

N24. Are you a member of any voluntary organizations or associations?

	Trans or LGBT Organization	Other organization	No
School groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious social groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethnic or cultural associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social, civic or fraternal clubs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N25. How often did you participate in meetings or activities of these groups in the past 12 months? (If you belong to many, just think of the ones in which you are most active)

- At least once a week
- At least once a month
- At least 3 or 4 times a year
- At least once a year
- Not at all

The following questions relate to the sensitive issues of childhood sexual, physical and emotional abuse. If you need to speak to someone immediately regarding your childhood experiences, please contact the Abuse Victim Hotline at 1-877-448-8678.

These next questions are about experiences before age 16. If you've had any such experiences, they may be difficult to discuss and we appreciate your willingness to answer these questions.

N26. Before age 16, did you ever experience something sexual that you did not want, that felt inappropriate, or was at any time perceived as hurtful? Unwanted sexual experiences could include such things as watching someone having sex, touching someone or having them touch you sexually, or some other type of sexual activity including oral, anal, or vaginal intercourse or mutual masturbation.

- Yes
- No (skip to Question N27)
- Don't know (skip to Question N27)
- I'd rather not answer (skip to Question N27)

N26a. In the above experience(s), what was the relationship of the person(s) to you?

N26b. How old were you the **first** time this happened?

Years old

N27. Before age 16, were you ever pushed, grabbed, shoved, kicked, punched or physically attacked in some other way?

- Yes
- No (skip to Question N28)
- Don't know (skip to Question N28)
- I'd rather not answer (skip to Question N28)

N27a. In the above experience(s), what was the relationship of the person(s) to you?

N27b. How old were you the **first** time this happened to you?

Years old

N28. Before age 16, were you shamed, belittled, humiliated, or emotionally manipulated?

- Yes
- No (skip to Section O)
- Don't know (skip to Section O)
- I'd rather not say (skip to Section O)

N28a. In the above experience(s), what was the relationship of the person(s) to you?

N28b. How old were you the **first** time this happened to you?

Years old



Adrian Edgar

Adrian is a transguy in med school with a background in cross-cultural health, ethics, and Native studies. He does a lot of health activism but enjoys 'Peace through Health' and queer/trans health advocacy the most. Adrian worked on the Transgender Health Program's trans health survey in Vancouver last summer, and volunteered with Camp Ten Oaks for queer kids and kids with queer families the two summers before that. He is strongly committed to increasing community-based health services for Aboriginal people and Nations, and people in conflict with the law. Adrian is going to be a palliative care doctor and will work to increase understanding and respect for the needs and dignity of trans people at the end of their lives.

O. Parenting



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

- Yes
- No
- Undecided/Unsure

02. Before medically transitioning, did your health care provider discuss the possibility of retaining sperm, eggs, or fertilized embryos for future fertility treatments?

- Yes
- No
- This does not apply to me

03. Are you a parent, whatever this means to you?

- Yes
- No (skip to Section P)

04. Which of the following describe your relationship to your children? (Check all that apply)

- I am a step parent
- I am a biological parent
- I am an adoptive parent
- I am a foster parent
- I am an intentional non-biological parent
- I am partnered with a biological parent of the child(ren)
- I am partnered with a step parent of the child(ren)
- I am partnered with an adoptive parent of the child(ren)
- I am partnered with a foster parent of the child(ren)
- I am partnered with an intentional non-biological parent of the child(ren)
- Other, please specify:

05. Which of the following describes the legal custody status of your children?

- I have sole custody
- I have shared custody
- I am an access parent
- I am a supervised access parent
- I have no legal access to my children
- My children are adults
- Other, please specify:

06. Have you ever lost or had custody reduced due to being trans?

- Yes, lost custody
- Yes, had custody reduced
- No

07. How satisfied are you with your current custody arrangement?

- Completely satisfied
- Mostly satisfied
- Mostly dissatisfied
- Completely dissatisfied

08. Do you see your children less due to being trans?

- Yes
- No
- Unsure



P. Sexual Activity and Sexual Health



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

We're asking you to please recall your sexual experiences over the last year and your lifetime. By "sex partners," please include everyone you've had sexual contact with, even once, including anal, oral, or genital sex.

P1. Over your lifetime, how many sex partners have you had?

Number of people

I have not yet had sex ([skip to Section Q](#))

P2. In your lifetime, who have your sex partners been? (Please check all that apply)

Trans men

Non-trans men

Trans women

Non-trans women

Genderqueer persons

Unknown

Other, please specify:

P3. In the past 12 months, how many sex partners have you had?

Number of people

I have not had sex in the past 12 months

P4. In the past 12 months, who have your partners been? (Please check all that apply)

Trans men

Non-trans men

Trans women

Non-trans women

Genderqueer persons

Unknown

Other, please specify:

We all have different ways we talk about our bodies, and different words to refer to our tender parts. The following questions ask about your sexual experiences in the past 12 months. We will use this information responsibly. Whatever you're doing, we hope you're having a good time!

Since we cannot make assumptions about body parts, we won't. As a result, questions ask specifically about body parts, fluids and behaviours. If you are unwilling to share this information, please skip to Question P11.

P5. In the past 12 months, have you received oral sex from anyone?

- Yes
- No (skip to Question P6)

P5a. In the past 12 months, while receiving oral sex, how often did your partner(s) get your sex fluids or menstrual blood in their mouth(s)?

- Every time
- Most times
- About half the time
- Less than half the time
- Never

P5b. Who was your partner(s) in this activity? (Please check all that apply)

- Spouse/long-term lover
- Regular sex partner
- One time or occasional sex partner
- Regular partner who I pay (cash, drugs, shelter) for sex
- Regular partner who pays me (cash, drugs, shelter) for sex
- One time or occasional partner who I pay (cash, drugs, shelter) for sex
- One time or occasional partner who pays me (cash, drugs, shelter) for sex

P6. In the past 12 months, have you given anyone oral sex?

- Yes
- No (skip to Question P7)

P6a. In the past 12 months, while performing oral sex, how often did you get sex fluids or menstrual blood in your mouth?

- Every time
- Most times
- About half the time
- Less than half the time
- Never

P6b. Who was your partner(s) in this activity? (check all that apply)

- Spouse/long-term lover
- Regular sex partner
- One time or occasional sex partner
- Regular partner who I pay (cash, drugs, shelter) for sex
- Regular partner who pays me (cash, drugs, shelter) for sex
- One time or occasional partner who I pay (cash, drugs, shelter) for sex
- One time or occasional partner who pays me (cash, drugs, shelter) for sex

P7. In the past 12 months, have you been the receptive partner in anal sex?

- Yes
- No (skip to Question P8)

P7a. Which of the following did your partner(s) use for penetration? (Check all that apply)

- Flesh genitals
- Silicone or latex
- Fingers or hands

P7b. In the past 12 months, while receiving anal sex, how often did your partner(s) ejaculate inside you (without a condom)?

- Every time
- Most times
- About half the time
- Less than half the time
- Never

P7c. Who was your partner(s) in this activity? (Check all that apply)

- Spouse/long-term lover
- Regular sex partner
- One time or occasional sex partner
- Regular partner who I pay (cash, drugs, shelter) for sex
- Regular partner who pays me (cash, drugs, shelter) for sex
- One time or occasional partner who I pay (cash, drugs, shelter) for sex
- One time or occasional partner who pays me (cash, drugs, shelter) for sex

P8. In the past 12 months, have you been the insertive partner in anal sex?

- Yes
- No (skip to Question P9)

P8a. Which of the following did you use for penetration? (check all that apply)

- Flesh genitals
- Silicone or latex
- Fingers or hands

P8b. In the past 12 months, as the insertive partner in anal sex, how often did you ejaculate inside your partner's ass (without a condom)?

- Every time
- Most times
- About half the time
- Less than half the time
- Never

P8c. Who was your partner(s) in this activity? (please check all that apply)

- Spouse/long-term lover
- Regular sex partner
- One time or occasional sex partner
- Regular partner who I pay (cash, drugs, shelter) for sex
- Regular partner who pays me (cash, drugs, shelter) for sex
- One time or occasional partner who I pay (cash, drugs, shelter) for sex
- One time or occasional partner who pays me (cash, drugs, shelter) for sex

P9. In the past 12 months, have you been the receptive partner in genital sex (i.e. vaginal or front hole sex)?

Yes

No (skip to Question P10)

P9a. Which of the following did your partner(s) use for penetration? (check all that apply)

Flesh genitals

Silicone or latex

Fingers or hands

P9b. In the past 12 months, while being the receptive partner in genital sex, how often did your partner ejaculate inside you (without a condom)?

Every time

Most times

About half the time

Less than half the time

Never

P9c. Who was your partner(s) in this activity? (please check all that apply)

Spouse/long-term lover

Regular sex partner

One time or occasional sex partner

Regular partner who I pay (cash, drugs, shelter) for sex

Regular partner who pays me (cash, drugs, shelter) for sex

One time or occasional partner who I pay (cash, drugs, shelter) for sex

One time or occasional partner who pays me (cash, drugs, shelter) for sex

P10. In the past 12 months, have you been the insertive partner in genital sex (i.e. vaginal or front hole sex)?

Yes

No (skip to Question P11)

P10a. Which of the following did you use for penetration? (please check all that apply)

Flesh genitals

Silicone or latex

Fingers or hands

P10b. In the past 12 months, while being the insertive partner in genital sex, how often did you ejaculate inside your partner (without a condom)?

- Every time
- Most times
- About half the time
- Less than half the time
- Never

P10c. Who was your partner(s) in this activity? (please check all that apply)

- Spouse/long-term lover
- Regular sex partner
- One time or occasional sex partner
- Regular partner who I pay (cash, drugs, shelter) for sex
- Regular partner who pays me (cash, drugs, shelter) for sex
- One time or occasional partner who I pay (cash, drugs, shelter) for sex
- One time or occasional partner who pays me (cash, drugs, shelter) for sex

P11. In the past 12 months, have you ever had sex while drunk or high?

- Yes
- No

P12. Do you have a spouse or long term sexual partner?

- Yes
- No (skip to Question P13)

P12a. How often do you and your spouse or long-term sexual partner use condoms or other protective barriers (dental dam, latex glove, plastic wrap) during sex that involves sex fluids? Check ONE only:

- Always
- Most of the time
- Sometimes
- Rarely
- Never

P12b. Has your spouse or long-term sex partner been tested for HIV since their last risk activity?

- Yes
- No
- I'm not sure
- Not applicable

P12c. If your spouse or long-term sex partner has been tested for HIV, they are:

- The same HIV status than I am
- A different HIV status than I am
- I don't know as I don't know what the results of their test were
- I don't know as I haven't been tested
- I don't want to say
- Not applicable

P12d. Has your spouse or long-term sex partner been tested for other sexually transmitted infections (such as gonorrhea and chlamydia) since their last risk activity?

- Yes
- No
- I'm not sure
- Not applicable

P13. When you think about using protection with a partner (for example, a condom, dental dam, glove, or plastic wrap), how certain are you that you could use protection in the following scenarios? A `7' means that you're absolutely certain you could do what the question asks; a `1' means you're absolutely certain that you couldn't do what the question asks.

	Not at all Certain 1	2	3	4	5	6	Absolutely Certain 7
I can ask a new partner to use a protective barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can ask a partner I haven't been using protective barriers with to start using them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can refuse sex when I don't have a protective barrier available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get a partner to use a protective barrier, even if I'm drunk or high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get a partner to use a protective barrier, even if they don't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can ask a partner who truly sees me as the gender I know myself to be to use a protective barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can ask a non-trans partner to use a protective barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can ask a trans partner to use a protective barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P14. Please read each item and decide to what extent it is characteristic of you. Give each item a rating of how much it applies to you by using the following scale:

	Not at all	Slightly	Somewhat	Moderately	Very
I feel anxious when I think about the sexual aspects of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about the sexual aspects of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking about the sexual aspects of my life often leaves me with an uneasy feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the status of my own sexual fulfillment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sexual aspects of my life are personally gratifying to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sexual aspects of my life are satisfactory, compared to most people's.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the sexual aspects of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the way my sexual needs are currently being met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of becoming sexually involved with another person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a fear of sexual relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am fearful of engaging in sexual activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have much fear about engaging in sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P15. When I think about having sex, I worry...

	Not at all	Slightly	Somewhat	Moderately	Very
That other people think my body is unattractive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That there are very few people who would want to have sex with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About my physical safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About feeling ashamed about my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That once I'm naked, people will not see me as the gender I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That people only want to have sex with me because I'm trans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That I can't have the sex I want until I have a(nother) surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P16. If you have transitioned or come out as trans, has the quality of your sex life changed?

- Yes, for the better
- Yes, for the worse
- No, it has not changed
- Not applicable

Q. Emotional Well-being



Q1. In general, would you say your mental health is...?

- Excellent
- Very good
- Good
- Fair
- Poor
- I don't know

Q2. How satisfied are you with your life in general?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- I don't know

Q3. Thinking about the amount of stress in your life, would you say that most days are...?

- Not at all stressful
- Not very stressful
- A bit stressful
- Quite a bit stressful
- Extremely stressful
- I don't know

Q4. Have you ever been diagnosed with any of the following:

- Anxiety disorders (e.g. panic attacks, post-traumatic stress disorder)
- Schizophrenia
- Bipolar disorder
- Major depression
- Dissociative identity disorders (multiple personality disorder)
- Borderline personality disorder
- Other major mental health disorder, please specify:
- None of the above

Q5. Have you ever been diagnosed with any of the following:

- Anorexia nervosa
- Bulimia nervosa
- Exercise bulimia
- Binge eating disorder
- None of the above

Q6. Below is a list of the ways you might have felt or behaved. Please tell us how often you have felt this way during the past week.

During the past week

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I did not feel like eating; my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt that I could not shake off the blues even with help from my family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt I was just as good as other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I thought my life had been a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I talked less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I had crying spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I felt that people dislike me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I could not get "going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7. How much do you agree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times, I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm a person of worth, at least on an equal plane with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take a positive attitude toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions relate to the sensitive issue of suicide. If you need to speak to someone immediately regarding suicide, please contact the National Suicide Prevention Lifeline at 1-800-273-8255.

Q8. Have you ever seriously considered committing suicide or taking your own life?

- Yes
- No (skip to Section R)

Q8a. If yes, was this related to your being trans?

- Yes
- No

Q8b. If yes, has this happened in the past 12 months?

- Yes
- No

Q9. Have you ever attempted to commit suicide or tried taking your own life?

- Yes
- No (skip to Section R)

Q9a. If yes, did this happen in the past 12 months?

- Yes
- No

Q9b. Did you see or talk to a health professional following your attempt to commit suicide?

- Yes
- No

Q9c. How old were you when you first attempted suicide or tried taking your own life?

Years Old



Mason McColl

Mason is a 22-year old fluid transmasculine queer radical living in Peterborough, who is actively involved in gender politics, anti-poverty work and sex-positive activism. Mason works as a community organizer, group builder and policy changer. He is passionate about everything, specifically kids, education, solidarity, and most of all, his dog Lily.

R. Cigarettes, Drugs and Alcohol



R1. In your lifetime, have you smoked a total of 100 or more cigarettes (about 4 packs)?

- Yes
- No (skip to Question R4)

R2. At the present time, do you smoke cigarettes daily, occasionally or not at all?

- Daily
- Occasionally
- Not at all

R3. Over your life, how long have you smoked in total?

Years Months

The next few questions ask about your alcohol consumption.

When we use the word `drink' it means:

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

R4. During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

- Yes
- No (skip to Question R12)

R5. During the past 12 months, how often did you drink alcoholic beverages?

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- 2 to 3 times a week
- 4 to 6 times a week
- Every day

R6. How often in the past 12 months have you had 5 or more drinks on one occasion?

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- More than once a week

R7. Have you ever felt you should cut down on your drinking?

- Yes
- No

R8. Have people annoyed you by criticising your drinking?

- Yes
- No

R9. Have you ever felt bad or guilty about your drinking?

- Yes
- No

R10. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

- Yes
- No

R11. Is your current drinking a problem for you?

- Yes
- Sometimes
- No

R12. In the past 12 months, which of the following have you used? (Please check all that apply)

- Marijuana or hashish
- Poppers or nitrites, including ampules
- Crack
- Cocaine
- Crystal meth
- Other amphetamine
- PCP (angel dust)
- Special K
- GHB (G)
- LSD (acid)
- Opium
- Heroin
- Ecstasy
- Prescription narcotics, other than for medical use (Percocet, Oxycontin)
- Other, please specify:
- None of the above (skip to Section S)

R13. Is your current drug use a problem for you?

- Yes
- Sometimes
- No

R14. Overall, has this experience of using drugs been:

- Completely positive
- Mostly positive
- Equally positive and negative
- Mostly negative
- Completely negative
- None of the above, it's neither positive nor negative

R15. In the past 12 months, have you ever injected drugs for reasons other than medical use?

- Yes
- No (skip to Section S)

R16. If yes, in the past 12 months, have you ever been in a situation where you had to use needles or drug-using equipment that someone had used before?

- Yes
- No

S. General Health Concerns



Research on trans people has rarely been concerned with our general health. We'd like to ask you some questions about your health overall, to help us better understand our communities' health issues.

S1. To start, in general, would you say your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor
- I don't know

S2. Compared to one year ago, how would you say your health is now?

- Much better now
- Somewhat better now
- About the same
- Somewhat worse now
- Much worse now
- I don't know

S3. Are you usually pain-free or physically comfortable?

- Yes (skip to Question S6)
- No
- I don't know

S4. How would you describe the usual intensity of your pain or discomfort?

- Mild
- Moderate
- Severe
- I don't know

S5. How many activities does your pain or discomfort prevent?

- None
- A few
- Some
- Most
- I don't know

S6. Have you been diagnosed with the following health conditions? If yes, please include the year of diagnosis.

	Yes	Year of diagnosis:
Allergies	<input type="checkbox"/>	<input type="text"/>
Asthma	<input type="checkbox"/>	<input type="text"/>
Breast cancer	<input type="checkbox"/>	<input type="text"/>
Cervical cancer	<input type="checkbox"/>	<input type="text"/>
Chronic fatigue syndrome	<input type="checkbox"/>	<input type="text"/>
Diabetes	<input type="checkbox"/>	<input type="text"/>
Elevated liver enzymes	<input type="checkbox"/>	<input type="text"/>
Elevated prolactin levels	<input type="checkbox"/>	<input type="text"/>
Endometrial cancer	<input type="checkbox"/>	<input type="text"/>
Endometrial hyperplasia	<input type="checkbox"/>	<input type="text"/>
Fibromyalgia	<input type="checkbox"/>	<input type="text"/>
Gall stones	<input type="checkbox"/>	<input type="text"/>
Heart attack	<input type="checkbox"/>	<input type="text"/>
High blood pressure	<input type="checkbox"/>	<input type="text"/>
High cholesterol	<input type="checkbox"/>	<input type="text"/>
Pulmonary embolism (blood clot in the lung)	<input type="checkbox"/>	<input type="text"/>
Osteoporosis	<input type="checkbox"/>	<input type="text"/>
Ovarian cancer	<input type="checkbox"/>	<input type="text"/>
Penile cancer	<input type="checkbox"/>	<input type="text"/>
Polycystic ovary syndrome	<input type="checkbox"/>	<input type="text"/>
Prostate cancer	<input type="checkbox"/>	<input type="text"/>
Sleep apnea (stopped breathing during sleep)	<input type="checkbox"/>	<input type="text"/>
Stroke	<input type="checkbox"/>	<input type="text"/>

	Yes	Year of diagnosis:
Testicular cancer	<input type="checkbox"/>	<input type="text"/>
Thyroid condition	<input type="checkbox"/>	<input type="text"/>
Uterine cancer	<input type="checkbox"/>	<input type="text"/>
Vaginal cancer	<input type="checkbox"/>	<input type="text"/>
Venous thrombosis (blood clot in the leg)	<input type="checkbox"/>	<input type="text"/>

T. Strategies for Information and Action



What is the best way to make the results of this study available to trans communities (for example, posters or pamphlets)?

What types of actions do you think we should undertake using the results of this study?

What sort of education or policy changes would you like to see as a result of this study?

Now that you've finished the survey, is there anything else you'd like to let us know?