

This copy of the survey is for informational use only. Please do not fill out and submit this survey. Data collection concluded on September 30, 2019, and surveys are no longer being accepted.

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 1-844-972-6772 (toll-free) or email us at info@transpulsecanada.ca.

Thank you, The Trans PULSE Canada Team



Welcome to the short-form survey! These first questions are meant to give you a chance to tell us some basic information about yourself.

1. How old are you?

\_\_\_\_\_ years old

- 2. How do you self-identify in terms of ethno-racial background?
  - O Unsure
- 3. Which of the following reflect your ethno-racial background? (Please check all that apply)
  - Black African (e.g. Ghana, Kenya, Somalia)
  - Black Canadian or African-American
  - Black Caribbean (e.g., Jamaica, Haiti)
  - East Asian (e.g. China, Japan, Korea, Taiwan)
  - Indigenous (e.g. First Nations, Metis, Inuit, Native American)
  - Indo-Caribbean (e.g. Guyanese with origins in India)
  - Jewish
  - Latin American (e.g. Argentina, Mexico, Nicaragua)
  - Middle Eastern (e.g. Egypt, Iran, Israel, Saudi Arabia)
  - South Asian (e.g. India, Sri Lanka, Pakistan)
  - South East Asian (e.g. Vietnam, Malaysia, Philippines)
  - U White Canadian or White American
  - White European (e.g. England, Greece, Sweden, Russia)
  - Other, please specify: \_\_\_\_\_

Please answer the next question only if you selected "Indigenous" above. Otherwise, please skip to Question 4.

## 3a. Are you...? (Please check all that apply)

- First Nations (status)
- □ First Nations (non-status)
- Métis
- Inuk
- Indigenous from Canada, don't know which group
- □ Indigenous from another country
- Unsure
- 4. Are you perceived or treated as a person of colour in Canada?
  - O Yes
  - O No
- 5. What country were you born in?
  - O Canada
  - O Outside of Canada, please specify country: \_\_\_\_\_  $\rightarrow$  Skip to 6
  - O Unsure  $\rightarrow$  Skip to 6
  - 5a. What province or territory is your birth certificate from?
  - O Alberta
  - O British Columbia
  - O Manitoba
  - O New Brunswick
  - O Newfoundland and Labrador
  - O Nova Scotia
  - Ontario
  - O Prince Edward Island
  - O Quebec
  - O Saskatchewan
  - O Northwest Territories
  - O Nunavut
  - O Yukon
  - O Unsure

- 6. What province or territory do you currently live in?
  - O Alberta
  - O British Columbia
  - O Manitoba
  - O New Brunswick
  - O Newfoundland and Labrador
  - O Nova Scotia
  - Ontario
  - O Prince Edward Island
  - O Quebec
  - O Saskatchewan
  - O Northwest Territories
  - O Nunavut
  - O Yukon
- 7. Have you been living in your current province/territory for the past 12 months?
  - O Yes
  - O No
- 8. What is the postal code where you live or get mail?
  - O My postal code is: \_\_\_\_\_\_
  - O I don't know my postal code
  - O I would rather not share my full postal code. The first three digits are: \_\_\_\_\_
- 9. What is your current status in Canada? (Please check all that apply)
  - Canadian citizen
  - Permanent resident or landed immigrant
  - Visitor
  - Student (study permit, student work permit)
  - Work permit (skilled worker, temporary foreign worker, caregiver, working holiday)
  - Business immigrant (start up visa, investor, entrepreneur, self-employed)
  - Sponsored by family member
  - Refugee or protected person
  - Asylum or refugee claimant
  - Pending Status Judicial review or pre-removal risk assessment
  - Admission on humanitarian and compassionate grounds
  - Undocumented person irregular migrant, non-status, etc.
  - Other, please specify:
  - Unsure

- 10. What is the highest level of formal education you have completed?
  - **O** Some high school, no diploma or GED
  - O GED
  - O High school graduate
  - O Some CÉGEP, no diploma
  - O CÉGEP graduate
  - O Some college or trade school, no degree
  - O College or trade school graduate
  - O Some university, no degree
  - O Bachelor's degree
  - O Some graduate work, no degree
  - O Master's degree (e.g. MA, MS, MBA)
  - O Doctoral or professional degree (e.g. PhD, MD, JD)
- 11. Are you <u>currently</u> enrolled as a student?
  - O Yes, full-time
  - O Yes, part-time
  - O No
- 12. What is your sexual orientation? (Please check all that apply)
  - Asexual
  - Bisexual
  - Gay
  - Lesbian
  - Pansexual
  - Queer
  - General Straight or Heterosexual
  - Two-Spirit
  - □ Not sure or questioning
  - Other, please specify:

Please answer the next four questions if you are age 16 or older. Otherwise, please skip to Question 17.

Next we are going to ask a few questions about your income. 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. 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 work from public speaking to sex work to child care.

- 13. What is your best estimate of the total income from all members living in your <u>household</u> including yourself, before taxes and deductions, from all sources in in <u>2018</u>? (include any money your household received from any person or organization). By household members, we mean people with whom you share income and resources, or who share income and resources with you.
  - O Less than \$10,000
  - **O** \$10,000 to less than \$15,000
  - **O** \$15,000 to less than \$20,000
  - \$20,000 to less than \$30,000
  - **O** \$30,000 to less than \$40,000
  - **O** \$40,000 to less than \$50,000
  - O \$50,000 to less than \$60,000
  - O \$60,000 to less than \$80,000
  - \$80,000 to less than \$100,000
  - **O** \$100,000 to less than \$150,000
  - O \$150,000 or more
  - O Unsure
- 14. Including yourself, how many people in Canada were being supported on this income?
  \_\_\_\_\_ people
- 15. How many people outside of Canada were being supported on this income?

\_\_\_\_\_ people

- 16. What is your best estimate of your total <u>personal</u> income, before taxes and other deductions from all sources in <u>2018</u>? (include any money you received from any person or organization)
  - **O** I don't have a personal income
  - O Less than \$10,000
  - O \$10,000 to less than \$15,000
  - **O** \$15,000 to less than \$20,000
  - **O** \$20,000 to less than \$30,000
  - **O** \$30,000 to less than \$40,000
  - **O** \$40,000 to less than \$50,000
  - O \$50,000 to less than \$60,000
  - O \$60,000 to less than \$80,000
  - **O** \$80,000 to less than \$100,000
  - **O** \$100,000 to less than \$150,000
  - **O** \$150,000 or more
  - O Unsure

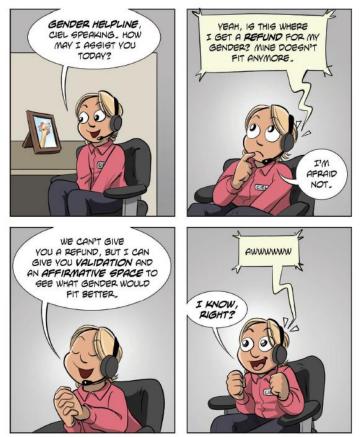


Image source: Sophie Labelle, used with permission.

The next few questions are about disabilities. We acknowledge that disability is a very broad category that can include many realities and experiences. Some people who might be labelled under disability categories might not identify as living with a disability.

- 17. Do you self-identify as someone who currently lives with the following realities or conditions? (Please check all that apply)
  - Autistic
  - Blind
  - Crip
  - Deaf
  - Disabled or living with a disability (including episodic disability)
  - Chronic pain
  - Neurodivergent
  - Psychiatric survivor, mad, or person with mental illness
  - Another identity related to body/mind differences:
  - None of the above
- 18. Have you been diagnosed with any of the following? (Please check all that apply)
  - Acquired brain injury
  - Autism or Asperger's
  - Chronic Illness
  - Chronic pain condition
  - □ Intellectual or developmental disability
  - □ Intermittent or episodic illness or condition
  - Learning disability
  - Mobility or physical disability
  - Vision impairment
  - Mental health condition
  - Any other form of disability or impairment that we have missed:
  - None of the above

The next questions are about sex and gender. The response categories might not be a perfect fit for you, which is why we also want to know how you self-identify!

- 19. What term(s) do you use to describe your gender?
- 20. What sex were you assigned at birth, meaning on your original birth certificate?
  - O Male
  - O Female
- 21. If you had to select ONE response that best describes your current gender identity for the purposes of a survey, what would it be?
  - Man or boy
  - O Woman or girl
  - O Indigenous or other cultural gender identity (e.g., two-spirit)
  - **O** Non-binary, genderqueer, agender, or a similar identity
- 22. What gender do you currently live as in your day-to-day life? (Please check only one)
  - O Man or boy
  - O Woman or girl
  - O Sometimes man/boy, sometimes woman/girl
  - **O** Non-binary, genderqueer, agender, or similar

Please complete Question 23 (and 23a) if you identify as Indigenous.

- 23. Are you a part of an Indigenous community?
  - O Yes
  - No  $\rightarrow$  Skip to 24
  - 23a. Are you a part of an Indigenous community that's welcoming of you as a trans, non-binary, gender diverse or two-spirit person? This community could be inperson or online
    - O Yes
    - O No

Please complete the next two questions if you were born outside of Canada. Otherwise, please skip to Question 26.

24. How long have you been living in Canada?

\_\_\_\_\_ years, and \_\_\_\_\_ months

- 25. When you first came to Canada to live, which province or territory did you immigrate to?
  - O Alberta
  - O British Columbia
  - O Manitoba
  - O New Brunswick
  - O Newfoundland and Labrador
  - O Nova Scotia
  - Ontario
  - O Prince Edward Island
  - O Quebec
  - O Saskatchewan
  - O Northwest Territories
  - O Nunavut
  - O Yukon
- 26. In general, would you say your health is...?
  - O Excellent
  - Very good
  - O Good
  - O Fair
  - O Poor

In the next few questions, we would like to learn about your experiences with finding competent and respectful health care and social services. We will start with primary care, which is the type of general health care provided by a family doctor or nurse practitioner.

- 27. Do you currently have a primary health care provider? By this, we mean one health professional that you regularly see or talk to when you need care or advice for your health.
  - **O** Yes, a family doctor
  - **O** Yes, a nurse practitioner

- O No, I receive primary health care at a walk-in clinic
- **O** Not at the present time
- 28. During the past 12 months, was there ever a time when you felt that you needed health care, other than home care services, but didn't receive it?
  - O Yes
  - O No
- 29. Have you <u>ever</u> avoided going to the emergency room (when you needed care) because you are trans or non-binary?
  - O Yes
  - O No  $\rightarrow$  Skip to 30
  - O I have never needed emergency care  $\rightarrow$  Skip to 30
  - 29a. Did this happen in the past 12 months?
    - O Yes
    - O No

In the next questions, we would like to learn about your experiences with finding competent and respectful gender-affirming medical care. For our purposes, "gender-affirming medical care" refers to puberty blockers, gender-affirming hormones, surgeries, and/or body modifications.

- 30. Have you met with a health care provider about receiving puberty blockers, hormones, or surgeries?
  - 0
- Yes  $\rightarrow$  Age at first consultation \_\_\_\_\_
- O No
- 31. Which of the following applies to your <u>current</u> situation regarding puberty blockers, hormones and/or surgery? **(Please check only one)** 
  - **O** I have had the gender-affirming medical treatment that I need/want
  - **O** I am in the process of completing gender-affirming medical treatment
  - O I am planning to receive gender-affirming medical treatment, but have not begun
  - **O** I am not planning to receive gender-affirming medical treatment
  - **O** I am not sure whether I am going to seek gender-affirming medical treatment

The next questions are about how you're doing in terms of mental health and well-being, including some questions about suicide.

If you need to speak to someone immediately about your mental health, please contact Canada's Trans Life Line (call 877-330-6366), the Indigenous Hope for Wellness Help Line (call 1-855-242-3310), Crisis Services Canada (call 1-833-456-4566 or text 45645 [call 1-866-277-3553 in Quebec]), or Kids Help Phone (call 1-800-668-6868 or text CONNECT to 686868).

- 32. In general, would you say your mental health is...?
  - O Excellent
  - O Very good
  - O Good
  - O Fair
  - O Poor
- 33. Have you ever seriously <u>considered</u> suicide?
  - O Yes
  - O No → Skip to 34
  - 33a. Was this related to your being trans or non-binary?
    - O Yes
    - O No
  - 33b. Has this happened in the past 12 months?
    - O Yes
    - O No
- 34. Have you ever seriously <u>attempted</u> suicide?
  - O Yes
  - $\bigcirc$  No  $\rightarrow$  Skip to 35
  - 34a. Has this happened in the past 12 months?
    - O Yes
    - O No

- 35. Have you ever had an HIV (human immunodeficiency virus) test?
  - O Yes
  - O No  $\rightarrow$  Skip to 36
  - 35a. When was your most recent HIV test?
    - O Less than 6 months ago
    - O 6 months to less than 1 year ago
    - O 1 to less than 2 years ago
    - O 2 or more years ago
  - 35b. What was the result of your last HIV test?
    - O Negative (It said that I don't have HIV)
    - O Positive
    - I didn't get the results
    - O I would rather not say

Next we're going to ask some questions about your family.

- 36. Are you a parent of children, including adult children? This also includes fostering, adopting, or co-parenting children.
  - O Yes
  - O No
- 37. What is your <u>legal</u> marital status <u>right now</u>?
  - O Single, never married
  - O Separated
  - O Divorced
  - O Widowed
  - O Living common-law
  - O Married
- 38. What is your <u>current</u> relationship status?
  - O Single and not dating
  - O Single and dating
  - O In a monogamous relationship
  - O In a non-monogamous (open) relationship

- O In
  - In a polyamorous (multiple people) relationship

Please complete the next two questions if you are age 16 or older. Otherwise, please skip to Question 41.

- 39. Which of the following best describes your current personal employment situation? (Please check all that apply)
  - Employed in a permanent full-time position (30 hours or more per week)
  - Employed in a permanent part-time position (less than 30 hours per week)
  - Employed on temporary/short term contract (less than a year)
  - Employed on a fixed term contract, one year or more
  - Self-employed no employees
  - Self-employed others work for me
  - □ Work for pay in the informal economy (e.g. paid in cash or "under the table" in restaurant or construction)
  - Not employed
  - Student
  - Retired
  - On leave
  - Other, specify: \_\_\_\_\_
  - None of the above
- 40. Have you done sex work in the past 12 months?
  - O Yes
  - O No

- 41. Which of the following statements best describes the food eaten in your household in the past 12 months?
  - **O** 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
  - O Sometimes you and your household did not have enough to eat
  - O Often you and your household didn't have enough to eat
- 42. What are your current living arrangements? (Please check all that apply)
  - □ In a house/apartment/condo I rent alone or with others
  - House/apartment/condo I own alone or with others (with a mortgage or that you own)
  - Temporarily with a partner, friend, or family member who pays for housing
  - Permanently with a partner, friend, or family member who pays for housing
  - Housing co-operative
  - Group home foster care
  - Student residence
  - Retirement community
  - Long-term care facility, nursing home or other adult care facility
  - Military housing
  - First Nations reserve
  - Metis Settlement
  - Inuit Hamlet
  - Subsidized or public housing
  - Motel or boarding house room
  - Shelter(s)
  - On the street, in a car, in an abandoned building
  - Rehabilitation facility
  - Prison
  - Other, specify: \_\_\_\_\_
- 43. Have you ever moved to a different city or town to be closer to trans or non-binary related services you needed?
  - O Yes
  - O No

The next question is about trauma and violence.

If you need to speak to someone immediately regarding your experiences, please contact Canada's Trans Life Line (call 877-330-6366), the Indigenous Hope for Wellness Help Line (call 1-855-242-3310), Crisis Services Canada (call 1-833-456-4566 or text 45645), or Kids Help Phone (call 1-800-668-6868 or text CONNECT to 686868).

## 44. In the past 5 years, have you experienced any of the following? (Please check all that apply)

- 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)
- None of the above
- 45. In the last 5 years, have you avoided any of the following situations/spaces because of a fear of being harassed, being read as trans, or being outed? (please check all that apply)
  - Bars
  - Being out on the land
  - Church, synagogue, temple, mosque, or other religious institution
  - Gyms or pools
  - Parties or events
  - Public spaces (e.g. parks, street)
  - Public transit
  - Public washrooms
  - Religious or cultural centres
  - Schools
  - Stores or restaurants
  - Support groups
  - Travelling internationally
  - Travelling within Canada
  - Other, specify: \_
  - None of the above

46. Can you tell us something you love about being trans or non-binary?





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