

Please Note:

This copy of the survey is for informational use only. Please do not fill out and submit this survey. Data collection concluded on October 2020, 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**



COVID Cohort T1 2020 Survey – English – Paper Version

About you

Welcome to the 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. 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)
 - 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 #3.

- 2a. 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

3. Are you perceived or treated as a person of colour in Canada?
 - Yes
 - No

4. Do you identify as a person of colour?
- Yes
- No
5. What country were you born in?
- Canada → Skip to #7
- Outside of Canada, please specify country: _____
- Unsure
6. How long have you been living in Canada?
- _____ years and _____ months
7. What province or territory do you currently live in?
- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Northwest Territories
- Nunavut
- Yukon
8. Have you been living in your current province/territory since March 12, 2020?
- Yes
- No
9. What is the postal code where you live or get mail?
- My postal code is: _____
- I don't know my postal code
- I would rather not share my full postal code. The first three digits are: _____

10. What is the highest level of formal education you have completed?

- Some high school, no diploma or GED
- GED
- High school graduate
- Some CÉGEP, no diploma
- CÉGEP graduate
- Some college or trade school, no degree
- College or trade school graduate
- Some university, no degree
- Bachelor's degree
- Some graduate work, no degree
- Master's degree (e.g. MA, MS, MBA)
- Doctoral or professional degree (e.g. PhD, MD, JD)

11. Are you currently enrolled as a student?

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

12. What is your sexual orientation? **(Please check all that apply)**

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

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!

13. What term(s) do you use to describe your gender?

14. What sex were you assigned at birth, meaning on your original birth certificate?

- Male
- Female

15. 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
 - Woman or girl
 - Indigenous or other cultural gender identity (e.g., two-spirit)
 - Non-binary, genderqueer, agender, or a similar identity

Income

If you are not yet 16 years old, please skip to #25 on page 6. the Indigenous Well-Being section (#36 on page 9) if you are Indigenous, or the Your Health section (#39 on page 10) if you are non-Indigenous.

In the next sections, we'll ask about experiences you may have had in the past 12 months (**since today's date in August 2019**), and since **March 12, 2020** - the day after the World Health Organization declared COVID-19 to be a pandemic. We need to ask about both of these timeframes to compare to how you answered the same questions in 2019, and to understand what has changed since the pandemic.

Next we are going to ask a few questions about your income, including how your income has been affected in recent months. 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.

16. What is your best estimate of the total income from all members living in your household including yourself, before taxes and deductions, from all sources in in 2019? (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.
- Less than \$10,000
 - \$10,000 to less than \$15,000
 - \$15,000 to less than \$20,000
 - \$20,000 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 to less than \$150,000
 - \$150,000 or more
 - Unsure

17. Including yourself, how many people (in or outside of Canada) were being supported on this income?
_____ people
18. What is your best estimate of your total personal income, before taxes and other deductions from all sources in 2019? (include any money you received from any person or organization)
- I didn't have a personal income
 - Less than \$10,000
 - \$10,000 to less than \$15,000
 - \$15,000 to less than \$20,000
 - \$20,000 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 to less than \$150,000
 - \$150,000 or more
 - Unsure
19. Before March 12, 2020, were you receiving any income from the following sources?
- Public social assistance or welfare
 - Public disability support
 - Both public social assistance/welfare and disability support
 - I did not receive income from either of these sources
20. Since March 12, 2020 did you receive any income from the following sources?
- Public social assistance or welfare
 - Public disability support
 - Both public social assistance/welfare and disability support
 - I did not receive income from either of these sources
21. Since March 12, 2020, did you receive any of the following types of Employment Insurance benefits?
(Please check all that apply)
- Regular
 - Sickness
 - Caregiving or compassionate care
 - Work-sharing
 - Other Employment Insurance benefit
 - Canada Emergency Response Benefit (CERB)
 - Canada Emergency Student Benefit (CESB)
 - Did not receive any benefits

22. Since March 12, 2020, how much income have you received from government funded COVID-19 relief programs (including rent relief)?
- \$ _____
- I did not receive any relief
23. Which of the following best describes the impact of COVID-19 on your ability to meet financial obligations or essential needs, such as rent or mortgage payments, utilities and groceries?
- Major negative impact
- Moderate negative impact
- Minor negative impact
- No impact
- Minor positive impact
- Moderate positive impact
- Major positive impact
- Too soon to tell
24. Which of the following best describes the impact of COVID-19 on your ability to make rent or mortgage payments?
- Major negative impact
- Moderate negative impact
- Minor negative impact
- No impact
- Minor positive impact
- Moderate positive impact
- Major positive impact
- Too soon to tell
25. Which of the following statements best describes the food eaten in your household since August 2019?
- 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
26. Which of the following statements best describes the food eaten in your household since March 12, 2020?
- 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

If you are not yet 16 years old, please skip to the Indigenous Well-Being section (#36 on page 9) if you are Indigenous, or the Your Health section (#39 on page 10) if you are non-Indigenous.

Employment

27. Before March 12, 2020, which of the following best described your 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
 - Worked 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
28. 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

29. As a result of the COVID-19 pandemic, has your employment situation changed in any of the following ways? **(Please check all that apply)**
- Still working, but working less (e.g., lost one of my jobs, reduced hours)
 - Not working, I have lost my job or jobs
 - Temporarily laid-off
 - Start date has been delayed
 - Lost a job that I was supposed to start in the future
 - No longer have employment prospects
 - Currently looking for work
 - No longer looking for work
 - Working more
 - No change
30. How much of an impact did the COVID-19 pandemic have on your personal income from employment?
- Major negative impact
 - Moderate negative impact
 - Minor negative impact
 - No impact
 - Minor positive impact
 - Moderate positive impact
 - Major positive impact
 - Too soon to tell
31. Since March 12, 2020, has there been a time when you experienced a total loss of personal income from employment?
- Yes
 - No
32. Since August 2019, have you done sex work or exchanged sex for money or other resources (e.g. shelter, substances, food, or other services)?
- Yes
 - No → Skip to #33
- 32a. Have you done sex work since March 12, 2020?
- Yes
 - No → Skip to #33
- 32b. Have you seen sex work clients in person since March 12, 2020?
- Yes
 - No

33. Do you currently have regular face-to-face contact with the public at your work?

- Yes
- No
- I'm not working currently

34. Are you an essential service worker (healthcare, grocery store staff, etc.)?

- Yes
- No → Skip to #35
- Unsure

34a. Which of the following sectors best captures your job?

- Health care or public health
- Grocery store
- Food service
- Other, please specify: _____

35. Since March 12, 2020, have you started a new job because of COVID-19?

- Yes
- No

Indigenous Well-Being

If you are not Indigenous, please skip to the Your Health section on page 10.

The next few questions are about ways that Indigenous trans, two-spirit, non-binary, and gender diverse people are staying healthy during the pandemic. These questions were developed by the team's Indigenous Leadership Group.

36. Are you a part of an Indigenous community? This could be online or in person.

- Yes
- No → Skip to #37

36a. Since March 12, 2020, has your access to Indigenous community gatherings (online or in person)...

- Increased
- Stayed the same
- Decreased

37. Can you describe any ways you are staying connected to Indigenous community or culture during the pandemic?

38. Before March 12, 2020, did you participate in ceremony?

- Yes
- No → Skip to #39

38a. Has your participation changed as a result of COVID-19?

- Yes
- No → Skip to #39

38b. How has this change impacted your physical, mental, emotional, or spiritual well-being?

Your Health

The next few questions are about your health right now.

39. In general, would you say your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

40. Do you have a compromised immune system?

- Yes
- No

41. Do you have diabetes or a chronic condition affecting your lungs, heart or kidneys?

- Yes
- No

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.

*Note: Episodic disabilities are long-term conditions that are characterized by periods of good health interrupted by periods of illness or disability). These may include, but are not limited to asthma, arthritis, and HIV.

42. 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
- Chronic illness
- Chronic health condition
- Neurodivergent
- Psychiatric survivor, mad, or person with mental illness
- Another disability identity not listed here: _____
- None of the above

43. 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
- Another condition or disability not listed here : _____
- None of the above

COVID-19 Testing, Diagnosis, and Care

In the next few questions, we would like to ask you about symptoms, testing, and treatment of COVID-19.

44. When a COVID-19 vaccine becomes available, how likely is it that you will choose to get it?

- Very likely → **Skip to #46**
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Unsure

45. What are the reasons you would not get the COVID-19 vaccine? **(Please check all that apply)**

- Already had or think I have had COVID-19
- Do not consider it necessary to get the vaccine
- Not confident in the safety of the vaccine
- Do not believe in vaccination
- Concern about risks and side effects
- Have a pre-existing medical condition
- Will wait until it seems safe to get the vaccine
- Have not yet decided
- Other reason, please specify: _____
- Unsure

46. Have you wanted to get tested for COVID-19, but been unable to?

- Yes
 No → Skip to #47

46a. In what month(s) did this happen? **(Please check all that apply)**

- January
 February
 March
 April
 May
 June
 July
 August
 September

46b. Why were you unable to get tested?

47. Have you avoided COVID-19 testing or care when you thought you needed it?

- Yes
 No → Skip to #48

47a. Have you avoided COVID-19 testing or care because of fear of discrimination as a trans or non-binary person?

- Yes
 No

47b. Can you describe why you avoided COVID-19 testing or care?

48. Have you been tested for COVID-19 with a swab since March 12, 2020?

- Yes
- No → Skip to #50

48a. In what month(s) were you tested? (Please check all that apply)

- March
- April
- May
- June
- July
- August
- September

49. Have you been diagnosed with COVID-19?

- Yes
- No → Skip to #50

49a. In what month were you diagnosed?

- March
- April
- May
- June
- July
- August
- September

50. Regardless of whether you have been diagnosed with COVID-19, do you think you have had COVID-19 symptoms?

- Yes → Skip to #52
- No
- Unsure

51. If you develop symptoms of COVID-19, do you think you will avoid testing for fear of mistreatment?

- Yes → Skip to #53
- No → Skip to #53
- Unsure → Skip to #53

52. How severe are/were your symptoms and how did you manage them?

- No symptoms → Skip to #53
- Mild, no significant symptoms
- Significant symptoms self-managed in quarantine
- Significant symptoms managed with medical assistance in quarantine
- Symptoms requiring hospital treatment for ≤ 1 day
- Symptoms requiring hospital treatment for > 1 day

52a. In what month did you start having COVID-19 symptoms?

- March
- April
- May
- June
- July
- August
- September

52b. How long did your symptoms last?

_____ weeks and _____ days

52c. Are you still having symptoms now?

- Yes
- No

If you have not been tested for COVID-19, or if you have not wanted to be tested for COVID-19, please skip to #54.

53. When looking for COVID-19 testing or care, have you experienced discrimination?

- Yes
- No → Skip to #54

53a. Did this happen because you're trans or non-binary?

- Yes
- No

53b. Can you describe the discrimination that you experienced?

Your Mental Health

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

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).

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

- Excellent
- Very good
- Good
- Fair
- Poor

55. Compared to before physical distancing began, how would you say your mental health is now?

- Much better now
- Somewhat better now
- About the same
- Somewhat worse now
- Much worse now

56. 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.

56a. I was bothered by things that usually don't bother me.

| | | | |
|---|--|---|---|
| Rarely or none of the time (less than 1 day) <input type="radio"/> | Some or a little of the time (1-2 days) <input type="radio"/> | Occasionally or a moderate amount of time (3-4 days) <input type="radio"/> | Most or all of the time (5-7 days) <input type="radio"/> |
|---|--|---|---|

56b. I had trouble keeping my mind on what I was doing.

| | | | |
|---|--|---|---|
| Rarely or none of the time (less than 1 day) <input type="radio"/> | Some or a little of the time (1-2 days) <input type="radio"/> | Occasionally or a moderate amount of time (3-4 days) <input type="radio"/> | Most or all of the time (5-7 days) <input type="radio"/> |
|---|--|---|---|

56c. I felt depressed.

| | | | |
|---|--|---|---|
| Rarely or none of the time (less than 1 day) <input type="radio"/> | Some or a little of the time (1-2 days) <input type="radio"/> | Occasionally or a moderate amount of time (3-4 days) <input type="radio"/> | Most or all of the time (5-7 days) <input type="radio"/> |
|---|--|---|---|

56d. I felt that everything I did was an effort.

| | | | |
|---|--|---|---|
| Rarely or none of the time (less than 1 day) <input type="radio"/> | Some or a little of the time (1-2 days) <input type="radio"/> | Occasionally or a moderate amount of time (3-4 days) <input type="radio"/> | Most or all of the time (5-7 days) <input type="radio"/> |
|---|--|---|---|

56e. I felt hopeful about the future.

| | | | |
|---|--|---|---|
| Rarely or none of the time (less than 1 day) <input type="radio"/> | Some or a little of the time (1-2 days) <input type="radio"/> | Occasionally or a moderate amount of time (3-4 days) <input type="radio"/> | Most or all of the time (5-7 days) <input type="radio"/> |
|---|--|---|---|

56f. I felt fearful.

| | | | |
|---|--|---|---|
| Rarely or none of the time (less than 1 day) <input type="radio"/> | Some or a little of the time (1-2 days) <input type="radio"/> | Occasionally or a moderate amount of time (3-4 days) <input type="radio"/> | Most or all of the time (5-7 days) <input type="radio"/> |
|---|--|---|---|

56g. My sleep was restless.

| | | | |
|---|--|---|---|
| Rarely or none of the time (less than 1 day) <input type="radio"/> | Some or a little of the time (1-2 days) <input type="radio"/> | Occasionally or a moderate amount of time (3-4 days) <input type="radio"/> | Most or all of the time (5-7 days) <input type="radio"/> |
|---|--|---|---|

56h. I was happy.

| | | | |
|---|--|---|---|
| Rarely or none of the time (less than 1 day) <input type="radio"/> | Some or a little of the time (1-2 days) <input type="radio"/> | Occasionally or a moderate amount of time (3-4 days) <input type="radio"/> | Most or all of the time (5-7 days) <input type="radio"/> |
|---|--|---|---|

56i. I felt lonely

| | | | |
|---|--|---|---|
| Rarely or none of the time (less than 1 day) <input type="radio"/> | Some or a little of the time (1-2 days) <input type="radio"/> | Occasionally or a moderate amount of time (3-4 days) <input type="radio"/> | Most or all of the time (5-7 days) <input type="radio"/> |
|---|--|---|---|

56j. I could not get “going.”

| | | | |
|---|--|---|---|
| Rarely or none of the time (less than 1 day) <input type="radio"/> | Some or a little of the time (1-2 days) <input type="radio"/> | Occasionally or a moderate amount of time (3-4 days) <input type="radio"/> | Most or all of the time (5-7 days) <input type="radio"/> |
|---|--|---|---|

57. The following items ask about anxiety and fear. For each item, please select the answer that best describes your experience over the past week.

57a. How often do you feel anxious?

- Never
- Rarely
- Occasionally
- Frequently
- Constantly

57b. When you feel anxious, how intense or severe is your anxiety?

- I never feel anxious
- Mild
- Moderate
- Severe
- Extreme

57c. How often do you avoid situations, places, objects, or activities because of anxiety or fear?

- Never
- Rarely
- Occasionally
- Frequently
- Constantly

57d. How much does anxiety or fear interfere with your ability to do the things you need to do at work, at school, or at home?

- Not at all
- Mild
- Moderate
- Severe
- Extreme

57e. How much does anxiety or fear interfere with your social life and relationships?

- Not at all
- Mild
- Moderate
- Severe
- Extreme

The next questions are about suicide and self-harm.

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).

58. Since August 2019, have you done anything to hurt yourself on purpose? For example, cutting, burning, scratching, or hitting yourself.

- Yes
- No → Skip to #59

58a. Has this happened since March 12, 2020?

- Yes
- No

59. Since August 2019, have you seriously considered suicide?

- Yes
- No → Skip to #60

59a. Have you seriously considered suicide since March 12, 2020?

- Yes
- No

60. Since August 2019, have you attempted suicide?

- Yes
- No → Skip to #61

60a. Since March 12, 2020, have you attempted suicide?

- Yes
- No → Skip to #61

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).

61. Before March 12, 2020, were you receiving mental health support from a community support worker or a support group (in person, over the phone, or online)?
- Yes
 No
62. Since March 12, 2020, have you received mental health support from a community support worker or a support group (in person, over the phone, or online)?
- Yes
 No
63. Before March 12, 2020, were you talking to a therapist or mental health care professional regularly (in person, over the phone, or online)?
- Yes
 No
64. Since March 12, 2020, have you talked to a therapist or mental health care professional (in person, over the phone, or online)?
- Yes
 No
65. Since March 12, 2020, have you not received mental health care that you thought you needed?
- Yes
 No → Skip to #66
 I have not needed mental health care during this time → Skip to #66
- 65a. Can you explain why you didn't receive this?

Next, we'd like to ask you about cigarettes, vaping, and cannabis.

66. At the present time, do you smoke cigarettes daily, occasionally or not at all?
- Daily
 - Occasionally
 - Not at all
67. At the present time, do you vape nicotine / e-cigarettes daily, occasionally or not at all?
- Daily
 - Occasionally
 - Not at all
68. At the present time, do you use cannabis daily, occasionally or not at all?
- Daily
 - Occasionally
 - Not at all

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 1½ ounces of liquor

69. How often did you have a drink containing alcohol in the past year?
- Never → Skip to #72
 - Monthly or less
 - 2 to 4 times a month
 - 2 to 3 times a week
 - 4 or more times a week
70. How many drinks did you have on a typical day when you were drinking in the past year?
- 1 to 2
 - 3 to 4
 - 5 to 6
 - 7 to 9
 - 10 or more
71. How often did you have 6 or more drinks on one occasion over the past year?
- Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily

72. In the following question, please indicate which substances you have used since August 2019, and whether you used that substance several times a week or more. If you have not used a substance, then you don't have to answer the second question for that substance.

I have not used any of the listed substances

| | <u>Since August 2019</u> , have you used this substance? | <u>Since August 2019</u> , have you used this several times a week or more? |
|---|--|---|
| Heroin and other street opioids (e.g., fentanyl, "down") | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Prescription opioids <u>not prescribed to you</u> (e.g., codeine, methadone, oxycodone, morphine, fentanyl, hydromorphone, tramadol, buprenorphine) | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Cocaine powder or crack | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Ritalin, or another prescription stimulant <u>not prescribed to you</u> (e.g. Concerta, Dexedrine, Adderall, or Vyvanse) | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Methamphetamine (ice, crystal meth, tina) or other amphetamines (speed) | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Sedatives or sleeping pills (e.g., zopiclone or benzodiazepines such as Xanax, Valium, Serapax, clonazepam) | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Inhalants, glue, solvents | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Synthetic cannabinoids (e.g., K2, Spice) | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Ecstasy (MDA, MDMA) | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Hallucinogens (e.g., LSD, acid, mushrooms, PCP) | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Ketamine (Special K) | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| GHB (G) | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Other, please specify: _____ | <input type="radio"/> Yes → <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Health Care

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

73. Do you currently have insurance that covers all or part of the cost of your prescription medications?
- Yes
 - No
 - Unsure
74. Since August 2019, was there ever a time when you felt that you needed health care, other than home care services, but didn't receive it?
- Yes
 - No → Skip to #75
- 74a. Has this happened since March 12, 2020?
- Yes
 - No
75. Before March 12, 2020, were you receiving home care?
- Yes
 - No → Skip to #76
- 75a. Since March 12, 2020, have you experienced interruptions or changes to the home care services you were receiving?
- Yes
 - No → Skip to #76
- 75b. Can you describe the service change or interruptions you experienced, and how this affected you?

Virtual and Tele-Health Care

The next questions are about virtual or tele healthcare, meaning health care or medical advice delivered via phone call, video call, or text message.

76. Since March 12, 2020 have you avoided accessing virtual or tele healthcare because you're trans or non-binary?

- Yes
 No

77. Since March 12, 2020 have you accessed virtual or tele healthcare?

- Yes
 No → **Skip to #78**

77a. Since March 12, 2020, did you receive virtual or tele healthcare via... **(Please check all that apply)**

- Phone call
 Video call
 Text message or other direct messaging service
 Other, please specify: _____

77b. What kind of care did you receive virtually? **(Please check all that apply)**

- Physical health care
 Mental health care
 Other, please specify: _____

If your answer to 77b was not "physical health care", please skip to #78.

77c. Did you access this care because you had symptoms of COVID-19?

- Yes
 No

78. In general, would you prefer virtual over in-person care when COVID-19 is no longer an issue?

- Yes
 No

79. Can you explain the reasons for your preference?

Primary Care

The next questions are about primary care.

80. 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.

- Yes, a family doctor
- Yes, a nurse practitioner
- No, I receive primary health care at a walk-in clinic → Skip to #83
- Not at the present time → Skip to #83

81. Since March 12, 2020 have you seen or spoken to your primary health care provider?

- Yes
- No → Skip to #82

If you have not had symptoms of COVID-19, please skip to #82.

81a. Have you seen or spoken to your primary health care provider about your own symptoms of COVID-19, whether or not you've been diagnosed?

- Yes
- No

82. Since March 12, 2020 have you avoided talking to your primary care provider about any health concerns?

- Yes
- No → Skip to #83
- I have not needed primary care during this time → Skip to #83
- My primary care provider is not seeing non-urgent patients during this time → Skip to #83

82a. What were your reasons for avoiding primary care since March 12, 2020? **(Please check all that apply)**

- Concern about being exposed to COVID-19
- My health concern didn't seem urgent or important enough
- Couldn't bring a support person to appointments
- Couldn't access patient navigator
- Concern about how my voice would be perceived over the phone
- Other, please specify: _____

Emergency Care

The next questions are about going to the emergency room (ER) for issues concerning your own health.

83. Since August 2019, have you avoided going to the emergency room (when you needed care) because you are trans or non-binary?

- Yes
- No → **Skip to #84**
- I have not needed emergency care during this time → **Skip to #85**

83a. Did this happen since March 12, 2020?

- Yes
- No
- I have not needed emergency care during this time → **Skip to #86**

84. Since March 12, 2020 have you avoided going to the emergency room (when you needed care) because you were worried about being exposed to COVID-19?

- Yes
- No
- I have not needed emergency care during this time

Gender-Affirming Medical Care

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

85. Which of the following applies to your current situation regarding puberty blockers, hormones and/or surgery? **(Please check only one)**
- I have had the gender-affirming medical treatment that I need/want
 - I am in the process of completing gender-affirming medical treatment
 - I am planning to receive gender-affirming medical treatment, but have not begun → **Skip to #87**
 - I am not planning to receive gender-affirming medical treatment → **Skip to #89**
 - I am not sure whether I am going to seek gender-affirming medical treatment → **Skip to #89**

The next questions are about hormones. When we ask about hormones, this includes puberty blockers.

86. Do you take hormones?

- Yes
- No → **Skip to #87**

- 86a. Right now, do you have access to hormones?

- Yes
- No

- 86b. Since March 12, 2020, have you had interruptions in taking hormones?

- Yes
- No → **Skip to #87**

- 86c. For what reasons were you unable to access hormones? **(Please check all that apply)**

- Couldn't afford it
- Couldn't go to the pharmacy
- Couldn't get my prescription renewed
- Couldn't get syringes or needles
- Drug shortages
- Nobody to help with injections
- People in my household couldn't know I'm taking hormones
- Other, please specify: _____

If you are currently taking hormones (answered yes to #86), please skip to #89.

87. Since March 12, 2020, have you been unable to get a new prescription or referral for hormones?

- Yes
- No → **Skip to #88**
- I haven't needed this during this time → **Skip to #88**

87a. Did this happen because of restrictions related to COVID-19 (e.g. clinic closures)?

- Yes
 No

88. Before March 12, 2020, did you have an appointment booked to have a gender-affirming surgery in the future?

- Yes
 No → Skip to #89

88a. Have you had a surgery appointment canceled or postponed due to the current COVID-19 outbreak?

- Yes
 No → Skip to #89
 Not yet, but I expect it will → Skip to #89

88b. Was an alternative date set for this surgery?

- Yes
 No

88c. What kind of surgery was cancelled or postponed? **(Please check all that apply)**

- Chest surgery, please specify: _____
 Genital gender-affirming surgery, please specify: _____
 Removal of uterus (hysterectomy) or removal of ovaries (oophorectomy)
 Voice surgery
 Adam's apple surgery
 Facial surgery
 Other, please specify: _____

88d. Have you had this surgery yet?

- Yes
 No

89. Has the current COVID-19 outbreak limited your access to the following aspects of gender-affirming health care?

89a. Binders, packers, or gaffs

- Yes
 No
 Not applicable

89b. Non-medical supplies (e.g. makeup, shaving supplies, wigs)

- Yes
- No
- Not applicable

89c. Medical material that is important after surgery (e.g. vaginal dilators, chest compress)

- Yes
- No
- Not applicable

89d. Post-operative care following gender-affirming surgery

- Yes
- No
- Not applicable

90. At any point since March 12, 2020, have you needed any of the following services, but been unable to access them because of the COVID-19 pandemic? **(Please check all that apply)**

- Dental care
- Optometry or ophthalmology
- Physical therapy or chiropractic care
- Religious or spiritual practice
- Activity groups for youth
- Child care
- Immigration or settlement services
- Legal services
- Other, please specify: _____
- None of the above

Your Household

Next we're going to ask some questions about your living arrangements, and household members. Household members are people you live with, or people who live with you.

91. What is your legal marital status right now?

- Single, never married
- Separated
- Divorced
- Widowed
- Living common-law
- Married

92. On March 12, 2020, what were your living arrangements? **(Please check all that apply)**

- Housing you own or rent
- Temporarily with someone who pays for housing
- Permanently with someone who pays for housing
- Shelter, motel, in a car, or other unstable housing
- Institutional housing (e.g. long-term care, military housing, prison)
- Other, please specify: _____

93. What are your current living arrangements? **(Please check all that apply)**

- Housing you own or rent
- Temporarily with someone who pays for housing
- Permanently with someone who pays for housing
- Shelter, motel, in a car, or other unstable housing
- Institutional housing (e.g. long-term care, military housing, prison)
- Other, please specify: _____

94. Since March 12, 2020, have your living arrangements changed for reasons related to the COVID-19 pandemic?

- Yes
- No

95. Since March 12, 2020, have your household members changed for reasons related to the COVID-19 pandemic?

- Yes
- No

96. For reasons related to the COVID-19 pandemic, have you lived with a household member who is unsupportive of your gender?

- Yes
- No

97. In general, how supportive of your gender identity or expression are the following people? These people may or may not be living with you right now.

| | Not at all | Not very | Somewhat | Very | They don't know | Not applicable |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 97a. Your parent(s) or guardian(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 97b. Your spouse or partner(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 97c. Your child(ren) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 97d. Your grandchild(ren) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

98. Excluding members of your household, how many people in total did you come in close contact with yesterday?
'Close contact' means within 2 meters or 6 feet. Include any people such as co-workers, relatives, neighbours, delivery workers, other shoppers, health professionals and restaurant employees.
- No contact with people outside my household
 - 1 to 2 individuals
 - Between 3 to 5 individuals
 - 6 or more individuals
99. Excluding members of your household, how many people in total did you come in close contact with during the last 7 days?
'Close contact' means within 2 meters or 6 feet. Include any people such as co-workers, relatives, neighbours, delivery workers, other shoppers, health professionals and restaurant employees.
- No contact with people outside my household
 - Between 1 to 3 individuals
 - Between 4 and 8 individuals
 - Between 9 and 15 individuals
 - 16 or more individuals
100. When was the last time you touched another person?
- Today → Skip to #101
 - This week → Skip to #101
 - This month
 - Before March 12, 2020
- 100a. How much has this lack of human touch bothered you?
- A lot
 - Somewhat
 - Not at all

The next questions are about intimate partner violence.

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).

101. Since August 2019, has a romantic partner done any of the following towards you? **(Please check all that apply)**

- Insulted, swore, shouted, or yelled at you
- Tried to control who I talked to or where I went
- Threatened to hurt you
- Pushed, shoved, shook, or pinned you down
- Forced or pressured you to engage in a sexual activity when you didn't want to
- None of the above → **Skip to #103**

102. Since March 12, 2020, have these behaviours...

- Increased
- Stayed the same
- Decreased

103. Since August 2019, have you done any of the following towards a romantic partner? **(Please check all that apply)**

- Insulted, swore, shouted, or yelled at them
- Tried to control who they talked to or where they went
- Threatened to hurt them
- Pushed, shoved, shook, or pinned them down
- Forced or pressured the other person to engage in a sexual activity when they didn't want to
- None of the above → **Skip to #105**

104. Since March 12, 2020, have these behaviours...

- Increased
- Stayed the same
- Decreased

Next we're going to ask about your experiences finding community and support since March 12, 2020.

105. Since March 12, 2020, how often do you feel...

105a. Left out?

- Often
- Some of the time
- Hardly ever

105b. Isolated?

- Often
- Some of the time
- Hardly ever

105c. That you lack companionship?

- Often
- Some of the time
- Hardly ever

106. Before March 12, 2020, did you have a peer or friend group of other trans and non-binary people? This could be online or in person.

- Yes
- No

107. Since March 12, 2020, has your access to trans and non-binary peer or friend gatherings (online or in person)...

- Increased
- Stayed the same
- Decreased

108. How often is each of the following kinds of support available to you right now?

108a. Someone to help you if you were confined to bed?

| | | | | |
|---|---|---|---|--|
| None of the time <input type="radio"/> | A little of the time <input type="radio"/> | Some of the time <input type="radio"/> | Most of the time <input type="radio"/> | All of the time <input type="radio"/> |
|---|---|---|---|--|

108b. Someone to take you to the doctor if you needed it?

| | | | | |
|---|---|---|---|--|
| None of the time <input type="radio"/> | A little of the time <input type="radio"/> | Some of the time <input type="radio"/> | Most of the time <input type="radio"/> | All of the time <input type="radio"/> |
|---|---|---|---|--|

108c. Someone to have a good time with?

| | | | | |
|---|---|---|---|--|
| None of the time <input type="radio"/> | A little of the time <input type="radio"/> | Some of the time <input type="radio"/> | Most of the time <input type="radio"/> | All of the time <input type="radio"/> |
|---|---|---|---|--|

108d. Someone to prepare your meals if you were unable to do it yourself?

| | | | | |
|---|---|---|---|--|
| None of the time <input type="radio"/> | A little of the time <input type="radio"/> | Some of the time <input type="radio"/> | Most of the time <input type="radio"/> | All of the time <input type="radio"/> |
|---|---|---|---|--|

108e. Someone to help with daily chores if you were sick?

| | | | | |
|---|---|---|---|--|
| None of the time <input type="radio"/> | A little of the time <input type="radio"/> | Some of the time <input type="radio"/> | Most of the time <input type="radio"/> | All of the time <input type="radio"/> |
|---|---|---|---|--|

108f. Someone to turn to for suggestions about how to deal with a personal problem?

| | | | | |
|---|---|---|---|--|
| None of the time <input type="radio"/> | A little of the time <input type="radio"/> | Some of the time <input type="radio"/> | Most of the time <input type="radio"/> | All of the time <input type="radio"/> |
|---|---|---|---|--|

108g. Someone who understands your problems?

| | | | | |
|---|---|---|---|--|
| None of the time <input type="radio"/> | A little of the time <input type="radio"/> | Some of the time <input type="radio"/> | Most of the time <input type="radio"/> | All of the time <input type="radio"/> |
|---|---|---|---|--|

108h. Someone to love you and make you feel wanted?

| | | | | |
|---|---|---|---|--|
| None of the time <input type="radio"/> | A little of the time <input type="radio"/> | Some of the time <input type="radio"/> | Most of the time <input type="radio"/> | All of the time <input type="radio"/> |
|---|---|---|---|--|

The next question is about experiences of discrimination related to the COVID-19 pandemic.

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).

109. Since March 12, 2020, have any of the following things happened to you because of COVID-19?
(Please check all that apply)

- You were accused of having or spreading COVID-19
- You were blamed for the pandemic
- You were stopped by police or security over social distancing concerns
- Your property was damaged
- You experienced verbal threats or harassment
- You were assaulted
- Other, please specify: _____
- None of the above → Skip to #110

109a. Is there anything you would like us to know about this?

COVID-19 Concerns and Safety

Finally, we have some questions about your concerns during the COVID-19 pandemic, and how you're managing to stay safe.

110. How concerned are you about each of the following impacts of COVID-19?

110a. My own health

- Extremely
- Very
- Somewhat
- Not at all

110b. Maintaining social ties

- Extremely
- Very
- Somewhat
- Not at all

110c. Family stress from confinement

- Extremely
- Very
- Somewhat
- Not at all

110d. Violence in your home

- Extremely
- Very
- Somewhat
- Not at all

110e. Increased presence of police and security

- Extremely
- Very
- Somewhat
- Not at all

110f. Access to hormones or puberty blockers

- Extremely
- Very
- Somewhat
- Not at all

110g. Backlog of gender-affirming surgeries

- Extremely
- Very
- Somewhat
- Not at all

110h. My health care will be deemed non-essential

- Extremely
- Very
- Somewhat
- Not at all

111. Which of the following precautions have you taken to reduce your risk of exposure to COVID-19?
(Please check all that apply)

- Stocked up on essentials at a grocery store or pharmacy
- Filled prescriptions
- Made a plan for caring for household members who are ill
- Made a plan for other non-household members (e.g., elderly relatives)
- Made a plan for communicating with family, friends and neighbours
- Avoided leaving the house for non-essential reasons
- Used social distancing when out in public (i.e., made changes in your everyday routine to minimize close contact with others.)
- Avoided crowds and large gathering
- Avoided indoor public spaces (e.g. bars or restaurants)
- Washed your hands more regularly
- Avoided touching your face
- Cancelled travel
- Worked from home
- Other, please specify: _____
- None of the above

112. Which of the following precautions have you wanted to take, but haven't been able to? **(Please check all that apply)**

- Stocked up on essentials at a grocery store or pharmacy
- Filled prescriptions
- Made a plan for caring for household members who are ill
- Made a plan for other non-household members (e.g., elderly relatives)
- Made a plan for communicating with family, friends and neighbours
- Avoided leaving the house for non-essential reasons
- Used social distancing when out in public (i.e., made changes in your everyday routine to minimize close contact with others.)
- Avoided crowds and large gathering
- Avoided indoor public spaces (e.g. bars or restaurants)
- Washed your hands more regularly
- Avoided touching your face
- Cancelled travel
- Worked from home
- Other, please specify: _____
- I have been able to take the precautions I wanted to

113. Can you tell us how the COVID-19 pandemic has impacted you as a trans or non-binary person, whether positive or negative?

114. Can you tell us some things you've been doing to take care of yourself during the COVID-19 pandemic?



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