## Counting Ourselves logo with these words and a circle with a poutama weaving design in it. Aotearoa New Zealand Trans and Non-Binary Health Survey

Kia ora, mālō e lelei, talofa lava, namaste, kia orana, nisa bula vinaka, nĭ hăo, welcome.   
Thank you for your interest in taking part in the Aotearoa New Zealand Trans and Non-binary Health Survey. It is important you read this information so you can decide whether you want to participate in our survey.

**Who are we?** We are a research team based at the University of Waikato who want to improve the health and wellbeing of trans and non-binary people. Dr Jaimie Veale is the project’s Principal Investigator and Jack Byrne is the Research Officer. Both Jack and Jaimie are trans and they have experience conducting trans health and human rights research. Our core research team also includes Kyle Tan, a PhD student, Sam Guy, a Master’s student, and Dr Tāwhanga Nopera, a cultural advisor. We have received funding from the Health Research Council and Rule Foundation to do this research.

If you have any questions about any aspect of this survey, you can contact the research team by emailing trans-survey@waikato.ac.nz or by phoning us on 021 048 1557. You may also contact us if you want a paper copy of the survey to fill out, instead of doing this online.

**What is this survey about?** This is an anonymous survey about the health of trans and non-binary people living in Aotearoa New Zealand. We hope that this survey can collect information that will improve the lives of people in our communities, by showing us:

* how well trans and non-binary people are doing in our mental health and physical health compared to the rest of the population
* our experiences of stigma, discrimination, and violence
* our experiences in doctor’s clinics, hospitals, and other healthcare settings. This could be for gender affirming care such as hormones or surgeries, or when we see someone about our general health
* how support from our friends, family, whānau, or others might protect us against the negative impacts of stigma, discrimination, and violence that many trans and non-binary people face

We developed the survey by working with a trans and non-binary Community Advisory Group which includes a diverse range of people from across the country. We also asked for feedback from community organisations, academic researchers, health professionals, and researchers from government agencies.

**Who can take part?** This survey is for all trans and non-binary people. This mean anyone whose gender is different from their sex assigned at birth, whatever term you use to describe your identity. You can take part in this survey if you are:

* trans or non-binary
* aged 14 years or older
* currently living in Aotearoa New Zealand

It does not matter whether you use the specific terms ‘trans’ or ‘non-binary’ to describe yourself, whether you have transitioned, or even plan to transition. There are many other terms that people in our communities use. These include transgender, transsexual, whakawahine, tāhine, tangata ira tāne, takatāpui, fa’afafine, fa’afatama, fakaleiti, fakafifine, akava’ine, aikāne, vakasalewalewa, genderqueer, gender diverse, bi-gender, cross-dresser, pangender, demi-gender, agender, trans woman, trans feminine, trans man, or trans masculine. Trans people filling out the survey might also identify as simply a woman or as a man. We want to hear from all of you.

**How long will it take**? Based on our testing, we think it will take about 50 minutes to complete the survey. Some people will take longer if they decide to write more about their experiences. The survey is this long because there is so little information available about our communities. We hope you will keep going to the end of the survey so that our communities have this important data about our health needs. If you want to take a break, you can exit the survey and come back and complete it over the next month. This option works if you have ‘cookies’ enabled in your browser. When you come back to complete the survey, our survey software will anonymously remember which response matches your browser.   
   
**What are your rights?**

* You only have to answer the first questions, to check you are trans or non-binary, live in Aotearoa and are at least 14 years old. After that, you can skip any other questions, for any reason.
* You can withdraw from the survey at any time. If you start the survey and then wish to withdraw, you can return to this page at any time using the ''Previous" button and submit the option asking for all your responses to be erased.
* The information you provide in this survey is anonymous. We do not collect anyone’s names or any other information that might be able to identify someone. We will collect your IP address, which is a unique number based on your internet connection. It does not identify you or your current address. We will only use IP addresses to double check for multiple responses from the same person, and then will delete all IP addresses.
* We will not publish any information where the number of responses is so small or the comments made are so specific that someone could possibly guess who's made them.
* If you contact us asking for a printed copy of the survey, we will delete your contact details once we have posted you the survey. If you fill out the paper copy of the survey, we will put your answers into the computer and shred your paper survey.
* Everyone’s online responses will be stored on password-protected University of Waikato accounts and computers. Only the research team will have access to these.

**What types of questions will you be asked?** Many of these questions have been taken from large New Zealand surveys, so we can compare our experiences against the wider New Zealand population. For most questions, you just need to tick boxes. Some allow you to write in more details. Some of the questions are about difficult topics that might be hard for you to answer. There are questions about hurting yourself, suicide, and experiences of being treated badly by other people, including emotional, physical, and sexual violence. We only ask questions about things that are important for our communities to know. Remember, it is your choice whether you answer any of these questions.   
   
**Contact details for support services**  
If you want to talk to someone about some of the sensitive issues raised in the survey, you can text or call Jack Byrne or Jaimie Veale at 021 048 1557. You can also text or call 1737 to reach a counsellor 24 hours a day through the National Telehealth Service. You can also contact OUTLineNZ's confidential Rainbow helpline (Phone: 0800 688 5643; Email: [info@outline.org.nz](mailto:info@outline.org.nz)).

The Health and Disability Ethics Committees have granted us ethics approval for this survey (Approval no: 18/NTB/66). If you have any ethical concerns about this research you may phone them on 0800 4 ETHICS or send an email to hdecs@moh.govt.nz.

* 1. What is your age in years?

We only have approval to ask people who are 14 or older to complete the survey. If you are aged less than 14, thank you for your interest in the survey, but unfortunately we will not be able to include your response.

|  |
| --- |
|  |

* 1. Do you live in Aotearoa/New Zealand?

|  |  |
| --- | --- |
| O Yes | O No |

* 1. What is your postcode?

We are collecting postcodes to understand how representative the responses are of people across Aotearoa New Zealand. If you don't have a current New Zealand postcode or you are not comfortable giving this, you can leave this question blank. If you are not sure about your postcode you can look it up through New Zealand Post by going here: https://www.nzpost.co.nz/tools/address-postcode-finder

|  |
| --- |
|  |

1.4 Which region of New Zealand do you live in?

|  |  |
| --- | --- |
| O Northland Region | O Wellington Region (including Wairarapa) |
| O Auckland Region | O Tasman Region (including Nelson) |
| O Waikato Region | O Marlborough Region |
| O Bay of Plenty Region | O West Coast Region |
| O Gisborne/Tairāwhiti Region | O Canterbury Region (including Chatham Islands) |
| O Hawke's Bay Region | O Otago Region |
| O Taranaki Region (including New Plymouth) | O Southland Region |
| O Manawatū-Wanganui Region | O Other *(Please specify)*: |
| O I do not live in New Zealand |

Thank you for your interest, but this survey is only for those currently living in Aotearoa/New Zealand. You can still follow what is happening with the survey on the Counting Ourselves website or Facebook page.

1.5 Which district or city do you live in?

|  |  |  |  |
| --- | --- | --- | --- |
| *Northland Region* | | | |
| O Far North District | O Whangarei District | O Kaipara District |  |
| *Auckland Region* | | | |
| O Hauraki Gulf Islands | O Rodney District | O North Shore | O East Auckland |
| O Waitakere (West Auckland) | O Manukau (excluding East Auckland) | O Franklin District |  |
| *Waikato Region* | | | |
| O Thames-Coromandel District | O Hauraki District | O Waikato District | O Matamata-Piako District |
| O Hamilton City | O Waipa District | O Otorohanga District | O South Waikato District |
| O Waitomo District |  |  |  |
| *Bay of Plenty Region* | | | |
| O Taupō District | O Western Bay of Plenty District | O Tauranga City | O Rotorua District |
| O Whakatāne District | O Kawerau District | O Opōtiki District |  |
| *Hawke's Bay Region* | | | |
| O Wairoa District | O Hastings District | O Napier City | O Central Hawke's Bay District |
| *Taranaki Region (including New Plymouth)* | | | |
| O New Plymouth District | O Stratford District | O South Taranaki District |  |
| *Manawatū-Wanganui Region* | | | |
| O Ruapehu District | O Wanganui District | O Rangitikei District | O Manawatū District |
| O Palmerston North City | O Tararua District | O Horowhenua District |  |
| *Wellington Region (including Wairarapa)* | | | |
| O Kāpiti Coast District | O Porirua City | O Upper Hutt City | O Lower Hutt City |
| O Wellington City | O Masterton District | O Carterton District | O South Wairarapa District |
| *Tasman Region* | | | |
| O Tasman District | O Nelson City |  |  |
| *Canterbury Region (including Chatham Islands)* | | | |
| O Kaikōura District | O Hurunui District | O Waimakariri District | O Christchurch City |
| O Selwyn District | O Ashburton District | O Timaru District | O Mackenzie District |
| O Waimate District | O Chatham Islands Territory |  |  |
| *West Coast Region* | | | |
| O Buller District | O Grey District | O Westland District |  |
| *Otago Region* | | | |
| O Waitaki District | O Central Otago District | O Queenstown-Lakes District | O Dunedin City |
| *Southland Region* | | | |
| O Clutha District | O Southland District | O Gore District | O Invercargill City |

1.6 What gender or what genders do you currently identify with? *Mark all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
| 󠅣 Woman/Girl/Wahine | 󠅣 Gender fluid | 󠅣 Agender | 󠅣 Fa’afatama |
| 󠅣 Man/Boy/Tāne | 󠅣 Gender diverse | 󠅣 Tāhine | 󠅣 Fakaleiti |
| 󠅣 Trans woman | 󠅣 Non-binary | 󠅣 Whakawahine | 󠅣 Fakafifine |
| 󠅣 Trans man | 󠅣 Bi-gender | 󠅣 Tangata ira wahine | 󠅣 Akava’ine |
| 󠅣 Transsexual | 󠅣 Cross-dresser | 󠅣 Tangata ira tāne | 󠅣 Vakasalewalewa |
| 󠅣 Transgender | 󠅣 Pangender | 󠅣 Takatāpui | 󠅣 My gender(s) are not listed above *(Please specify)*: |
| 󠅣 Genderqueer | 󠅣 Demi-gender | 󠅣 Fa’afafine |

1.7 Are there any other positive terms that people from your cultural or social background use to describe people who are gender diverse?

|  |  |  |
| --- | --- | --- |
| O Yes *(Please specify)*: | O No | O I don’t know |

**Answer question 1.8 below if you selected *Whakawahine; Tangata ira tāne; Takatāpui; Tāhine; Fa’afafine; Fa’afatama; Fakaleiti; Fakafifine; Akava’ine; Tangata ira wahine; or My gender(s) are not listed above* in question 1.6.**

1.8 Do you identify more with a culturally-specific term or with modern English terms such as transgender, trans, non-binary, genderfluid, genderqueer etc?

|  |
| --- |
| O Yes, I identify more with my culturally-specific terms. |
| O I have no preference. |
| O No, I don’t identify more prefer a culturally-specific term. |
| O This does not apply because I don't identify with any culturally-specific term. |

1.9 Do you have an intersex variation?

|  |  |  |
| --- | --- | --- |
| O Yes | O No | O Don’t know |

1.10 What sex were you assigned at birth?

|  |  |
| --- | --- |
| O Male | O Female |

1.11 If people in your life get your gender wrong, how do you respond?

|  |
| --- |
| O I usually let them assume I am an incorrect gender **>** **Go to 1.12** |
| O I sometimes correct them **>** **Go to 1.12** |
| O I always correct them **>** **Go to 1.13** |
| O People in my life never get my gender wrong **>** **Go to 1.13** |

1.12 What are the main reasons that you don’t always tell people your correct gender?

*Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Most people don’t understand so I don’t try to explain it | 󠅣 My friends might reject me |
| 󠅣 Most people dismiss it as not being a real identity or tell me it's a “phase” | 󠅣 I might not get the medical care I need |
| 󠅣 It is just easier not to say anything | 󠅣 I might be hurt financially |
| 󠅣 I am not ready to tell people | 󠅣 I might become homeless |
| 󠅣 My family might reject me | 󠅣 My church or faith community might reject me |
| 󠅣 I might lose my job and/or not be able to get a job | 󠅣 I might face violence |
| 󠅣 I might face mistreatment at school or university | 󠅣 Reasons not listed above *(Please specify)*: |
| 󠅣 I might face mistreatment at work |

1.13 The next question is to double-check that this survey is for you. Which of the statements below apply to you? *Mark all that apply.*

|  |
| --- |
| 󠅣 I think of myself as trans or as non-binary |
| 󠅣 I identify as a gender different from the sex I was assigned at birth |
| 󠅣 I identify as more than one gender or as no gender |
| 󠅣 I live full-time in a gender that is different from the one assigned to me at birth |
| 󠅣 Someday in the future I want to live in a gender that is different from the one assigned to me at birth |
| 󠅣 I have seriously thought about living as a gender that is different from the one assigned to me at birth |
| 󠅣 I live part of the time in one gender and part of the time in another gender/s |
| 󠅣 None of the above statements apply to me |

If you selected this statement, this survey is not for you. You can still follow what is happening with the survey on the *Counting Ourselves* website or Facebook page

**Answer question 1.14 below if you selected *Man/Boy/Tāne* or *Trans man* as a gender you identify with, in question 1.6.**

1.14 Do you currently live full-time as a man/boy/tāne?

|  |
| --- |
| O Yes, I started living full-time as a man at age: *\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| O No |

**Answer question 1.15 below if you selected *Woman/Girl/Wahine* or *Trans woman* as a gender you identify with, in question 1.6.**

1.15 Do you currently live full-time as a woman/girl/wahine?

|  |
| --- |
| O Yes, I started living full-time as a woman at age: *\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| O No |

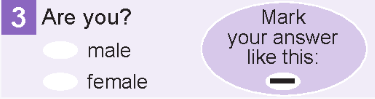
1.16 At about what age did you start to identify as trans or non-binary (even if you did not know the word for it)?

|  |
| --- |
|  |

1.17 Since identifying as trans or non-binary, has your quality of life . . . . ?

|  |
| --- |
| O Got a lot better |
| O Got somewhat better |
| O Stayed about the same |
| O Got a lot better |
| O Got somewhat better |

1.18 The March 2018 Census had this question, asking if you are male or female.



How did you respond to this question?

|  |
| --- |
| O I selected 'male' on the online version of the Census |
| O I selected 'female' on the online version of the Census |
| O I selected both 'male' and 'female' on the paper version of the Census |
| O I selected neither option on the paper version of the Census |
| O I didn't fill out the Census |

1.19 How well did the response options to this question fit you?

|  |
| --- |
| O Not like me at all |
| O Not very much like me |
| O Somewhat like me |
| O Mostly like me |
| O Very much like me |

1.20 Do you have any more comments or feedback about the 2018 Census question?

|  |
| --- |
|  |

1.21 Some organisations are now using the following question based on the 2015 Statistics New Zealand Standard for Gender Identity. How would you respond to this question?

*What gender do you identify as?*

|  |
| --- |
| O Male / Tāne |
| O Female / Wahine |
| O Gender diverse, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

1.22 How well do the response options to that question fit you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not like me at all | Not very much like me | Somewhat like me | Mostly like me | Very much like me |
| If I could only select one response option | O | O | O | O | O |
| If I could select multiple response options | O | O | O | O | O |

1.23 Do you have any more comments or feedback about the question that was based on the Statistics New Zealand Standard for Gender Identity?

|  |
| --- |
|  |

1.24 What gender pronouns do you ask people to use to refer to you?

*Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 He, his | 󠅣 No pronouns. I ask people only to use my name |
| 󠅣 She, hers | 󠅣 I don’t ask people to use specific pronouns |
| 󠅣 They, their |
| 󠅣 Ia | 󠅣 Pronouns not listed above *(Please specify):* |
| 󠅣 Ze, hir |

1.25 These are some more questions that tell us about the diversity of people answering this survey.

Which ethnic group or groups do you belong to?

*Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 New Zealand European/Pākehā | 󠅣 Niuean |
| 󠅣 Māori | 󠅣 Chinese |
| 󠅣 Samoan | 󠅣 Indian |
| 󠅣 Cook Island Māori | 󠅣 Other, e.g., Dutch, Japanese, Tokelauan *(Please specify)*: |
| 󠅣 Tongan | 󠅣 Don’t know |

1.26 Which country were you born in?

|  |  |
| --- | --- |
| O New Zealand **>** **Go to 1.28** | O South Africa |
| O Australia | O Samoa |
| O England | O Cook Islands |
| O China (People’s Republic of) | O Other *(Please specify)*: |
| O India | O Don’t know |

1.27 In what year did you arrive to live in New Zealand?

|  |
| --- |
|  |

1.28 Have you ever applied to be a refugee or to seek asylum in New Zealand?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 1.30** |

1.29 Was part of the reason that you applied to be a refugee or to seek asylum in New Zealand because it is unsafe for you to be trans or non-binary in your home country?

|  |  |
| --- | --- |
| O Yes | O No |

*We hope to do another anonymous survey in the future to see if trans and non-binary people's health and experiences accessing healthcare services have improved. If some people complete both surveys, the evidence would be stronger if we can compare what you said in this survey to your answers in a future survey. To do this, we will use these questions to create a unique code for you. You will still remain anonymous to us in this survey and any future surveys. Remember, you do not have to answer any of these questions.*

1.30 What is the day of the month you were born on?

For example, if you were born on the 6th day of June, the day of the month you were born on would be 6.

|  |
| --- |
|  |

1.31 What is the first letter of the city or town you were born in?

|  |
| --- |
|  |

1.32 What are the first and second letters of the name of your first pet?

|  |  |
| --- | --- |
| First letter |  |
| Second letter |  |

***Section 2****: These next questions are about the types of healthcare that trans and non-binary people might seek to affirm their gender or sex. This survey uses the term gender-affirming healthcare to describe these types of healthcare.*

2.1 Have you had or do you want any of the healthcare listed below to affirm your gender?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Have had this and paid for it myself | Have had this and did not pay for it myself | Want this, but have not had it | Not sure if I want this | Do not want this |
| Counselling support | O | O | O | O | O |
| Mental health assessment (usually by a psychologist or psychiatrist) | O | O | O | O | O |
| Hormone treatment | O | O | O | O | O |
| Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty) | O | O | O | O | O |
| Voice therapy | O | O | O | O | O |
| Voice surgery | O | O | O | O | O |
| Hair removal using laser or electrolysis | O | O | O | O | O |
| Surgery to make breasts larger (breast augmentation) | O | O | O | O | O |
| Removal of testes (orchidectomy) | O | O | O | O | O |
| Facial feminising surgeries | O | O | O | O | O |
| Reshaping or removal of Adam’s apple (tracheal shave or removal | O | O | O | O | O |
| Chest reconstruction surgery (mastectomy) | O | O | O | O | O |
| Removal of uterus / ovaries (hysterectomy /oophorectomy) | O | O | O | O | O |
| Other *(Please specify)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | O | O | O | O | O |

**Answer question 2.2 below if you have had a mental health assessment for gender-affirming healthcare.**

2.2 Which of the following apply regarding your mental health assessment to access gender-affirming care? *Mark all that apply.*

|  |
| --- |
| 󠅣 I wanted to have this assessment. |
| 󠅣 This assessment was useful. |
| 󠅣 I didn't feel comfortable sharing everything about my mental health because I was afraid that they would stop me from accessing the gender-affirming care that I need. |
| 󠅣 I didn't feel comfortable sharing everything about my gender because I was afraid that they would stop me from accessing the gender-affirming care that I need. |
| 󠅣 Anything else you would like to share about your experience with a mental health assessment? |

**Answer question 2.3 for those aspects of gender affirming healthcare that you have paid for yourself.**

2.3 What are the reasons why you haven't used the New Zealand public health system for the healthcare listed below to affirm your gender? *Mark all that apply.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | My request was declined or I am still waiting | I believe the NZ public health system doesn't provide it | There would have been a long waiting list | I could have got a better service some-where else | I was concern-ed about my privacy | Another reason |
| Counselling support | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Mental health assessment (usually by a psychologist or psychiatrist) | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Hormone treatment | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty) | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Voice therapy | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Voice surgery | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Hair removal using laser or electrolysis | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Surgery to make breasts larger (breast augmentation) | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Removal of testes (orchidectomy) | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Facial feminising surgeries | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Reshaping or removal of Adam’s apple (tracheal shave or removal | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Chest reconstruction surgery (mastectomy) | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Removal of uterus / ovaries (hysterectomy /oophorectomy) | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Other *(Please specify)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |

**Answer question 2.4 below if you selected “*Another reason*” in the last question.**

2.4 You stated that there were other reasons why you haven't used the New Zealand public health system for healthcare to affirm your gender. What are these other reasons?

|  |
| --- |
|  |

**Answer question 2.5 below if you have paid for one or more gender-affirming surgeries yourself.**

2.5 In which country or countries did you pay to get these surgeries?

|  |  |
| --- | --- |
|  | **Country or countries** |
| Voice surgery |  |
| Hair removal using laser or electrolysis |  |
| Surgery to make breasts larger (breast augmentation) |  |
| Removal of testes (orchidectomy) |  |
| Facial feminising surgeries |  |
| Reshaping or removal of Adam’s apple (tracheal shave or removal |  |
| Chest reconstruction surgery (mastectomy) |  |
| Removal of uterus / ovaries (hysterectomy /oophorectomy) |  |

**Answer question 2.6 below if you have had or want to have any of these types of gender-affirming healthcare. If none of these types of gender-affirming healthcare are relevant to you, go to 2.13.**

2.6 Since 2001, have you received or tried to receive these gender-affirming health services through the NZ public health system (e.g., through a public hospital)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Have had it | Have tried to get this but have not had it | Have not tried to get this |
| Counselling support | O | O | O |
| Mental health assessment (usually by a psychologist or psychiatrist) | O | O | O |
| Hormone treatment | O | O | O |
| Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty) | O | O | O |
| Voice therapy | O | O | O |
| Voice surgery | O | O | O |
| Hair removal using laser or electrolysis | O | O | O |
| Surgery to make breasts larger (breast augmentation) | O | O | O |
| Removal of testes (orchidectomy) | O | O | O |
| Facial feminising surgeries | O | O | O |
| Reshaping or removal of Adam’s apple (tracheal shave or removal | O | O | O |
| Chest reconstruction surgery (mastectomy) | O | O | O |
| Removal of uterus / ovaries (hysterectomy /oophorectomy) | O | O | O |
| Other *(Please specify)*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | O | O | O |

**Answer question 2.7 below if you have tried to seek any of these gender-affirming health services.**

2.7 Since 2001, through which DHBs did you seek these gender-affirming health services?  
*Below is a map of New Zealand showing the DHBs. Please use this map if you are unsure*

*.*

|  |  |
| --- | --- |
|  | List the DHB or DHBs |
| Counselling support |  |
| Mental health assessment (usually by a psychologist or psychiatrist) |  |
| Hormone treatment |  |
| Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty) |  |
| Voice therapy |  |
| Voice surgery |  |
| Hair removal using laser or electrolysis |  |
| Surgery to make breasts larger (breast augmentation) |  |
| Removal of testes (orchidectomy) |  |
| Facial feminising surgeries |  |
| Reshaping or removal of Adam’s apple (tracheal shave or removal |  |
| Chest reconstruction surgery (mastectomy) |  |
| Other *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Answer question 2.8 below if you have tried to access any of these gender-affirming health services since 2001.**

2.8 Since 2001, which DHBs have provided you with these gender-affirming health services?

|  |  |
| --- | --- |
|  | List the DHB or DHBs |
| Counselling support |  |
| Mental health assessment (usually by a psychologist or psychiatrist) |  |
| Hormone treatment |  |
| Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty) |  |
| Voice therapy |  |
| Voice surgery |  |
| Hair removal using laser or electrolysis |  |
| Surgery to make breasts larger (breast augmentation) |  |
| Removal of testes (orchidectomy) |  |
| Facial feminising surgeries |  |
| Reshaping or removal of Adam’s apple (tracheal shave or removal |  |
| Chest reconstruction surgery (mastectomy) |  |
| Other *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Answer question 2.9 below if you told us you want any of these gender-affirming health services but have not had them yet. If you don’t want these services or have already had all that you want, go to question 2.11. Some of these health services may not be relevant to you and your body.**

2.9 Why have you not accessed these services that you would like?  *Mark all that apply.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | I cannot afford this | I’m afraid to | I do not have confidence in the service provided | I might be treated badly by the provider for being trans or non-binary | I do not know where to go | It takes too much time | I do not know what to expect or I'm not familiar with the procedures | I might want to in the future, but I have not yet | Another reason |
| Counselling support | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Mental health assessment | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Hormone treatment | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Voice therapy | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Hair removal using laser or electrolysis | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Other *(Please specify)*: | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |

**Answer question 2.10 if you selected “*Another reason*” for any of the services in question 2.9 above.**

2.10 You stated in the previous question that there were other reasons why you haven't accessed the health services that you would like. What are these other reasons?

|  |
| --- |
|  |

**Answer question 2.11 below if you said you want to access any of these gender-affirming surgeries, but have not had them yet. If you don’t want any surgeries, or have had all you want, go to question 2.13. Some of these surgeries may not be relevant to your body.**

2.11 Why have you not accessed these surgeries that you would like?  *Mark all that apply.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Genital reconstruct-ion surgery (vaginoplasty,  phalloplasty, metoidio-  plasty) | Voice surgery | Surgery to make breasts larger (breast augmentation) | Removal of testes (orchidectomy) | Facial feminising surgeries | Re-shaping or removal of Adam’s apple (tracheal shave or removal) | Chest re-construction surgery (mastectomy) | Removal of uterus / ovaries (hyste-rectomy, oopho-  rectomy) | Other *(Please specify)*: |
| I cannot afford this | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| I’m afraid to | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| I do not have confidence in the service provided | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| I might be treated badly by the provider for being trans or non-binary | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Because this is not available in New Zealand | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| It takes too much time, including waiting lists | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| I do not know what to expect or I’m not familiar with the procedure | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| The process is too complicate | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| My doctor(s) do not have enough knowledge about this | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| I have been told I not able to because of my age, body size, or another reason | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| I might want to in the future, but I have not yet | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Another reason | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |

**Answer question 2.12 below if you selected “*Another reason*” for any of the surgeries in the last question, 2.11**

2.12 You stated in the previous question that there were other reasons why you haven't accessed the surgeries that you would like. What are these other reasons?

|  |
| --- |
|  |

2.13 Have you ever moved to another part of New Zealand to access gender affirming healthcare that was not available where you had been living before in NZ?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 2.15** |

2.14 What was your experience of moving to another part of New Zealand to access gender affirming healthcare?

|  |
| --- |
|  |

2.15 Is there anything else that you would like to share about your experiences of accessing gender-affirming healthcare through the New Zealand public health system (i.e., DHB services)?

|  |
| --- |
|  |

2.16 Have you ever received *puberty blocking hormones* (blockers)?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 2.18** | O Don’t know **> Go to 2.18** |

2.17 At what age did you begin taking puberty blocking hormones?

|  |
| --- |
|  |

2.18 Have you ever taken *masculinising or feminising hormones or anti-androgens*?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 2.25** | O Don’t know **> Go to 2.25** |

2.19 At what age did you begin to take masculinising or feminising hormones or anti-androgens?

|  |
| --- |
|  |

2.20 Are you currently taking masculinising or feminising hormones or anti-androgens?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 2.22** | O Don’t know **> Go to 2.22** |

2.21 Where do you currently get your hormones?

|  |
| --- |
| O I only go to licensed professionals (like a doctor, endocrinologist, or nurse practitioner) for hormones |
| O I only get hormones from friends, online, or other non-licensed sources |
| O I get hormones from both licensed professionals and non-licensed sources |

2.22 Have you ever taken any of the following feminising hormones? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Ginet (a combined oral contraceptive pill) | 󠅣 Another combined oral contraceptive pill |
| 󠅣 Ava (a combined oral contraceptive pill) | 󠅣 Ethinyl oestradiol |
| 󠅣 Norimin (a combined oral contraceptive pill) |  |

**Answer question 2.23 if you selected one or more options in question 2.22 above.**

2.23 In the last 12 months, have you taken any of the following feminising hormones? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Ginet (a combined oral contraceptive pill) | 󠅣 Another combined oral contraceptive pill |
| 󠅣 Ava (a combined oral contraceptive pill) | 󠅣 Ethinyl oestradiol |
| 󠅣 Norimin (a combined oral contraceptive pill) |  |

2.24 Please feel free to tell us anything more about your experiences with hormones.

|  |
| --- |
|  |

2.25 Are you aware of the Ministry of Health’s High Cost Treatment Pool funding for genital reconstruction surgeries?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 2.36** |

2.26 Have you applied for gender-affirming surgeries through the High Cost Treatment Pool?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 2.33** | O Don’t know **> Go to 2.35** |

2.27 What has been the response to your application to the High Cost Treatment Pool?

|  |
| --- |
| O I have received gender-affirming surgeries through the High Cost Treatment Pool |
| O My application was accepted and I am on the waiting list > **Go to 2.30** |
| O My application was declined > **Go to 2.35** |
| O I am still waiting for a response to my application > **Go to 2.35** |
| O My application was accepted but I am no longer interested in receiving surgery through the special high cost treatment pool > **Go to** **2.35** |
| O Something else *(Please specify)*:  > **Go to** **2.35** |

2.28 How many years did you have to wait from your application being submitted for your first surgery?

|  |
| --- |
|  |

2.29 In which country did you have the gender affirming surgery through the High Cost Treatment Pool?

|  |  |
| --- | --- |
| O New Zealand | O United Kingdom |
| O Thailand | O United States |
| O Belgium | O Another country *(Please specify)*: |

**If you have received gender-affirming surgeries through the High Cost Treatment Pool go to question 2.36.**

2.30 How many years have you been on the waiting list of the High Cost Treatment Pool?

|  |
| --- |
|  |

2.31 Have you been given an approximate waiting time for your surgery paid for by the High Cost Treatment Pool?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 2.35** | O Not sure **> Go to 2.35** |

2.32 How long is that waiting time?

|  |
| --- |
|  |

**If you have applied to the High Cost Treatment Pool, go to question 2.35.**

2.33 What were your reasons for not applying to the High Cost Treatment Pool? *Mark all that apply.*

|  |
| --- |
| 󠅣 I have never wanted this type of surgery |
| 󠅣 I have wanted this type of surgery, but not from the surgeon that the High Cost Treatment Pool would pay for |
| 󠅣 I did not know how to apply to the High Cost Treatment Pool |
| 󠅣 I did not have the money to pay for the assessments |
| 󠅣 I could not find a DHB specialist who would complete the High Cost Treatment Pool application for me |
| 󠅣 I do not think it is worth applying because of the length of the waiting list |
| 󠅣 I have been told I am not eligible for the waiting list |
| 󠅣 I prefer to choose a surgeon so I paid or will pay for these procedures with personal funding > |
| 󠅣 I plan to have these procedures overseas because I am eligible for this service through another country's public health funding |
| 󠅣 Other reasons *(Please explain)*: |
| 󠅣 I had these procedures already, paid through public funding |
| 󠅣 I have had these procedures already, paid through personal funding |

2.34 If you were told you were not eligible for the waiting list what were the reasons given to you why you were not eligible for High Cost Treatment Pool funding?

|  |
| --- |
|  |

2.35 Is there anything else you want to you share about the High Cost Treatment Pool funding?

|  |
| --- |
|  |

**Answer this question if you have had had genital reconstruction surgery. Otherwise go to 2.42.**

2.36 Overall, how satisfied with your genital reconstruction surgery or surgeries are you?

|  |  |
| --- | --- |
| O Extremely satisfied | O Slightly dissatisfied |
| O Moderately satisfied | O Moderately dissatisfied |
| O Slightly satisfied | O Extremely dissatisfied |
| O Neither satisfied nor dissatisfied |  |

2.37 Did you have any complications with your genital reconstruction surgery or surgeries that required you to seek care?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 2.41** | O Don’t know **> Go to 2.41** |

2.38 Can you provide details about the complications and what, if anything, you needed to do to treat these?

|  |
| --- |
|  |

2.39 Did any health professionals in Aotearoa New Zealand support you before or after your genital reconstruction surgery overseas? Please not that for this question we are interested in whether health professionals in New Zealand are helping trans people who go overseas for surgeries, so we ask that you only respond about any overseas surgery.

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 2.41** | O Don’t know **> Go to 2.41** |

2.40 Who were the health professionals and how did they help?

|  |
| --- |
|  |

2.41 Can you share any more information about your experience with your genital reconstruction surgery?

|  |
| --- |
|  |

2.42 What difference has being able to access gender-affirming healthcare made in reaching your potential in your own life? For example, with your work or your studies.

|  |
| --- |
|  |

2.43 If you would like to share more about any experiences of accessing gender-affirming healthcare services as a trans or non-binary person, please do so here:

|  |
| --- |
|  |

2.44 Have you ever injected substances other than hormones (e.g., silicone) to enhance your gender presentation?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 2.46** | O Don’t know **> Go to 2.46** |

2.45 Have you injected these substances in the last 12 months?

|  |  |
| --- | --- |
| O Yes | O No |

*See your doctor if you are worried about the effects of injecting silicon. Read more about potential serious complications from this link*:

http://callen-lorde.org/graphics/2016/06/HOTT-Safer-Silicone-Brochure.pdf

2.46 Are you currently covered by any health or medical insurance in Aotearoa New Zealand?

|  |  |  |
| --- | --- | --- |
| O Yes **> Go to 2.48** | O No | O Don’t know **> Go to 3.1** |

2.47 Which of the following are true regarding your health or medical insurance cover in Aotearoa New Zealand? *Mark all that apply.*

|  |
| --- |
| 󠅣 I have been covered by health or medical insurance in the past |
| 󠅣 I don't have health or medical insurance because I know that my needs are excluded **> Go to 3.1** |
| 󠅣 None of these **> Go to 3.1** |

2.48 Have you ever tried to use your health insurance in Aotearoa New Zealand for gender-affirming procedures?

|  |
| --- |
| O Yes, I was covered for the following gender-affirming procedures: |
| O Yes, I tried but I was told I was excluded for the following gender-affirming procedures: |
| O No, I didn't try because I saw it was excluded |
| O No, I have never tried |

2.49 If you would like to provide any more information about your experience using your health insurance in Aotearoa New Zealand for gender-affirming procedures, please do so here.

|  |
| --- |
|  |

***Section 3****: These next questions are about whether you have been treated with respect and supported, as a trans or non-binary person accessing healthcare.*

3.1 Have you ever needed to see a doctor but did not because you thought you would be disrespected or mistreated as a trans or non-binary person?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 3.3** | O Don’t know **> Go to 3.3** |

3.2 Did this occur within the last 12 months?

|  |  |
| --- | --- |
| O Yes | O No |

3.3 How comfortable are you discussing being trans or non-binary with your primary care doctor, such as a general practitioner (GP)?

|  |  |
| --- | --- |
| O Very uncomfortable | O Comfortable |
| O Uncomfortable | O Very comfortable |
| O Neither comfortable or uncomfortable | O I do not have a primary care doctor or GP |

3.4 How comfortable would you be discussing being trans or non-binary with a doctor you did not know?

|  |  |
| --- | --- |
| O Very uncomfortable | O Comfortable |
| O Uncomfortable | O Very comfortable |
| O Neither comfortable or uncomfortable | O This does not apply to me |

3.5 Have you ever had any of these things ever happened to you, as a trans or non-binary person, when you were trying to access healthcare?  
Please include experiences with any person(s) involved with your care including doctors, nurses, and administrative staff. *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 You had to teach someone about trans or non-binary people so that you could get appropriate care | 󠅣 A provider belittled or ridiculed you for being trans or non-binary |
| 󠅣 You were asked unnecessary or invasive questions about being trans or non-binary that were not related to the reason for your visit | 󠅣 A provider thought the gender listed on your ID or forms was a mistake |
| 󠅣 A provider was physically rough or abusive when treating you | 󠅣 A provider refused to examine parts of your body because you are trans or non-binary |
| 󠅣 You were refused care or had care ended because you are trans or non-binary | 󠅣 A provider knowingly referred to you by the wrong gender, either in person or in a referral |
| 󠅣 A provider used hurtful or insulting language about trans or non-binary people | 󠅣 A provider knowingly used an old name that you are no longer comfortable with |
| 󠅣 A provider refused to discuss or address gender-affirming healthcare | 󠅣 A provider examined your body when you thought it was inappropriate or it was not clear why it was necessary |
| 󠅣 You were told that you were not really trans or non-binary | 󠅣 Refused to provide you with a referral for gender-affirming care |
| 󠅣 You were discouraged from exploring your gender | 󠅣 You could not access an appropriate bathroom |
| 󠅣 You were told they don't know enough about gender-affirming care to provide it | 󠅣 You were placed in an incorrect hospital ward for your gender |
| 󠅣 None of these things have happened to me  **> Go to 3.8** |  |

**Thinking about the experiences you ticked in the last question 3.5, please tell us where that happened.**

3.6 In which settings did these things occur? *Mark any that apply.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | With a GP | With a doctor in a hospital | With a nurse | With a health administrator (e.g. a receptionist) | In a hospital ward | In emergency care | With a mental health service provider | In another setting |
| You had to teach someone about trans or non-binary people so that you could get appropriate care | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| You were asked unnecessary or invasive questions about being trans or non-binary that were not related to the reason for your visit | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| A provider was physically rough or abusive when treating you | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| You were refused care or had care ended because you are trans or non-binary | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| A provider used hurtful or insulting language about trans or non-binary people | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| A provider refused to discuss or address gender-affirming healthcare | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| You were told that you were not really trans or non-binary | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| You were discouraged from exploring your gender | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| You were told they don't know enough about gender-affirming care to provide it | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| A provider belittled or ridiculed you for being trans or non-binary | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| A provider thought the gender listed on your ID or forms was a mistake | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |

3.6 *continued:* In which settings did these things occur? *Mark any that apply.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | With a GP | With a doctor in a hospital | With a nurse | With a health administrator (e.g., a receptionist) | In a hospital ward | In emergency care | With a mental health service provider | In another setting |
| A provider refused to examine parts of your body because you are trans or non-binary | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| A provider knowingly referred to you by the wrong gender, either in person or in a referral | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| A provider knowingly used an old name that you are no longer comfortable with | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| A provider examined your body when you thought it was inappropriate or it was not clear why it was necessary | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Refused to provide you with a referral for gender-affirming care | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| You could not access an appropriate bathroom | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| You were placed in an incorrect hospital ward for your gender | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |

**Answer question 3.7 below for those experiences that that you ticked in question 3.5. This time we are asking for your experiences in the last 12 months.**

3.7 Have any of these things happened to you in the last 12 months, as a trans or non-binary person, when you were trying to access healthcare?  
Please include experiences with any person(s) involved with your care including doctors, nurses, and administrative staff. *Mark any that apply.*

|  |  |
| --- | --- |
| 󠅣 You had to teach someone about trans or non-binary people so that you could get appropriate care | 󠅣 A provider belittled or ridiculed you for being trans or non-binary |
| 󠅣 You were asked unnecessary or invasive questions about being trans or non-binary that were not related to the reason for your visit | 󠅣 A provider thought the gender listed on your ID or forms was a mistake |
| 󠅣 A provider was physically rough or abusive when treating you | 󠅣 A provider refused to examine parts of your body because you are trans or non-binary |
| 󠅣 You were refused care or had care ended because you are trans or non-binary | 󠅣 A provider knowingly referred to you by the wrong gender, either in person or in a referral |
| 󠅣 A provider used hurtful or insulting language about trans or non-binary people | 󠅣 A provider knowingly used an old name that you are no longer comfortable with |
| 󠅣 A provider refused to discuss or address gender-affirming healthcare | 󠅣 A provider examined your body when you thought it was inappropriate or it was not clear why it was necessary |
| 󠅣 You were told that you were not really trans or non-binary | 󠅣 Refused to provide you with a referral for gender-affirming care |
| 󠅣 You were discouraged from exploring your gender | 󠅣 You could not access an appropriate bathroom |
| 󠅣 You were told they don't know enough about gender-affirming care to provide it | 󠅣 You were placed in an incorrect hospital ward for your gender |

3.8 How have doctors (GPs) been supportive of you? *Mark any that apply.*

|  |  |
| --- | --- |
| 󠅣 Shown they knew a lot about gender-affirming care | 󠅣 Shown they were willing to educate themselves on gender-affirming care, if necessary |
| 󠅣 Been supportive of your needs relating to gender-affirming care | 󠅣 Treated you the same as any other patient when your needs were not directly related to gender-affirming care |
| 󠅣 Always used your correct gender pronouns, with you and in referrals | 󠅣 Been able to clearly explain why any and all examinations were necessary |
| 󠅣 Always used your current name, with you and in |  |
| 󠅣 Other ways *(Please explain these here)*: | |

**If you have never tried to access gender-affirming healthcare with a healthcare provider go to question 4.5**

3.9 Who is the main healthcare provider you usually go to for gender-affirming healthcare, such as hormone prescriptions or surgery referrals?

|  |  |
| --- | --- |
| O Endocrinologist | O Nurse practitioner |
| O General practitioner (GP) | O I haven't discussed gender-affirming care with any healthcare professionals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| O Sexual health doctor | O Unsure |
| O Pediatrician | O Other *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

3.10 Thinking about this healthcare provider who you usually go to for gender-affirming healthcare. How much do they know about providing healthcare for trans or non-binary people?

|  |  |
| --- | --- |
| O They know almost everything about trans/non-binary healthcare | O They know very little or nothing about trans/non-binary healthcare |
| O They know most things about trans/non-binary healthcare | O I don’t have a trans-related doctor or healthcare provider right now |
| O They know some things about trans/non-binary healthcare |  |

3.11 Is there anything else you want to share about the level of support or respect you have received, as a trans or non-binary person accessing healthcare?

|  |
| --- |
|  |

***Section 4:*** *The next few questions are about medical specialists you may have seen for gender affirming healthcare. By medical specialist we mean the kind of doctor that people go to for a particular health condition, problem or service, not a general practitioner (GP). You may have seen the medical specialist as an outpatient in a hospital or at their private rooms or clinic.*

4.1 Which of these medical specialists have you seen in Aotearoa/New Zealand about your gender-affirming healthcare needs? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Endocrinologist | 󠅣 Psychiatrist |
| 󠅣 General surgeon | 󠅣 Sexual health physician |
| 󠅣 Plastic surgeon | 󠅣 Other (Please specify): |
| 󠅣 Urologist | 󠅣 I have never seen any specialist for gender-affirming care **> Go to 4.5** |
| 󠅣 Obstetrician or gynaecologist | 󠅣 Don’t know |

4.2 Thinking about your last visit to a medical specialist for gender-affirming healthcare, how good was the specialist at explaining your health and treatment in a way that you could understand?

|  |  |
| --- | --- |
| O Very good | O Poor |
| O Good | O Very poor |
| O Neither good or bad | O This does not apply |
| O I don't know |  |

4.3 How good was the specialist at involving you in decisions about your gender-affirming care, such as discussing different treatment options?

|  |  |
| --- | --- |
| O Very good | O Poor |
| O Good | O Very poor |
| O Neither good or bad | O This does not apply |
| O Don’t know |  |

4.4 Did you have confidence and trust in the medical specialist you saw?

|  |  |
| --- | --- |
| O Yes, definitely | O No, not at all |
| O Yes, to some extent | O Don’t know |

4.5 Has any professional (such as a psychiatrist, psychologist, or counselor) ever tried to make you identify only with your sex assigned at birth (in other words, tried to stop you being trans or non-binary)?

|  |  |  |
| --- | --- | --- |
| O Yes | O No | O Don’t know |

***Section 5****: These next questions are about seeing general practitioners (GPs) or family doctors. This can be at your usual medical centre or somewhere else.*

5.1 Do you have a GP clinic or medical centre that you usually go to when you are feeling unwell or are injured?

|  |  |  |
| --- | --- | --- |
| O Yes | O No | O Don’t know |

5.2 When was the last time you saw a GP, or were visited by a GP, about your *own* health?  
 By *health*, we mean your mental and emotional health as well as your physical health.

|  |  |
| --- | --- |
| O Within the last month | O More than 12 months ago |
| O More than 1 month ago and less than 3 months | O Don’t know |
| O More than 3 months ago and less than 6 months | O I have never seen a GP **> Go to 5.6** |
| O More than 6 months ago and less than 12 months ago |  |

5.3 Thinking about your last visit to a GP, how good was the doctor at explaining your health conditions and treatments in a way that you could understand?

|  |  |
| --- | --- |
| O Very good | O Poor |
| O Good | O Very poor |
| O Neither good or bad | O This does not apply |
| O Don’t know |  |

5.4 How good was the doctor at involving you in decisions about your care, such as discussing different treatment options?

|  |  |
| --- | --- |
| O Very good | O Poor |
| O Good | O Very poor |
| O Neither good or bad | O This does not apply |
| O Don’t know |  |

5.5 Did you have confidence and trust in the GP you saw?

|  |  |
| --- | --- |
| O Yes, definitely | O No, not at all |
| O Yes, to some extent | O Don’t know |

5.6 Was there a time when you had a medical problem but did not visit a GP because of cost?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 5.8** | O Don’t know **> Go to 5.8** |

5.7 Did this occur within the last 12 months?

|  |  |  |
| --- | --- | --- |
| O Yes | O No | O Don’t know |

5.8 Was there a time when you had a medical problem but did not visit a GP because you had no transport to get there?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 5.10** | O Don’t know **> Go to 5.10** |

5.9 Did this occur within the last 12 months?

|  |  |  |
| --- | --- | --- |
| O Yes | O No | O Don’t know |

5.10 Is there anything else about your experiences with primary healthcare providers that you would like to share with us?

|  |
| --- |
|  |

*The next questions are about your use of mental health services, that were* ***not related to gender affirming care****. Do not include any assessment by a mental health professional that was required solely to start hormones or get a surgery referral.*

5.11 Have you ever received help for concerns about your *emotions, stress, mental health, or substance use* from any of the following? *Mark any that apply.*

|  |  |
| --- | --- |
| 󠅣 Hospital emergency department or an after-hours medical centre | 󠅣 Community mental health or addictions service (including hospital outpatient appointments) |
| 󠅣 Hospital ward | 󠅣 Other community support services, such as a "youth one-stop-shop" |
| 󠅣 Crisis mental health team | 󠅣 Programme in prison or a youth justice centre |
| 󠅣 Māori health service (including Māori mental health or addictions services) | 󠅣 Other *(Please specify)*: |

**Answer questions 5.12 and 5.13 if you selected one or more options in 5.11 above. Otherwise, go to question 5.14.**

5.12 You said that you have received help for concerns about emotion, stress, mental health, or substance use from at least one mental health service provider. How satisfied have you been with these mental health service providers? *Mark only these service providers you have seen.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very satisfied | Satisfied | Neither satisfied or dissatisfied | Dissatisfied | Very dissatisfied |
| Hospital emergency department or an after-hours medical centre | O | O | O | O | O |
| Hospital ward | O | O | O | O | O |
| Crisis mental health team | O | O | O | O | O |
| Māori health service (including Māori mental health or addictions services) | O | O | O | O | O |
| Community mental health or addictions service (including hospital outpatient appointments) | O | O | O | O | O |
| Other community support services, such as a "youth one-stop-shop" | O | O | O | O | O |
| Programme in prison or a youth justice centre | O | O | O | O | O |
| Other *(Please specify)*: | O | O | O | O | O |

5.13 In the last 12 months, have you received help for concerns about your emotions, stress, mental health, or substance use from any of the following? *Mark any that apply.*

|  |  |
| --- | --- |
| 󠅣 Hospital emergency department or an after-hours medical centre | 󠅣 Community mental health or addictions service (including hospital outpatient appointments) |
| 󠅣 Hospital ward | 󠅣 Other community support services, such as a "youth one-stop-shop" |
| 󠅣 Crisis mental health team | 󠅣 Programme in prison or a youth justice centre |
| 󠅣 Māori health service (including Māori mental health or addictions services) | 󠅣 Other *(Please specify)*: |

*The next questions are about your use and experience of emergency departments at public hospitals for your own health.*

5.14 Have you ever gone to an emergency department at a public hospital about your own health?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 5.16** |

5.15 In the last 12 months, how many times did you go to an emergency department at a public hospital about your own health?

|  |
| --- |
|  |

*The next questions are about cancer screening behaviours. Some screens will not be relevant for you personally.To avoid assumptions about anyone's body, all participants are asked to identify services that could be appropriate.*

5.16 Which of the following cancer screenings or tests do you think you should have, either now or at some point in the future?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes, I would need this | No, I wouldn't need this | I'm not sure if I would need this | Not applicable |
| Prostate | O | O | O | O |
| Cervical (Pap Smear) | O | O | O | O |
| Breast (Mammogram) | O | O | O | O |

**Answer question 5.17 if you think you would need prostate screening.**

5.17 In the last 12 months, did any of the following happen to you regarding prostate cancer testing? *Mark all that apply.*

|  |
| --- |
| 󠅣 I delayed or decided to not get a prostate cancer test because I was worried about how I would be treated as a trans or non-binary person |
| 󠅣 I delayed or decided to not get a prostate cancer test because of another reason. *(Please explain further)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 󠅣 I have received a prostate cancer screening test |
| 󠅣 I do not need prostate cancer screening |

**Answer question 5.18 if you think you would need cervial screening.**

5.18In the last 12 months, did any of the following happen to you regarding cervical cancer screening (also called a pap smear)? *Mark all that apply.*

|  |
| --- |
| 󠅣 I delayed or decided to not get a pap smear because I was worried about how I would be treated as a trans or non-binary person |
| 󠅣 I delayed or decided to not get a pap smear because of another reason. *(Please explain further)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 󠅣 I have received a pap smear |
| 󠅣 I do not need pap smears |

**Answer question 5.19 if you think you would need breast cancer screening.**

5.19 In the last 12 months, did any of the following happen to you regarding breast cancer screening test (also called a mammogram)? *Mark all that apply.*

|  |
| --- |
| 󠅣 I delayed or decided to not get a mammogram because I was worried about how I would be treated as a trans or non-binary person |
| 󠅣 I delayed or decided to not get a mammogram because of another reason. *(Please explain further)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 󠅣 I have received a mammogram |
| 󠅣 I do not need mammograms |

5.20 Is there anything else about your experiences accessing healthcare that you would like to share with us here?

|  |
| --- |
|  |

***Section 6:*** *The next sections of the survey are about your current state of mental health. These questions are from the New Zealand Mental Health Survey and the New Zealand Health Survey. This will allow us to compare trans and non-binary people's health to the total New Zealand population on these specific measures.   
  
Some people may find these questions to be sensitive or stressful to answer. If you need someone to talk to, you may call or text 1737 any time for support from a trained counsellor from the Mental Health Foundation. You may also contact OUTLine which has a confidential info-line and counselling service. You can reach them on 0800 OUTLINE (688 5463). Their website lists other services too:* <http://countingourselves.nz/> *The Counting Ourselves team can be contacted on 021 048 1557*

6.1 Overall, how satisfied are you with life as a whole these days?

|  |  |
| --- | --- |
| O Very satisfied | O Dissatisfied |
| O Satisfied | O Very dissatisfied |
| O Neither satisfied nor dissatisfied | O Don't know |

6.2 Overall, to what extent do you feel the things you do in your life are worthwhile?

|  |  |
| --- | --- |
| O Very worthwhile | O Not worthwhile |
| O Worthwhile | O Not at all worthwhile |
| O Neutral | O Don't know |

6.3 How much you agree or disagree with the following statement: ​I am able to cope with everyday stresses of life.

|  |  |
| --- | --- |
| O Strongly agree | O Disagree |
| O Agree | O Strongly disagree |
| O Neither agree nor disagree | O Don't know |

6.4 The next questions are again about how you have been feeling during the last 4 weeks.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| How often did you feel tired out for no good reason? | O | O | O | O | O |
| How often did you feel nervous? | O | O | O | O | O |
| How often did you feel hopeless? | O | O | O | O | O |
| How often did you feel restless or fidgety? | O | O | O | O | O |
| How often did you feel depressed? | O | O | O | O | O |
| How often did you feel that everything was an effort? | O | O | O | O | O |
| How often did you feel worthless? | O | O | O | O | O |
| How often did you feel lonely? | O | O | O | O | O |

**Answer question 6.5 below if you have felt nervous in the last 4 weeks. Otherwise, go to 6.6**

6.5 How often did you feel so nervous that nothing could calm you down?

|  |  |
| --- | --- |
| O All of the time | O A little of the time |
| O Most of the time | O None of the time |
| O Some of the time |  |

**Answer question 6.6 below if you have felt restless or fidgety in the last 4 weeks. Otherwise, go to 6.7**

6.6 How often did you feel so restless you could not sit still?

|  |  |
| --- | --- |
| O All of the time | O A little of the time |
| O Most of the time | O None of the time |
| O Some of the time |  |

**Answer question 6.7 below if you have felt depressed?” in in the last 4 weeks. Otherwise, go to 6.8**

6.7 How often did you feel so depressed that nothing could cheer you up?

|  |  |
| --- | --- |
| O All of the time | O A little of the time |
| O Most of the time | O None of the time |
| O Some of the time |  |

*The next few questions are about long-term mental health conditions that have lasted, or are expected to last, for more than 6 months. The symptoms may come and go, or be present all the time.*

6.8 Have you ever been told by a doctor that you have depression?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 6.10** | O Don’t know **> Go to 6.10** |

6.9 What treatments do you now have for depression? *Mark all that apply*.

|  |  |
| --- | --- |
| 󠅣 No treatment | 󠅣 Exercise |
| 󠅣 Medicines, tablets or pills | 󠅣 Other treatment *(Please specify)*: |
| 󠅣 Counselling | 󠅣 Don’t know |

6.10 Have you ever been told by a doctor that you have bipolar disorder, which is sometimes called manic depression?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 6.12** | O Don’t know **> Go to 6.12** |

6.11 What treatments do you now have for bipolar disorder? *Mark all that apply*.

|  |  |
| --- | --- |
| 󠅣 No treatment | 󠅣 Exercise |
| 󠅣 Medicines, tablets or pills | 󠅣 Other treatment *(Please specify)*: |
| 󠅣 Counselling | 󠅣 Don’t know |

6.12 Have you ever been told by a doctor that you have anxiety disorder? This includes panic attacks, phobia, post-traumatic stress disorder, and obsessive compulsive disorder?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 6.14** | O Don’t know **> Go to 6.14** |

6.13 What treatments do you now have for anxiety disorder? *Mark all that apply*.

|  |  |
| --- | --- |
| 󠅣 No treatment | 󠅣 Exercise |
| 󠅣 Medicines, tablets or pills | 󠅣 Other treatment *(Please specify)*: |
| 󠅣 Counselling | 󠅣 Don’t know |

6.14 During the last 12 months, have you eaten so much food in a short period of time that you felt out of control *(binge eating)*?

|  |  |
| --- | --- |
| O Yes | O No |

6.15 During the last 12 months, have you done any of the following to lose weight or control your weight? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Exercise | 󠅣 Vomit or throw up on purpose after eating |
| 󠅣 Fast or skip meals | 󠅣 Use laxatives |
| 󠅣 Smoke cigarettes | 󠅣 Other *(Please specify)*: |
| 󠅣 Use diet pills or speed | 󠅣 None of these |

*These next questions ask about self-harm and suicide.*

6.16 During the last 12 months, have you deliberately hurt yourself or done anything you knew might have harmed you *(but not kill you)*?

|  |  |
| --- | --- |
| O Not at all | O Yes - 3-5 times |
| O Yes - once | O More than 5 times |
| O Yes - 2 times |  |

6.17 Have you ever . . . .

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Seriously thought about killing yourself *(attempting suicide)*? | O | O |
| Tried to kill yourself *(attempted suicide)*? | O | O |

**Answer question 6.18 below if you selected “*Yes*” for one of the options in question 6.17 above.**

6.18 In the last 12 months, have you . . .

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all | Once or twice | Three or more times |
| Seriously thought about killing yourself *(attempting suicide)*? | O | O | O |
| Tried to kill yourself *(attempted suicide)*? | O | O | O |

**Answer question 6.19 below if you told us in question 6.17 that you have ever tried to kill yourself ( *(attempted suicide)*?”).**

6.19 Did this ever result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

|  |  |
| --- | --- |
| O Yes | O No |

6.20 Is there anything further about your mental health that you would like to share with us here?

|  |
| --- |
|  |

***Section 7****: This section is about your general physical health and long-term health condition. A long-term health condition is a physical illness that has lasted, or is expected to last, for more than six months. The symptoms may come and go, or be present all the time. Many of these questions are from the New Zealand Health Survey and will allow us to compare trans and non-binary people's health to everyone in New Zealand.*

7.1 In general, would you say your health is

|  |  |
| --- | --- |
| O Excellent | O Fair |
| O Very good | O Poor |
| O Good |  |

7.2 Have you ever been told by a doctor that you have had a heart attack?   
Please do not include high blood pressure or high blood cholesterol here, as we will ask you about those later.

|  |  |
| --- | --- |
| O Yes | O No **> Go to 7.4** |

7.3 Was this in the last 12 months?

|  |  |  |
| --- | --- | --- |
| O Yes | O No | O Don’t know |

7.4 Have you ever been told by a doctor that you have had a stroke?    
Please do not include “mini-stroke” or transient ischaemic attack (TIA).

|  |  |
| --- | --- |
| O Yes | O No |

7.5 Have you ever been told by a doctor that you have diabetes?    
Please do not include diabetes during pregnancy if pregnancy is relevant to your body.

|  |  |
| --- | --- |
| O Yes | O No |

7.6 Have you ever been told by a doctor that you have high blood pressure?    
Please do not include high blood pressure you may have had during pregnancy if pregnancy is relevant to your body.

|  |  |
| --- | --- |
| O Yes | O No |

7.7 Have you ever been told by a doctor that you have high cholesterol levels in your blood?

|  |  |
| --- | --- |
| O Yes | O No |

7.8 The next questions ask about difficulties you may have doing certain activities because of a health problem.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No, no difficulty | Yes, some difficulty | Yes, a lot of difficulty | Cannot do at all |
| Do you have difficulty seeing, even if wearing glasses? | O | O | O | O |
| Do you have difficulty hearing, even if using a hearing aid? | O | O | O | O |
| Do you have difficulty walking or climbing steps? | O | O | O | O |
| Do you have difficulty remembering or concentrating? | O | O | O | O |
| Do you have difficulty (with self-care such as) washing all over or dressing? | O | O | O | O |
| Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? | O | O | O | O |

7.9 Do you identify as neurodiverse, for example, being on the autism spectrum?

|  |  |
| --- | --- |
| O Strongly | O Not at all |
| O Quite a lot | O I don't know |
| O A little bit |  |

7.10 Is there anything further about your general physical health that you would like to share with us here?

|  |
| --- |
|  |

***Section 8:*** *We all have different ways we talk about our bodies, and different words to refer to our body parts. This section is about your sexuality, sexual experiences, and sexual health. 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. As always, your responses are anonymous and you can skip questions at any time.*

8.1 Who are you sexually attracted to? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Trans men | 󠅣 Genderqueer or non-binary people |
| 󠅣 Non-trans (cis) men | 󠅣 None of the above |
| 󠅣 Trans women | 󠅣 Other, please specify: |
| 󠅣 Non-trans (cis) women |

8.2 Have you ever had a romantic, dating, or sexual partner?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 8.4** |

8.3 These questions are about your experiences with a partner in a romantic, dating or sexual relationship. Has a partner ever done any of the following things to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Unsure | Not Applicable |
| Threatened to “out” you to your family, work or friends without your permission? | O | O | O | O |
| Welcomed you into their family | O | O | O | O |
| Deliberately used a past name or pronoun you've said you don't use? | O | O | O | O |
| Stopped you from telling others you are trans or non-binary, or threatened to leave you if you are “out”? | O | O | O | O |
| Stood up to people who put you down because you are trans or non-binary? | O | O | O | O |
| Criticised, questioned, or tried to shame you about your gender? | O | O | O | O |
| Hidden or thrown away hormones, clothes or other items that you use to express your gender (e.g. a bra, binder, or packer)? | O | O | O | O |
| Helped pay for things that are important to your identity as a trans or non-binary person? | O | O | O | O |
| Ended your relationship because you are trans or non-binary? | O | O | O | O |
| Said that they like being with you because you are trans or non-binary? | O | O | O | O |

8.4 Have you ever had sex with another person? However you choose to define sex.

|  |  |
| --- | --- |
| O Yes | O No **> Go to 8.7** |

8.5 Have you had sex within the last 12 months? However you choose to define sex.

|  |  |
| --- | --- |
| O Yes | O No |

8.6 Who have you ever chosen to have sex with? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Trans men | 󠅣 Genderqueer or non-binary people |
| 󠅣 Non-trans (cis) men | 󠅣 None of the above |
| 󠅣 Trans women | 󠅣 Other *(Please specify)*: |
| 󠅣 Non-trans (cis) women |

8.7 When you think about using protection with a partner, how certain are you that you could use protection in the following scenarios if you wanted to?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all certain | Somewhat uncertain | Neither certain or uncertain | Somewhat certain | Completely certain | This does not apply to me |
| I could ask a new sexual partner to use a protective barrier | O | O | O | O | O | O |
| I could ask a sexual partner I haven't been using protective barriers with to start using them | O | O | O | O | O | O |
| I could refuse sex when I don't have a protective barrier available | O | O | O | O | O | O |
| I could get a sexual partner to use a protective barrier, even if I'm drunk or high | O | O | O | O | O | O |
| I could get a sexual partner to use a protective barrier, even if they don't want to | O | O | O | O | O | O |
| If a sexual partner truly sees my gender identity, I could ask them to use a protective barrier | O | O | O | O | O | O |
| I could ask a sexual partner who is cisgender (not trans or non-binary) to use a protective barrier | O | O | O | O | O | O |
| I could ask a trans or non-binary sexual partner to use a protective barrier | O | O | O | O | O | O |

8.8 Have you been tested for sexually transmitted infections in the last 12 months?

|  |  |  |
| --- | --- | --- |
| O Yes | O No | O Don’t know |

8.9 Apart from when you were donating blood, have you ever had a test for HIV, the virus that causes AIDS?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 8.12** | O Don’t know **> Go to 8.12** |

8.10 Why were you tested for HIV?

|  |  |
| --- | --- |
| O I was pregnant or my partner was pregnant | O A doctor advised me to have an HIV test |
| O As part of a sexual health check-up | O For an immigration medical test |
| O As part of a general health check-up | O Don’t know |
| O I wanted to stop using condoms in a relationship | O Other reason *(Please specify)*: |
| O I was concerned about personal risks to myself or a partner |

8.11 Have you ever been told by a doctor that you have HIV?

|  |  |
| --- | --- |
| O Yes | O No |

8.12 The following statements are all true. Please indicate whether you knew this or not.

|  |  |  |  |
| --- | --- | --- | --- |
|  | I knew that | I wasn’t sure | I didn’t know that |
| PrEP (Pre-Exposure Prophylaxis) is a pill that, if taken every day by someone who is HIV-negative, significantly decreases their risk of acquiring HIV | O | O | O |
| If taken correctly, PrEP significantly reduces the risk of acquiring HIV but it does not prevent the transmission of other STIs like gonorrhoea and syphilis | O | O | O |
| PrEP is now publicly funded in New Zealand, if you are “male or transgender” and meet other eligibility criteria | O | O | O |

8.13 Are you currently taking or have you previously taken PrEP in the last 6 months?

|  |  |
| --- | --- |
| O Yes | O No |

**Answer question 8.14 below if you have been told by a doctor that you have HIV. Otherwise go to question 8.18.**

8.14 Are you currently taking anti-retroviral therapy, which are the pills that reduce the amount of HIV in your body (often called ART)? This does not include pre-exposure prophylaxis (PrEP).

|  |  |
| --- | --- |
| O Yes **>** **Go to 8.16** | O No |

8.15 What are the reasons that are you not taking anti-retroviral therapy (ART)? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 I can’t afford it. | 󠅣 I don’t know where to get it. |
| 󠅣 I only recently found out I have HIV. | 󠅣 I don’t want to take anti-retroviral therapy (ART). |
| 󠅣 My doctor or healthcare provider said I didn’t need it. | 󠅣 I don’t feel sick enough to take anti-retroviral therapy (ART). |
| 󠅣 I am afraid it would conflict with my hormones. | 󠅣 My family, partner, or friends would find out I have HIV. |
| 󠅣 I am afraid it would conflict with my other medications. | 󠅣 A reason not listed above *(Please specify)*: |
| 󠅣 I would gain weight. |

8.16 In the last 12 months, have you seen a GP or primary healthcare provider for HIV care?  
Don’t include care you received during emergency department visits or while staying in the hospital.

|  |  |
| --- | --- |
| O Yes **>** **Go to 8.18** | O No |

8.17 What are the main reasons you haven’t seen a doctor or healthcare provider for HIV care in the last 12 months? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 I couldn’t afford it. | 󠅣 I didn’t feel sick enough to look for healthcare. |
| 󠅣 I only recently found out I have HIV. | 󠅣 My family or partner would find out I have HIV. |
| 󠅣 I have needed other types of medical or mental healthcare. | 󠅣 I believed that I would be mistreated because I am trans or non-binary. |
| 󠅣 I didn’t know where to go for HIV care. | 󠅣 A reason not listed above *(Please specify)*: |
| 󠅣 I wasn’t ready to look for healthcare for HIV. |

8.18 Have you ever been told by a doctor or other healthcare professional that you had any of the following? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Hepatitis A | 󠅣 I have been told I have Hepatitis but I can’t remember which type |
| 󠅣 Hepatitis B | 󠅣 None of the above |
| 󠅣 Hepatitis C |  |

**Answer this next question if you have had sex with another person.**

8.19 Have you everbeen told by a doctor or other healthcare professional that you had any of the following? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Chlamydia | 󠅣 Syphilis |
| 󠅣 Gonorrhoea | 󠅣 Non Specific Urethritis (NSU) |
| 󠅣 Genital or anal warts | 󠅣 Human Papillomavirus (HPV) |
| 󠅣 Genital or anal herpes | 󠅣 I was told I had one or more of the above but can't remember which one(s) |
| 󠅣 Trichomonas vaginalis (Trich, TV) | 󠅣 None of the above |

8.20 Have you ever received any trans/non-binary-specific information about STI prevention or safer sex? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Yes, from healthcare providers | 󠅣 Yes, from school |
| 󠅣 Yes, from trans or Rainbow/Takatāpui organisations | 󠅣 Yes, from another source listed here: |
| 󠅣 Yes, I got information from other organisations |
| 󠅣 Yes, I got information from my peers | 󠅣 No, and I don't need it |
| 󠅣 Yes, I looked it up myself | 󠅣 No, but I would like to |

8.21 Is there anything else you would like to share about your sexual health experiences?

|  |
| --- |
|  |

8.22 Have you ever been pregnant since identifying as trans or non-binary?

|  |  |  |
| --- | --- | --- |
| O Yes | O No | O Unsure |

8.23 Are you a parent, whatever this means to you?

This may include, for example, fostering, adopting or co-parenting children.

|  |  |
| --- | --- |
| O Yes | O No |

8.24 Which of these statements best describes the way you feel about having a child or more children?

|  |  |
| --- | --- |
| O I would definitely like a child or more children, and I’m currently trying. | O I would definitely not like a child or more children. |
| O I would definitely like a child or more children, but I’m not currently trying. | O I don’t know. |
| O I might like a child or more children in the future, I’m not sure yet. |  |

8.25 Which of the following information and services have you received from health professionals?

|  |
| --- |
| O Information about options for trans and non-binary people to preserve their eggs or sperm to have children later |
| O Fertility services for trans and non-binary people to preserve their eggs or sperm to have children later |
| O None of these **> Go to 8.28** |

8.26 At what point did you receive this information or these services?

|  |  |  |
| --- | --- | --- |
|  | Before starting hormones | After starting hormones |
| Information about options for trans and non-binary people to preserve their eggs or sperm to have children later | O | O |
| Fertility services for trans and non-binary people to preserve their eggs or sperm to have children later | O | O |

8.27 How satisfied are you with these?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Extremely satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Extremely dissatisfied |
| Information about options for trans and non-binary people to preserve their eggs or sperm to have children later | O | O | O | O | O |
| Fertility services for trans and non-binary people to preserve their eggs or sperm to have children later | O | O | O | O | O |

8.28 Is there anything else you wish to share about options for trans or non-binary people who want to use their own eggs or sperm to have children?

|  |
| --- |
|  |

*The questions that follow are about some common difficulties that people experience during sex.*

8.29 In the last 12 months, have you experienced any of the following for a period of 3 months or longer? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Lacked interest in having sex | 󠅣 Did not reach a climax (experience an orgasm) or took a long time to reach a climax despite feeling excited / aroused |
| 󠅣 Lacked enjoyment in sex | 󠅣 Reached a climax (experienced an orgasm) more quickly than you would like |
| 󠅣 Felt anxious during sex | 󠅣 I did not experience any of these |
| 󠅣 Felt physical pain as a result of sex | 󠅣 Don’t know |
| 󠅣 Felt no excitement or arousal during sex |  |

8.30 How have the following things affected your enjoyment of sex or masturbation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | This has made sex/masturbation less enjoyable | This has not affected my enjoyment of sex/masturbation | This has made sex/masturbation more enjoyable | This does not apply to me |
| Identifying as trans/non-binary | O | O | O | O |
| Hormone treatment | O | O | O | O |
| Gender-affirming surgery | O | O | O | O |

8.31 Has being trans or non-binary affected your sex life in any other ways, that you would like to share below?

|  |
| --- |
|  |

*The next questions are about sex work. Remember all of your answers are anonymous and confidential.*

8.32 Have you ever engaged in sex or sexual activity for money (sex work) or worked in the sex industry (such as erotic dancing, webcam work, or porn films)?

|  |  |
| --- | --- |
| O Yes | O No **>** **Go to 9.1** |

8.33 Have you done this in the last 12 months?

|  |  |
| --- | --- |
| O Yes | O No |

8.34 What type of sex work or work in the sex industry have you ever done? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Indoor sex work in a brothel or with a manager | 󠅣 Escort/call girl/rent boy with an agency |
| 󠅣 Indoor sex work without a manager | 󠅣 Pornography/picture or video |
| 󠅣 Street-based sex work | 󠅣 Phone sex |
| 󠅣 Sex work advertised online 󠅣 | 󠅣 Webcam work |
| 󠅣 Sex work advertised in magazines or newspapers | 󠅣 Erotic dancer |
| 󠅣 Informal sex work through word of mouth, occasional hookups with dates in my networks, or things like that | 󠅣 Fetish work (dom, sub, switch, BDSM) |
| 󠅣 Indoor sex work in a brothel or with a manager | 󠅣 Not listed above *(Please specify)*: |

8.35 What type of sex work or work in the sex industry have you done in the last 12 months?

*Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Indoor sex work in a brothel or with a manager | 󠅣 Escort/call girl/rent boy with an agency |
| 󠅣 Indoor sex work without a manager | 󠅣 Pornography/picture or video |
| 󠅣 Street-based sex work | 󠅣 Phone sex |
| 󠅣 Sex work advertised online 󠅣 | 󠅣 Webcam work |
| 󠅣 Sex work advertised in magazines or newspapers | 󠅣 Erotic dancer |
| 󠅣 Informal sex work through word of mouth, occasional hookups with dates in my networks, or things like that | 󠅣 Fetish work (dom, sub, switch, BDSM) |
| 󠅣 Indoor sex work in a brothel or with a manager | 󠅣 Not listed above *(Please specify)*: |

8.36 Have you engaged in sex or sexual activity in return for any of the following? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Food | 󠅣 For alcohol |
| 󠅣 For a place to sleep in someone’s bed, at their home, or in their hotel room | 󠅣 Not listed above *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 󠅣 For drugs | 󠅣 None of these |

***Section 9:*** *This next section asks about use of cigarettes, alcohol, and other drugs, because they can have a big impact on our health.*

9.1 Have you ever smoked cigarettes or other forms of tobacco at all, even just a few puffs?  
Please include pipes and cigars.

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 9.4** | O Don’t know **> Go to 9.4** |

9.2 How often do you now smoke?

|  |  |
| --- | --- |
| O I don’t smoke now **> Go to 9.4** | O At least once a month |
| O At least once a day | O Less often than once a month |
| O At least once a week |  |

9.3 On average, how many cigarettes do you smoke a day?

|  |  |
| --- | --- |
| O Less than 1 per day | O 16-20 per day |
| O 1-5 per day | O 21-25 per day |
| O 6-10 per day | O 26-30 per day |
| O 11-15 per day | O 31 or more a day |

9.4 Have you had a drink containing alcohol in the last 12 months?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 9.12** | O Don’t know **> Go to 9.12** |

9.5 How often do you have a drink containing alcohol?

|  |  |
| --- | --- |
| O Monthly or less | O Up to 3 times a week |
| O Up to 4 times a month | O 4 or more times a week |

**For Questions 9.6 and 9.7 below, refer to the picture on next page for examples of the number of standard drinks in different alcoholic drinks.**

9.6 How many drinks containing alcohol do you have on a typical day when you are drinking?   
One drink means one *standard drink*, that is, one can or stubbie of beer, half a large bottle of beer, one small glass of wine or one shot of spirits.

|  |  |
| --- | --- |
| O 1 or 2 | O 7 to 9 |
| O 3 or 4 | O 10 to 11 |
| O 5 or 6 | O 12 or more |

9.7 How often do you have six or more standard drinks on one occasion?

|  |  |
| --- | --- |
| O Never | O Weekly |
| O Less than monthly | O Daily or almost daily |
| O Monthly |  |

9.8 How often during the last 12 months have you found that you were not able to stop drinking once you had started?

|  |  |
| --- | --- |
| O Never | O Weekly |
| O Less than monthly | O Daily or almost daily |
| O Monthly |  |

9.9 How often during the last 12 months have you had a feeling of guilt or remorse after drinking?

|  |  |
| --- | --- |
| O Never | O Weekly |
| O Less than monthly | O Daily or almost daily |
| O Monthly |  |



9.10 How often during the last 12 months have you been unable to remember what happened the night before because you had been drinking?

|  |  |
| --- | --- |
| O Never | O Weekly |
| O Less than monthly | O Daily or almost daily |
| O Monthly |  |

9.11 Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

|  |
| --- |
| O Yes, but not in the last 12 months |
| O Yes, during the last 12 months |
| O No |

9.12 Now a question about drugs. Remember that everything you say is anonymous.  
In the last 12 months, have you used any of the following drugs for recreational or non-medical purposes, or to get high? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Cannabis (marijuana, hash, hash oil) | 󠅣 Hallucinogens, for example LSD, mushrooms, ketamine |
| 󠅣 Ecstasy | 󠅣 Cocaine |
| 󠅣 Amphetamines, for example, ‘P’ (‘pure’ methamphetamine), ice (crystal methamphetamine), speed | 󠅣 Heroin, opium, homebake |
| 󠅣 Stimulants, for example Ritalin® | 󠅣 Hallucinogens, for example LSD, mushrooms, ketamine |
| 󠅣 Codeine, morphine, methadone, oxycodone, pethidine | 󠅣 No, none of the above |
| 󠅣 Sedatives, for example Valium, diazepam, temazepam | 󠅣 Don’t know |
| 󠅣 Cannabis (marijuana, hash, hash oil) | 󠅣 Other *(Please specify)*: |

9.13 Is there anything else that you want to share with us about your alcohol or other substance use?

|  |
| --- |
|  |

***Section 10:*** *This next section asks trans and non-binary students about their current experiences in secondary school / high school in Aotearoa New Zealand.*

10.1 Do you currently go to secondary school/high school?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 11.1** |

10.2 How do you feel about school?

|  |  |
| --- | --- |
| O I like school a lot | O I don't like school |
| O I like school a bit | O I don't like school at all |
| O It's OK |  |

10.3 How much do you feel that people at school care about you (like teachers, coaches or other adults)?

|  |  |  |
| --- | --- | --- |
| O Not at all | O Some | O A lot |

10.4 Do you feel like you are part of your school?

|  |  |
| --- | --- |
| O Yes | O No |

10.5 Do teachers at your school know your correct name, pronoun, or gender but refuse to use it?

|  |  |
| --- | --- |
| O Never | O Most of the time |
| O Sometimes | O Always |
| O About half of the time | O This does not apply to me |

10.6 Do other students at your school know your correct name, pronoun, or gender but refuse to use it?

|  |  |
| --- | --- |
| O Never | O Most of the time |
| O Sometimes | O Always |
| O About half of the time | O This does not apply to me |

10.7 Does your current school provide these options for trans and non-binary students?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Don’t know | Not applicable to my school |
| Unisex bathrooms / toilets | O | O | O | O |
| A gender neutral school uniform or dress code option | O | O | O | O |
| The choice of wearing either the girl's or boy's school uniform | O | O | O | O |
| A gender neutral clothing option for school sports | O | O | O | O |
| A safe space to meet other trans and non-binary students (e.g., a school-based diversity group or other support group) | O | O | O | O |
| Students can change their gender marker on school records | O | O | O | O |
| Students can change their name on school records | O | O | O | O |
| Students can bring a partner of any gender to the school ball / formal | O | O | O | O |
| Trans and non-binary students are welcome to play any social sport at school in their gender (e.g., a trans girl can play on a girls' netball team) | O | O | O | O |
| Trans and non-binary students can play competitive sport, in their gender, without having to be on hormones or hormone blockers | O | O | O | O |

10.8 Are you aware of other ways that your school does or does not include trans and non-binary students?

|  |
| --- |
| O Yes *(Please specify)*: |
| O No |

10.9 Do you belong to any clubs or teams at school other than sports teams (e.g. musical or singing group, cultural club, library group)?

|  |  |
| --- | --- |
| O Yes | O No |

10.10 Do you do activities to help others at school (e.g. peer support, tutoring, coaching, being a leader, helping others with work)?

|  |  |
| --- | --- |
| O Yes | O No |

10.11 How supportive are your classmates of you being trans or non-binary?

|  |  |
| --- | --- |
| O All of my classmates are supportive | O Most of my classmates are not supportive |
| O Most of my classmates are supportive | O All of my classmates are not supportive |
| O About half of my classmates are supportive | O My classmates do not know that I am trans |

10.12 In the last 12 months how often have you been bullied in school?

*Bullying* is when another student or group of students say, write, text or message nasty and unpleasant things to another student. Or the student is hit, kicked, threatened, pushed or shoved around. Bullying also means when a group of students completely ignores somebody and leaves them out of things on purpose. NetSafe provides advice about how what to do if you are bullied online at www.netsafe.org.nz.

|  |  |
| --- | --- |
| O I haven’t been bullied in school **> Go to 10.15** | O About once a week |
| O I haven’t been bullied in the last 12 months **> Go to 10.15** | O Several times a week |
| O It has happened once or twice | O Most days |

10.13 When it happens, how does it make you feel?

|  |  |
| --- | --- |
| O Not bad | O Really bad |
| O A little bad | O Terrible |
| O Pretty bad |  |

10.14 What was the reason you were bullied? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 I was bullied because of my ethnic group or culture | 󠅣 I was bullied because I am deaf or have a disability impairment |
| 󠅣 I was bullied because of my religion | 󠅣 I was bullied because I am smaller than the other people |
| 󠅣 I was bullied because I am gay or because people thought I was gay | 󠅣 I was bullied because my family is poor |
| 󠅣 I was bullied because I am trans/non-binary or because people thought I was trans/non-binary | 󠅣 I don’t know why I was bullied |
| 󠅣 I was bullied because of my size or body shape |  |

10.15 In the last month, how many times have you not gone to school because you were afraid someone might hurt, tease, or bully you?

|  |  |
| --- | --- |
| O Not at all | O Four or more times |
| O Once | O Not in the last month |
| O Two or three times |  |

10.16 How much do you agree with the following statements about being trans or non-binary at your current school?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Some-what agree | Neither agree nor disagree | Some-what disagree | Strongly disagree | Not  applicable |
| It is safe for trans and non-binary students to use a toilet or changing room that matches your gender (e.g. a trans boy can use the male toilets safely) | O | O | O | O | O | O |
| Trans and non-binary students can participate in any school activity, including female only or male only events, based on their gender | O | O | O | O | O | O |
| Students at the school are educated about what it means to be trans or non-binary | O | O | O | O | O | O |
| The school respects students' privacy and does not disclose if students are trans or non-binary, without their consent | O | O | O | O | O | O |
| The school makes it clear that it is does not tolerate bullying of students for being trans or non-binary | O | O | O | O | O | O |
| I know there is someone at school who I can complain to if a teacher says negative things about what it means to be trans or non-binary | O | O | O | O | O | O |
| It is safe for trans and non-binary students to use a toilet or changing room that matches your gender (e.g. a trans boy can use the male toilets safely) | O | O | O | O | O | O |
| Trans and non-binary students can participate in any school activity, including female only or male only events, based on their gender | O | O | O | O | O | O |

10.17 Is there anything more that you want to share about your experiences at school?

|  |
| --- |
|  |

***Section 11:*** *These next questions are about your experiences with police, adult prisons or youth justice residences in Aotearoa New Zealand.*

11.1 Have you been detained, held in custody, arrested or charged by the police since identifying as trans or non-binary? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 I was detained or held in custody | 󠅣 I have not been detained, held in custody, arrested or charged with an offence since identifying as trans or non-binary **> Go to 12.1** |
| 󠅣 I was arrested |
| 󠅣 I was charged with an offence | 󠅣 I have never been arrested or charged with an offence **> Go to 12.1** |

11.2 Did any of the following things ever happen to you when you were detained, held in custody, arrested, or charged by the police?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not applicable |
| Police knew your correct name, pronoun or gender but would not use it | O | O | O |
| Police asked you what was the right name, pronoun, or gender to use | O | O | O |
| Police put you in a cell with other people where you did not feel safe as a trans / non-binary person | O | O | O |
| Police gave you the choice of a cell with women, with men, or on your own | O | O | O |
| Police did not give you any choice about whether a male or female officer searched you | O | O | O |
| You had access to a shower that was safe for you to use as a trans or non-binary person | O | O | O |
| Police harassed or assaulted you because you are trans or non-binary | O | O | O |
| Police treated you badly in other ways because you are trans / non-binary *(Please specify)*: | O | O | O |
| Police treated you well in other ways because you are trans / non-binary *(Please specify)*: | O | O | O |

11.3 In the last 12 months, did any of the following things happen to you when you were detained, held in custody, arrested, or charged by the police? *Mark all that apply.*

|  |
| --- |
| O Police knew your correct name, pronoun or gender but would not use it |
| O Police asked you what was the right name, pronoun or gender to use |
| O Police put you in a cell with other people where you did not feel safe as a trans / non-binary person |
| O Police gave you the choice of a cell with women, with men, or on your own |
| O Police did not give you any choice about whether a male or female officer searched you |
| O You had access to a shower that was safe for you to use as a trans or non-binary person |
| O Police harassed or assaulted you because you are trans or non-binary |
| O Police treated you badly in other ways because you are trans / non-binary *(Please specify)*: |
| O Police treated you well in other ways because you are trans / non-binary *(Please specify)*: |

11.4 Have you ever been detained or held in custody in an adult jail or a youth detention facility (e.g. a borstal, or a youth justice residence)?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 11.7** |

11.5 Did any of the following things happen to you in jail, borstal, a youth justice residence or another detention facility?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not applicable |
| You were not given any choice about whether you were placed in a men's or women's prison | O | O | O |
| Prison staff explained that trans people can apply to move to a jail / detention facility that matches their gender | O | O | O |
| Prison staff knew your correct name, pronoun or gender but would not use it | O | O | O |
| You could choose whether you wanted a male or female officer to search you | O | O | O |
| Prison staff put you in a cell with other people where you did not feel safe as a trans / non-binary person | O | O | O |
| You had access to a shower that was safe for you to use as a trans or non-binary person | O | O | O |
| The prison would not let you start taking prescribed hormones while you were in the detention facility | O | O | O |
| You were allowed to have personal items that you needed as a trans / non-binary person (like a bra or chest binder, a packer, or tweezers to remove hair) | O | O | O |
| If you were already on hormones, you were allowed to continue them | O | O | O |
| The prison took your prescribed hormones away from you or stopped you from using them | O | O | O |
| You were kept isolated from other people because you are trans or non-binary | O | O | O |
| Prison staff harassed or assaulted you because you are trans or non-binary | O | O | O |
| You were treated badly in other ways because you are trans or non-binary *(Please specify)*: | O | O | O |
| You were treated well in other ways because you are trans or non-binary *(Please specify)*: | O | O | O |

11.6 In the last 12 months, did any of the following things happen to you in jail, borstal, a youth justice residence or another detention facility?

|  |
| --- |
| O You were not given any choice about whether you were placed in a men's or women's prison |
| O Prison staff explained that trans people can apply to move to a jail / detention facility that matches their gender |
| O Prison staff knew your correct name, pronoun or gender but would not use it |
| O You could choose whether you wanted a male or female officer to search you |
| O Prison staff put you in a cell with other people where you did not feel safe as a trans / non-binary person |
| O You had access to a shower that was safe for you to use as a trans or non-binary person |
| O The prison would not let you start taking prescribed hormones while you were in the detention facility |
| O You were allowed to have personal items that you needed as a trans / non-binary person (like a bra or chest binder, a packer, or tweezers to remove hair) |
| O If you were already on hormones, you were allowed to continue them |
| O The prison took your prescribed hormones away from you or stopped you from using them |
| O You were kept isolated from other people because you are trans or non-binary |
| O Prison staff harassed or assaulted you because you are trans or non-binary |
| O You were treated badly in other ways because you are trans or non-binary *(Please specify)*: |
| O You were treated well in other ways because you are trans or non-binary *(Please specify)*: |

11.7 Would you like to say anything about your experiences with the police or prisons?

|  |
| --- |
|  |

*The following questions are about whether you have trust in various institutions in Aotearoa New Zealand. Even if you have had very little or no contact with these institutions, please base your answer on your general impression of these institutions.*

11.8 How much do you trust:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0  Not at all | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  Completely |
| Police | O | O | O | O | O | O | O | O | O | O | O |
| Education system | O | O | O | O | O | O | O | O | O | O | O |
| Media | O | O | O | O | O | O | O | O | O | O | O |
| Courts | O | O | O | O | O | O | O | O | O | O | O |
| Parliament | O | O | O | O | O | O | O | O | O | O | O |

11.9 Is there anything that you want to say about your trust in institutions in Aotearoa NZ?

|  |
| --- |
|  |

***Section 12:*** *These questions are about housing difficulties you may have had, including being homeless or needing to stay in an emergency shelter or refuge.*

12.1 Have you ever experienced *homelessness*?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 12.3** |

12.2 What role, if any, has being trans or non-binary played in your experience of being homeless?

|  |
| --- |
|  |

12.3 Have any of the following housing situations ever happened to you, and was it because you are trans or non-binary? *Please provide an answer in each row.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes, this happened to me because of my gender | This happened to me but not because of my gender | This has never happened to me | This does not apply to me |
| I was evicted from my home/apartment | O | O | O | O |
| I was denied a home/apartment | O | O | O | O |
| I had to move back in with family members or friends | O | O | O | O |
| I had to move into a less expensive home/apartment. | O | O | O | O |
| I was homeless because of violence from a partner or family member | O | O | O | O |

**Answer this next question if you selected “Yes, this happened to me because of my gender” once or more times in the last question. Otherwise go to question 12.5.**

12.4 Have any of the following housing situations happened to you in the last 12 months because you are trans / non-binary? *Mark any that apply.*

|  |  |
| --- | --- |
| 󠅣 I was evicted from my home/apartment | 󠅣 I had to move into a less expensive home/apartment. |
| 󠅣 I was denied a home/apartment | 󠅣 I was homeless because of violence from a partner or family member |
| 󠅣 I had to move back in with family members or friends |  |

*The following questions are about your experiences with emergency housing in Aotearoa New Zealand.*

12.5 Have you ever tried to access an organisation for emergency housing, including a shelter or refuge? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Yes, and I stayed at one or more shelters or refuges **> Go to 12.7** | 󠅣 No, for other reasons. *(Please specify)*:  **> Go to 13.1** |
| 󠅣 Yes, but I was denied access to one or more shelters because I am trans or non-binary |
| 󠅣 No, because I feared I would be mistreated as a trans or non-binary person **> Go to 13.1** | 󠅣 I have never needed to stay at a shelter or refuge **> Go to 13.1** |

12.6 Do you believe that you have been denied access to a shelter or refuge in the last 12 months because you are trans or non-binary?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 13.1** |

12.7 Have any of these things ever happened to you in a shelter or refuge because you are trans or non-binary? *Mark any that apply.*

|  |  |
| --- | --- |
| 󠅣 I decided to dress/present as the wrong gender to feel safe in a shelter or refuge | 󠅣 I experienced unwanted sexual contact (such as fondling, sexual assault, or rape) |
| 󠅣 They required me to dress/present as the wrong gender in the shelter or refuge | 󠅣 I decided to leave a shelter because of poor treatment or unsafe conditions, even though I had no place to go |
| 󠅣 I was verbally harassed | 󠅣 I was thrown out after they learned I was trans or non-binary |
| 󠅣 I was physically attacked |

**Answer this question if you selected one or more options in 12.7. Otherwise go to question 13.1.**

12.8 In the last 12 months, have any of these things happened to you in a shelter or refuge because you are trans or non-binary? *Mark any that apply.*

|  |  |
| --- | --- |
| 󠅣 I decided to dress/present as the wrong gender to feel safe in a shelter or refuge | 󠅣 I experienced unwanted sexual contact (such as fondling, sexual assault, or rape) |
| 󠅣 They required me to dress/present as the wrong gender in the shelter or refuge | 󠅣 I decided to leave a shelter because of poor treatment or unsafe conditions, even though I had no place to go |
| 󠅣 I was verbally harassed | 󠅣 I was thrown out after they learned I was trans or non-binary |
| 󠅣 I was physically attacked |

***Section 13****: Some of the earlier questions have asked if you were treated unfairly because you are trans or non-binary. We have a few more questions about discrimination you may have faced in Aotearoa New Zealand. Some are about other reasons you have been treated unfairly, not just because you are trans or non-binary. We also ask questions about trans and non-binary people's experiences in different places including public bathrooms, airports, or aged care services.*

13.1 Have you ever experienced *discrimination*?

By *discrimination* we mean being treated unfairly or differently compared to other people. Some reasons for discrimination include: age, skin colour, way of dress or appearance, race or ethnic group, accent or language spoken, gender, sexual orientation, religious beliefs, disability or health issues.

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 13.6** | O Don’t know **> Go to 13.6** |

13.2 In the last 12 monthshave you been discriminated against?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 13.6** | O Don’t know **> Go to 13.6** |

13.3 What situation or situations were you in when you were ever discriminated against? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 In a shop or restaurant | 󠅣 Trying to get a job or at work |
| 󠅣 On the street or in a public place | 󠅣 Trying to rent housing |
| 󠅣 Seeking medical care | 󠅣 At school |
| 󠅣 Dealing with the police |  |
| 󠅣 Other *(Please specify)*: | |

**Answer this question if you selected one or more options in 13.3. Otherwise go to question 13.6.**

13.4 Were you discriminated against in any of these situations in the last 12 months? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 In a shop or restaurant | 󠅣 Trying to get a job or at work |
| 󠅣 On the street or in a public place | 󠅣 Trying to rent housing |
| 󠅣 Seeking medical care | 󠅣 At school |
| 󠅣 Dealing with the police |  |
| 󠅣 Other *(Please specify)*: | |

13.5 Why do you think you were discriminated against in the last 12 months?

|  |  |
| --- | --- |
| 󠅣 Age | 󠅣 Gender |
| 󠅣 Skin colour | 󠅣 Sexual orientation |
| 󠅣 The way I dress or my appearance | 󠅣 Religious beliefs |
| 󠅣 Race or ethnic group | 󠅣 Disability or health issues |
| 󠅣 My accent or the language I speak | 󠅣 Don’t know |
| 󠅣 Other *(Please specify)*: | |

13.6 Have you ever avoided any of these places because you thought you would be mistreated for being trans or non-binary?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I have never used this service or place |
| Drug or alcohol treatment program | O | O | O |
| Driver licensing services | O | O | O |
| Work and Income to apply for a benefit or entitlement (including StudyLink, Senior Services, and Heartland Services) | O | O | O |
| Gym / pool | O | O | O |
| Legal services from a lawyer, clinic, or legal professional | O | O | O |
| Court / courthouse | O | O | O |
| Sports clubs or team | O | O | O |
| A bank | O | O | O |
| Aged care (e.g. rest home, retirement village, or home care services) | O | O | O |
| Public transport (such as bus, train, taxi, Uber) | O | O | O |
| Retail store | O | O | O |
| Restaurant, hotel, theatre | O | O | O |

**Answer the next question if you selected Yes in the previous question, because you have avoided one or more places because you thought you would be mistreated for being trans or non-binary. Otherwise go to question 13.8.**

13.7 In the last 12 months, have you avoided any of these places because you thought you would be mistreated for being trans or non-binary? *Mark any that apply.*

|  |  |
| --- | --- |
| 󠅣 Drug or alcohol treatment program | 󠅣 Sports clubs or team |
| 󠅣 Driver licensing services | 󠅣 A bank |
| 󠅣 Work and Income to apply for a benefit or entitlement (including StudyLink, Senior Services, and Heartland Services) | 󠅣 Aged care (e.g. rest home, retirement village, or home care services) |
| 󠅣 Gym / pool | 󠅣 Public transport (such as bus, train, taxi, Uber) |
| 󠅣 Legal services from a lawyer, clinic, or legal professional | 󠅣 Retail store |
| 󠅣 Court / courthouse | 󠅣 Restaurant, hotel, theatre |

13.8 Have any of these things ever happened to you because you are trans or non-binary when you visited or used services at these places? *Mark all that apply.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Treated unfairly | Verbally harassed | Physically attacked | Treated fairly as a trans or non-binary person | None of these things happened to you at this place | You have not used this service or place |
| Drug or alcohol treatment program | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Driver licensing services | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Work and Income (including StudyLink, Senior Services, and Heartland Services) | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Gym/pool | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Legal services from a lawyer, clinic, or legal professional | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Court/courthouse | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| A bank | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Aged care (e.g. rest home, retirement village, or home care services) | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Public transport (such as bus, train, taxi, Uber) | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Retail store | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| Restaurant, hotel, theatre | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 | 󠅣 |

13.9 Have you ever used aged care services or explored this as an option?  
This could be home care services, a rest home, nursing home, retirement village, or other aged care service.

|  |  |
| --- | --- |
| O Yes | O No **> Go to 13.12** |

13.10 Please explain how well these aged cared services have respected your needs as a trans or non-binary person.

|  |
| --- |
|  |

13.11 Have you ever felt you needed to change how you express your gender, to avoid being treated unfairly by an aged care service?

|  |
| --- |
| O Yes *(Please specify)*: |
| O No |

*The next questions are about travelling through an airport in Aotearoa New Zealand, including when you board a plane to go overseas. The questions are not about overseas airports, because they are not covered by NZ laws.*

13.12 In the last 12 months, have you avoided travelling through an airport in Aotearoa New Zealand because of either of the following? *Mark all that apply.*

|  |
| --- |
| 󠅣 Concerns about having problems with my name or gender on my identification documentation |
| 󠅣 Concerns about going through airport security |
| 󠅣 No, I have not avoided traveling through an airport in the last 12 months |
| 󠅣 I have not needed to travel through an airport in the last 12 months |

13.13 Have you ever travelled by plane from an airport in Aotearoa New Zealand?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 13.15** |

13.14 Have you experienced any of the following while travelling by plane from an airport in Aotearoa New Zealand? *Mark all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, for a domestic NZ flight | Yes, for a flight heading overseas | No |
| Someone at the airport questioned the name or gender on my ID | 󠅣 | 󠅣 | 󠅣 |
| Someone at the airport deliberately did not use my correct name, pronoun, or title (such as Mr. or Ms.) | 󠅣 | 󠅣 | 󠅣 |
| Airport security patted me down due to gender-related clothing or items (such as a binder, packer, or padded bra) | 󠅣 | 󠅣 | 󠅣 |
| I was patted down by an airport security officer whose gender was not appropriate for doing this search on me | 󠅣 | 󠅣 | 󠅣 |
| Airport security searched my bag due to a gender-related item (such as a packer or prescribed hormones) | 󠅣 | 󠅣 | 󠅣 |
| I missed my flight due to problems with screening or questioning the name or gender on my ID | 󠅣 | 󠅣 | 󠅣 |
| I was not allowed to fly due to problems with screening or questioning the name or gender on my ID | 󠅣 | 󠅣 | 󠅣 |

*These questions are about your experiences using shared or public bathrooms.*

13.15 Has anyone ever done these things to you when you have tried to use a bathroom?   
*Mark any that apply.*

|  |
| --- |
| 󠅣 Told or asked you if you were using the wrong bathroom |
| 󠅣 Stopped you entering a bathroom |
| 󠅣 Verbally harassed you when you tried to use a public bathroom |
| 󠅣 Physically attacked you when you tried to use a public bathroom |
| 󠅣 Sexually harassed you when you tried to use a public bathroom |

**Answer this next question if you selected one or more options in the last question about your experiences trying to use a bathroom. Otherwise, go to question 13.17.**

13.16 In the last 12 months, did anyone do these things to you when you have tried to use a bathroom?  
*Mark any that apply.*

|  |
| --- |
| 󠅣 Told or asked you if you were using the wrong bathroom |
| 󠅣 Stopped you entering a bathroom |
| 󠅣 Verbally harassed you when you tried to use a public bathroom |
| 󠅣 Physically attacked you when you tried to use a public bathroom |
| 󠅣 Sexually harassed you when you tried to use a public bathroom |

13.17 How often have you avoided going to a shared or public bathroom because you are afraid of having problems using them, since you are trans or non-binary?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Always | Often | Sometimes | Rarely | Never |
| In the last 12 months | O | O | O | O | O |
| Prior to the last 12 months | O | O | O | O | O |

**If you selected ‘never’ to both of the options in the last question, go to question 13.19.**

13.18 Have you experienced any of the following because you avoided using a shared or public bathroom?   
*Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Not going when needed (“holding it”) | 󠅣 Longer term loss of bladder control / incontinence |
| 󠅣 Avoided drinking or eating | 󠅣 Kidney infection or other kidney-related problems |
| 󠅣 Loss of bladder control at the time | 󠅣 Not listed above *(Please specify)*: |
| 󠅣 Stress or anxiety from worrying about the bathroom |
| 󠅣 Urinary tract infection | 󠅣 I have never had physical problems from avoiding bathrooms |

*These questions are to ask you about your understanding of New Zealand law.*

13.19 Do you think New Zealand law protects people against discrimination for being trans or non-binary?

|  |
| --- |
| O Yes, I think we are all protected |
| O I think only some of us are protected |
| O No, I do not think any trans or non-binary people are protected |
| O I don’t know |

13.20 If you were discriminated against because you are trans or non-binary, how confident are you that the New Zealand legal system would protect you?

|  |  |  |  |
| --- | --- | --- | --- |
| O Not at all confident | O Moderately confident | O Very confident | O Completely confident |

13.21 Is there anything else that you would like to tell us about your experiences of acceptance or discrimination in Aotearoa New Zealand, so we can better understand your experiences?

|  |
| --- |
|  |

***Section 14****: The next questions are about crime. Crime includes damage to personal property, theft, assault, and threats*.

14.1 In the last 12 months, were any crimes committed against you?

Please include crimes:  
 - that happened in New Zealand  
 - that were committed by a stranger, or by someone you know  
 - whether you reported them to the police or not

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 14.3** | O Don’t know **> Go to 14.3** |

14.2 Was there more than one crime committed against you in the last 12 months?

|  |  |  |
| --- | --- | --- |
| O Yes | O No | O Don’t know |

14.3 Thinking about crime in Aotearoa New Zealand, how safe or unsafe do you feel...?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very safe | Safe | Neither safe nor unsafe | Unsafe | Very unsafe | This does not apply |
| At home by yourself at night | O | O | O | O | O | O |
| Walking alone in your neighbourhood after dark | O | O | O | O | O | O |
| Waiting for or using public transport such as buses and trains at night | O | O | O | O | O | O |
| Using the internet for online transactions | O | O | O | O | O | O |
| Dating and socialising | O | O | O | O | O | O |

*The next few questions are about sexual violence in Aotearoa New Zealand. If you would like to talk to someone about sexual violence you have experienced, free call or text 1737 any time for support from a trained counsellor, or contact OUTLine, a confidential rainbow community phone helpline: 0800 OUTLINE 688 5463 or* http://www.outline.org.nz/ *The Counting Ourselves team can be contacted at 021 048 1557   
Remember all of your answers are completely anonymous and confidential.*

14.4 Have any of the following things ever happened to you because you are trans or non-binary?   
*Mark all that apply.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | On a mobile phone | On the Internet | By letters or notes | This has not happened to me |
| I was sent nasty or threatening messages | 󠅣 | 󠅣 | 󠅣 | 󠅣 |
| I was sent unwanted sexual messages, designed to harm or upset me (such as pornographic pictures, videos, or words) | 󠅣 | 󠅣 | 󠅣 | 󠅣 |

*The next questions are about sexual violence. They are taken from the New Zealand General Social Survey.*

14.5 Since the age of 13, has anyone *tried* to make you have sex with them, against your will?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 14.9** | O Don’t know |

14.6 Since the age of 13, has anyone actually made you have sex with them, against your will?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **> Go to 14.9** | O Don’t know **> Go to 14.9** |

14.7 Was this person . . . . ?

|  |
| --- |
| O Someone you were, or had been, in a relationship with |
| O Someone known to you as a family member or friend |
| O Someone known to you but not as a family member or friend |
| O Someone you didn’t know |
| O Other *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| O Don’t know |

14.8 Did you get support from any of these places at that time or since then?   
*Mark all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, at the time | Yes, but not until later | No |
| Friend(s) | 󠅣 | 󠅣 | 󠅣 |
| A rape or sexual abuse service | 󠅣 | 󠅣 | 󠅣 |
| Counsellor(s) | 󠅣 | 󠅣 | 󠅣 |
| Police | 󠅣 | 󠅣 | 󠅣 |
| Family / whānau | 󠅣 | 󠅣 | 󠅣 |
| Partner(s) | 󠅣 | 󠅣 | 󠅣 |
| Other trans or non-binary people | 󠅣 | 󠅣 | 󠅣 |
| Another person or service *(Please specify)*: | 󠅣 | 󠅣 | 󠅣 |

14.9 Is there anything else you would like to share about your experience of sexual violence, including any support you found?

|  |
| --- |
|  |

***Section 15:*** *The next two questions are about your sense of connection to different communities, including other trans and non-binary people.*

15.1 On the scale of zero to ten, how would you describe your sense of belonging to:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0  No sense of belonging | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  Very strong sense of belonging |
| My neighbourhood | O | O | O | O | O | O | O | O | O | O | O |
| The company or organisation I work the most hours for | O | O | O | O | O | O | O | O | O | O | O |
| My ethnic group | O | O | O | O | O | O | O | O | O | O | O |
| The trans or non-binary community | O | O | O | O | O | O | O | O | O | O | O |
| The LGBTIAQ+ / rainbow or takatāpui community | O | O | O | O | O | O | O | O | O | O | O |

15.2 How do you socialise with other trans or non-binary people? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 In political activism | 󠅣 In support groups |
| 󠅣 Socialising in person | 󠅣 I don't socialise with other trans or non-binary people |
| 󠅣 Socialising on-line (such as Facebook or Twitter) | 󠅣 Not listed above *(Please specify)*: |

***Section 16:*** *These next questions are about your sense of connection to your culture or ethnic background.*

16.1 How much do you agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
| I have spent time trying to find out more about my ethnic background, such as its history, traditions, and customs. | O | O | O | O | O |
| I have a strong sense of belonging to my own ethnic group(s). | O | O | O | O | O |
| I understand pretty well what belonging to my ethnic group(s) means to me. | O | O | O | O | O |
| I have often done things that will help me understand my ethnic background better. | O | O | O | O | O |
| I have often talked to other people in order to learn more about my ethnic background. | O | O | O | O | O |
| I feel a strong attachment towards my own ethnic group(s). | O | O | O | O | O |
| I feel a strong attachment to the land that underpins my ethnic or cultural identity or identities. | O | O | O | O | O |

**Answer question 16.2 if you strongly or somewhat agreed that you have a strong attachment to the land that underpins your ethic or cultural identity. Otherwise go to question 16.3.**

16.2 Does being connected to any of these things help you feel connected to your culture or ethnic background? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 kāinga / home | 󠅣 mara / garden |
| 󠅣 moana / ocean | 󠅣 whenua |
| 󠅣 roto / lake | 󠅣 tūrangawaewae |
| 󠅣 maunga / mountain | 󠅣 Others *(Please specify)*: |
| 󠅣 awa / river |

16.3 What are the heritage languages of your family/whānau's culture? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Māori | 󠅣 New Zealand Sign Language |
| 󠅣 English **> Go to 16.5** | 󠅣 Other language(s) *(Please specify)*: |
| 󠅣 Samoan | 󠅣 I do not know my family/whānau's culture |

16.4 How well are you able to understand a non-English language of your family/whānau’s culture? By this we mean more than a few words or phrases.

|  |  |
| --- | --- |
| O Very well | O Not very well |
| O Well | O No more than a few words or phrases |
| O Fairly well |  |

16.5 About how many times in the last 12 months have you attended an event that celebrates your cultural identity?

|  |  |  |  |
| --- | --- | --- | --- |
| O None | O Once | O Twice | O 3–5 times |
| O 6–10 times | O 11–20 times | O More than 20 times | O This does not apply to me |

16.6 Sometimes people need others to help them with cultural practices such as going to a ceremony, speaking at a celebration, or blessing a person/event/cultural object. How easy or hard would it be to find someone to help you with these kinds of things?

|  |  |
| --- | --- |
| O Very easy | O Hard |
| O Easy | O Very hard |
| O Sometimes easy | O This does not apply to me |
| O Sometimes hard |  |

16.7 Is there anything else you want to share about your sense of connection to your cultural or ethnic background?

|  |
| --- |
|  |

***Section 17:*** *This question is about your sense of connection to nature and the environment*.

17.1 How much do you agree or disagree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Disagree strongly | Disagree a little | Neither agree or disagree | Agree a little | Agree strongly |
| I always think about how my actions affect the environment. | O | O | O | O | O |
| My connection to the environment is a part of my spirituality. | O | O | O | O | O |
| My relationship to the environment is an important part of who I am. | O | O | O | O | O |
| I feel very connected to all living things and the earth. | O | O | O | O | O |
| My ideal vacation spot would be a remote, wilderness area. | O | O | O | O | O |
| I take notice of wildlife wherever I am | O | O | O | O | O |
| Spending time with animals makes me feel good. | O | O | O | O | O |

***Section 18****: The next question about your religion is from the Census. This is followed by other questions about your experiences (if any) with spiritual or religious communities.*

18.1 What is your religion?

|  |  |
| --- | --- |
| O Christian | O Muslim |
| O Buddist | O Other religion *(Please specify)*: |
| O Hindu |
| O Jewish | O No religion |

*We now have some questions about any spiritual or religious community you have participated in.*

*For example, this might include attending a temple, church, mosque, or other place of worship.*

18.2 How important to you are your spiritual beliefs or religious faith?

|  |  |  |
| --- | --- | --- |
| O Very important | O Somewhat | O Not important **> Go to 18.5** |

18.3 Are you currently a member of a spiritual or religious community?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 18.5** |

18.4The two parts of this question are about your participation in any spiritual or religious community.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | A little | Some | A lot |
| Do you feel you belong in your spiritual or religious community? | O | O | O | O |
| Do adults at your church, mosque, or temple respect you? | O | O | O | O |

18.5 Have you ever left a spiritual or religious community because you were afraid they might reject you because you are trans or non-binary?

|  |  |
| --- | --- |
| O Yes | O No |

18.6 Have you ever left a spiritual/religious community because they did reject you because you are trans or non-binary?

|  |  |
| --- | --- |
| O Yes | O No |

18.7 Is there anything else you would like to share about your spiritual beliefs or religious faith, or your experiences participating in a spiritual or religious community?

|  |
| --- |
|  |

***Section 19:*** *These questions are about your relationships with whānau / family and friends.*

19.1 Where zero means extremely badly and ten means extremely well, how would you rate how your *whānau / family* is doing these days in general? Include all areas of life for your family. Your *family* is the group of people that you think of as your family.

|  |  |
| --- | --- |
| O 0 | O I don't have a whānau / family **> Go to 19.8** |
| O 1 | O I can't define my whānau / family **> Go to 19.8** |
| O 2 | O I don't know **> Go to 19.8** |
| O 3 |  |
| O 4 |  |
| O 5 |  |
| O 6 |  |
| O 7 |  |
| O 8 |  |
| O 9 |  |
| O 10 |  |

19.2 Which group or groups were you thinking about as your whānau / family? *Mark all that apply.*

|  |
| --- |
| 󠅣 Parents, partner / spouse, brothers and sisters, brothers / sisters / parents in law, children |
| 󠅣 Grandparents, grandchildren |
| 󠅣 Aunts and uncles, cousins, nephews and nieces, other in-laws |
| 󠅣 Close friends, others |
| 󠅣 Don't know |

19.3 In general, how would you rate the way your whānau / family get along with one another?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| O Very well | O Well | O Neither well nor badly | O Badly | O Very badly | O Don't know |

19.4 On average, how supportive of you being trans or non-binary are the whānau / family you grew up with (e.g., mother, father, sister, brothers, etc.)?

|  |  |
| --- | --- |
| O All of my whānau / family are supportive | O None of them know that I am trans/non-binary **> Go to 19.7** |
| O Most of my whānau / family are supportive | O I have no people like this in my life **> Go to 19.7** |
| O About half of my whānau / family are supportive |  |
| O Most of my whānau / family are unsupportive |  |
| O All of my whānau / family are unsupportive |  |

19.5 Did any of your whānau / family members you grew up with (mother, father, sisters, brothers, etc.) do any of these things to you because you are trans or non-binary? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Stopped speaking to me for a long time or ended our relationship | 󠅣 Sent me to a therapist, counselor, or religious advisor to stop me from being trans/non-binary |
| 󠅣 Were violent towards me | 󠅣 None of the above |
| 󠅣 Kicked me out of the house | 󠅣 I did not grow up with a whānau / family |
| 󠅣 Did not allow me to wear the clothes that matched my gender |  |

19.6 Did any of your whānau / family members you grew up with (e.g., mother, father, sisters, brothers, etc) do any of these things to support you? *Mark all that apply.*

|  |
| --- |
| 󠅣 Told me that they respect and/or support me |
| 󠅣 Used my preferred name |
| 󠅣 Used your correct pronouns (such as he / she / they / ia) |
| 󠅣 Lent or gave me money to help with any part of my gender transition |
| 󠅣 Helped me change my name and/or gender on my identity documents (ID), such as doing things like filling out papers or going with me to court |
| 󠅣 Did research to learn how to best support me (such as reading books, using online information, or attending a conference) |
| 󠅣 Stood up for me with whānau, family, friends, or others |
| 󠅣 Supported me in another way not listed above *(Please specify)*: |
| 󠅣 None of the above |

19.7 Please think about all the contact you have with your whānau / family or relatives (who don't live with you). How would you describe the amount of contact you have with them?

|  |  |
| --- | --- |
| O Too much contact | O Not enough contact |
| O About the right amount of contact | O Don’t know |

19.8 Do you have a friend or friends that you can talk to about anything?

|  |  |
| --- | --- |
| O Yes | O No |

19.9 How much do you feel your friends care about you?

|  |  |
| --- | --- |
| O A lot | O Not at all |
| O Some | O I don't know |

19.10 Please think about all the contact you have with your friends (who don't live with you). How would you describe the amount of contact you have with them?

|  |  |
| --- | --- |
| O Too much contact | O Not enough contact |
| O About the right amount of contact | O Don’t know |

19.11 People who have contact with family and friends can still feel lonely sometimes, while those who have little contact may not feel lonely at all.  
In the last four weeks, how much of the time have you felt lonely?

|  |  |
| --- | --- |
| O None of the time | O Most of the time |
| O A little of the time | O All of the time |
| O Some of the time | O Don’t know |

19.12 Suppose you urgently needed a place to stay. How easy or hard would it be to ask someone you know to stay with them?

|  |  |
| --- | --- |
| O Very easy | O Hard |
| O Easy | O Very hard |
| O Sometimes easy, sometimes hard | O I would not ask to stay with anyone |
| O Don’t know |  |

19.13 How much do you agree with these statements?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | I don't know |
| I have been rejected or distanced from my whānau/family because of my gender identity or expression. | O | O | O | O | O | O |
| I have been rejected or distanced from my friends because of my gender identity or expression. | O | O | O | O | O | O |
| I can always rely on a friend or family or whānau member for support if I need it. | O | O | O | O | O | O |
| I can always rely on other trans or non-binary people. | O | O | O | O | O | O |

19.14 Is there anything else you would like to share with us about your interactions with friends or with whānau / family members?

|  |
| --- |
|  |

***Section 20:*** *These questions are about changing your name, sex, or gender on official identity documents (IDs). This could be on your birth certificate, passport, health records, driver licence, student records or other official documents that have your name or gender on them.*

20.1 Have you legally changed your *name* to reflect your current gender?

|  |
| --- |
| O Yes, I have changed it **>** **Go to 20.4** |
| O I am currently changing it **>** **Go to 20.4** |
| O No |

20.2 Do you want to legally change your name to reflect your gender?

|  |  |  |
| --- | --- | --- |
| O Yes | O No **>** **Go to 20.4** | O Not sure **>** **Go to 20.4** |

20.3 What are the reasons why you have *not*legally changed your name? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 I plan to in the future but have not tried yet | 󠅣 I believe I am not allowed to change my name here (for example, because I am not a NZ resident) |
| 󠅣 I tried but my request was denied | 󠅣 I am not "out" yet as a trans or non-binary person |
| 󠅣 I cannot afford it | 󠅣 I am worried that changing my name would put me at risk of harm or discrimination |
| 󠅣 It is not possible to change my name on my overseas identity documents | 󠅣 I don’t know how to do this |
| 󠅣 A reason not listed above *(Please specify)*: | |

20.4 Thinking about how your name is listed on all of your IDs and records that list your name, such as your birth certificate, driver’s license, passport, 18+ card etc. Which of the statements below is most true?

|  |
| --- |
| O All of my IDs and records list the name I prefer |
| O Most of my IDs and records list the name I prefer |
| O About half of my IDs and records list the name I prefer |
| O Most of my IDs and records do NOT list the name I prefer |
| O None of my IDs and records list the name I prefer |

20.5 Which of the following is true about your birth certificate?  
Your *birth certificate* is usually from the country that you were born in.

|  |
| --- |
| O My birth certificate is from Aotearoa/New Zealand |
| O My birth certificate is from overseas |
| O I do not know which country my birth certificate is from. |
| O I do not have a birth certificate |

20.6 Which of the following are true about your passport(s)? *Mark all that apply.*

|  |
| --- |
| O I have a passport from Aotearoa New Zealand |
| O I have a passport from an overseas country |
| O I do not have a passport |

20.7 How is your gender listed on the following IDs and records?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | The correct gender is listed | The incorrect gender is listed | There is no gender listed | I do not have one of these | I do not know what gender is listed |
| Birth certificate | O | O | O | O | O |
| New Zealand Passport | O | O | O | O | O |
| An overseas passport | O | O | O | O | O |
| National Health Index (NHI) record | O | O | O | O | O |
| Student records (for your current institution or the last one you attended) | O | O | O | O | O |

**Answer question 20.8 if you selected “The incorrect gender is listed” for one or more IDs or records in the last question. Otherwise go to question 20.9**

20.8 You said that the gender listed on your some of your documents is incorrect. What are the reasons for this? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 I do not want to change my gender marker | 󠅣 I believe I am not allowed to change my gender marker, because I am not a NZ resident |
| 󠅣 The gender options that are available (male or female) do not fit my gender | 󠅣 I am not allowed to change my gender on some documents because I have not taken medical transition steps |
| 󠅣 I plan to but have not tried to change my gender details yet | 󠅣 I am not ready yet to change these |
| 󠅣 One or more requests to change my gender details were denied | 󠅣 I am worried that changing my gender would put me at risk of harm or discrimination |
| 󠅣 I cannot afford it | 󠅣 I do not know how to do this |
| 󠅣 It is not possible to change my gender on my overseas identity documents |  |
| 󠅣 A reason not listed above *(Please specify)*: | |

20.9 Have any of these things ever happened to you when you have shown an ID with a name or gender that does not match your appearance? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 I have been verbally harassed | 󠅣 I have been denied services or benefits |
| 󠅣 I have been asked to leave | 󠅣 I have had none of these problems **> Go to 20.11** |
| 󠅣 I have been assaulted/attacked | 󠅣 This has never happened to me - I have only shown IDs that match **> Go to 20.11** |

20.10 In the last 12 months, did any of these things happen to you when you have shown an ID with a name or gender that does not match your appearance? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 I have been verbally harassed | 󠅣 I have been assaulted/attacked |
| 󠅣 I have been asked to leave | 󠅣 I have been denied services or benefits |

20.11 Is there anything else you want to share about your experiences with identity documents or other official records?

|  |
| --- |
|  |

***Section 21:*** *These two questions are about your highest qualification and if it has your current name and gender on it.*

21.1 What is your highest completed qualification?

|  |  |
| --- | --- |
| O None **> Go to 22.1** | O Level 6 Diploma |
| O Level 1 Certificate | O Bachelor's Degree or Level 7 qualification |
| O Level 2 Certificate | O Bachelor's Honours Degree or Postgraduate Certificate / Diploma |
| O Level 3 Certificate (including School Certificate) | O Master's Degree |
| O Level 4 Certificate (including Sixth Form Certificate) | O Doctoral degree |
| O Level 5 Diploma (including University Entrance / Bursary) | O Other *(Please specify)*: |

21.2 Does your highest qualification accurately reflect your current name and gender?  
*Mark all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Unsure |
| My correct name | O | O | O |
| My correct gender | O | O | O |

***Section 22:*** *These questions are about your income and your work experiences.*

22.1 What is the total income that *you yourself* got from *all sources,* before tax or anything was taken out of it, in the last 12 months?

|  |  |
| --- | --- |
| O Loss | O $35,001 – $40,000 |
| O Zero income | O $40,001 – $50,000 |
| O $1 – $5,000 | O $50,001 – $60,000 |
| O $5,001 – $10,000 | O $60,001 – $70,000 |
| O $10,001 – $15,000 | O $70,001 – $100,000 |
| O $15,001 – $20,000 | O $100,001 – $150,000 |
| O $20,001 – $25,000 | O $150,001 or more |
| O $25,001 – $30,000 | O Don’t know |
| O $30,001 – $35,000 |  |

22.2 In the last 12 months, to what extent have you done any of the following things to keep costs down?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | A little | A lot | Don’t know |
| Gone without fresh fruit or vegetables | O | O | O | O |
| Postponed or put off visits to the doctor | O | O | O | O |
| Done without, or cut back on, trips to the shops or other local places | O | O | O | O |
| Spent less on hobbies or other special interests than I would like | O | O | O | O |
| Put up with feeling cold | O | O | O | O |
| Delayed replacing, or repairing, broken or damaged appliances? | O | O | O | O |

22.3 Do you think that being trans or non-binary makes it hard for you to get paid work?

*Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Yes, if I have to show a qualification, work visa, or ID document with my old name or gender marker | 󠅣 Yes, for other reasons *(Please specify)*: |
| 󠅣 Yes, it is hard to share a previous work history that is under another name or gender |
| 󠅣 Yes, when the application form questions force me to disclose I am trans or non-binary | 󠅣 No |
| 󠅣 Yes, interviewers have discriminated against me when they realised I am trans or non-binary | 󠅣 Don't know |
| 󠅣 Yes, because of my gender expression or appearance | 󠅣 I have never applied for any paid work |

22.4 Have you ever worked at a job or business?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 22.12** |

22.5 Which of these statements best describes yourcurrentwork situation?

|  |  |
| --- | --- |
| O Working in paid employment (includes self-employment) | O Other (Please specify) |
| O Not in paid work and looking for a job |
| O Not in paid work and not looking for a job (for any reason, such as being retired, a homemaker, caregiver, or full-time student) | O Don’t know |

**Answer questions 22.6 to 22.9 if you selected “working in paid employment” in question 22.5 above. Otherwise go to question 22.10**

22.6 How many hours a week do you usually work?

|  |
| --- |
| O Number of hours *(Please specify)*: |
| O Don’t know |

22.7 On average, how supportive are your current co-workers with you being trans or non-binary?

|  |  |
| --- | --- |
| O All of my co-workers are supportive | O Most of my co-workers are not supportive |
| O Most of my co-workers are supportive | O All of my co-workers are not supportive |
| O About half of my co-workers are supportive | O My co-workers are not aware of my trans or non-binary gender |

22.8 Please think about the last four weeks in your *main* job. How do you feel about that job?

Your *main job* is the job that you worked the most hours in over the last four weeks*.*

|  |  |
| --- | --- |
| O Very satisfied | O Dissatisfied |
| O Satisfied | O Very dissatisfied |
| O No feeling either way | O Don’t know |

22.9 Thinking about your main job, do these people at your work know your correct name, pronoun, or gender but refuse to use it?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | Sometimes | About half of the time | Most of the time | Always | This does not apply to me |
| Your employer | O | O | O | O | O | O |
| Your manager/supervisor | O | O | O | O | O | O |
| Other people you work with | O | O | O | O | O | O |

22.10 Have any of the following things ever happened to you at work because you are trans or non-binary? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 You did not disclose that you were trans or non-binary because you feared discrimination | 󠅣 You delayed steps in your gender transition, because you worried about discrimination at work |
| 󠅣 You were given worse pay or conditions than co-workers | 󠅣 You transitioned at work with the support of your employer |
| 󠅣 Your employer/boss or co-workers shared information about you or your transition that they should not have | 󠅣 You stayed in a job you would prefer to leave |
| 󠅣 You were not allowed to use the workplace bathroom that matched your gender | 󠅣 You stayed in a job that you were overqualified for |
| 󠅣 You were removed from direct contact with clients, customers, or patients. | 󠅣 You quit a job because of how you were treated as a trans or non-binary person |
| 󠅣 You were denied promotion at a job | 󠅣 Lost a job or were fired, or forced to resign |
| 󠅣 You were treated fairly and with respect at work after disclosing you were trans or non-binary |  |

**Answer question 22.11 if you selected one or more options in question 22.10 above.**

22.11 Did any of these things happen in the last 12 months because you are trans or non-binary?

*Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 You did not disclose that you were trans or non-binary because you feared discrimination | 󠅣 You delayed steps in your gender transition, because you worried about discrimination at work |
| 󠅣 You were given worse pay or conditions than co-workers | 󠅣 You transitioned at work with the support of your employer |
| 󠅣 Your employer/boss or co-workers shared information about you or your transition that they should not have | 󠅣 You stayed in a job you would prefer to leave |
| 󠅣 You were not allowed to use the workplace bathroom that matched your gender | 󠅣 You stayed in a job that you were overqualified for |
| 󠅣 You were removed from direct contact with clients, customers, or patients. | 󠅣 You quit a job because of how you were treated as a trans or non-binary person |
| 󠅣 You were denied promotion at a job | 󠅣 Lost a job or were fired, or forced to resign |
| 󠅣 You were treated fairly and with respect at work after disclosing you were trans or non-binary |  |

22.12 In the last 4 weeks, which of these have you done, without pay? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Household work, cooking, repairs, gardening, etc, for my own household | 󠅣 Help or voluntary work for or through any takatāpui/LGBTIAQ+ community organisation or group |
| 󠅣 Looked after a child who is a member of my household | 󠅣 Other voluntary work for or through any organisation, group or marae |
| 󠅣 Looked after a member of my household who is ill or has a disability | 󠅣 Studied for 20 hours or more per week at school or any other place |
| 󠅣 Looked after a child (who does not live in my household) | 󠅣 Studied for less than 20 hours per week at school or any other place |
| 󠅣 Helped someone who is ill or has a disability (who does not live in my household) | 󠅣 None of these |
| 󠅣 Other help or voluntary work for or through any trans/non-binary community organisation or group | 󠅣 Don’t know |

22.13 Is there anything else you want to share about your experiences looking for a job or when you have had paid or unpaid work?

|  |
| --- |
|  |

***Section 23****: These questions ask how you feel about being trans or non-binary and your sense of connection to other trans or non-binary people or communities.*

23.1 Please indicate how much you agree with the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
| Being trans or non-binary makes me feel special and unique. | O | O | O | O | O |
| I am proud to be a trans or non-binary person. | O | O | O | O | O |
| If I choose not to disclose my trans or non-binary identity, I am still proud of who I am. | O | O | O | O | O |
| I am comfortable revealing to others that I am trans or non-binary. | O | O | O | O | O |
| I feel part of a community of trans or non-binary people. | O | O | O | O | O |
| I feel connected to other trans or non-binary people. | O | O | O | O | O |

23.2 Please indicate how much you agree with the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly Agree |
| I wish I wasn't trans or non-binary. | O | O | O | O | O |
| I feel that being trans or non-binary is a personal shortcoming for me. | O | O | O | O | O |
| I wish that I could identify more closely with the sex I was assigned at birth. | O | O | O | O | O |
| I believe some people are too 'out' about being trans or non-binary. | O | O | O | O | O |
| If I express my gender, most people would think less of me. | O | O | O | O | O |
| Because I don't want others to know I am trans or non-binary, I pay special attention to my appearance. | O | O | O | O | O |

*These questions are about trans and non-binary role models. These could be people you know personally, or people you have read about or seen on TV or in the movies or know about some other way.*

23.3 Do you agree with the following statements?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I don't know |
| There are trans or non-binary people who I really want to be like | O | O | O |
| There are trans or non-binary people who I admire or look up to | O | O | O |

23.4 These questions are about things that you might have done for other trans and non-binary people. How much do you agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
| I have spent a lot of time providing support to other trans and non-binary people | O | O | O | O | O |
| I have worked to make things better for the trans and non-binary community | O | O | O | O | O |

23.5 Is there anything else you would like to share about how you feel about being trans or non-binary, or your sense of connection to other trans or non-binary people?

|  |
| --- |
|  |

***Section 24:*** *These questions are about playing sport and being physically active.*

24.1 Now thinking about sport and active recreation. In the last four weeks, how often have you done any of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Every day | At least once a week | At least once a fortnight | At least once in the last four weeks | Not at all |
| Competitions, events, or other organised activities, such as playing bowls, soccer practice or netball games | O | O | O | O | O |
| Any exercise or training by yourself, such as walking, running or weight training | O | O | O | O | O |
| Any active recreation, such as kicking a ball or cycling in the park | O | O | O | O | O |

**Answer questions 24.2 and 24.3 if you currently go to secondary school/high school. Otherwise go to question 24.4.**

24.2 Do you belong to any school sports teams?

|  |  |
| --- | --- |
| O Yes | O No |

24.3 Do you take part in sport teams or clubs outside of school time (before / after school or in the weekend)?

|  |  |
| --- | --- |
| O No | O Yes, 3-4 times a week |
| O Yes, less than once a week | O Yes, 5 or more times a week |
| O Yes, 1-2 times a week |  |

24.4 Are you interested in playing competitive sports?

|  |  |
| --- | --- |
| O Yes | O No **> Go to 24.6** |

24.5 Has being trans or non-binary affected your ability to participate in competitive sport in Aotearoa New Zealand? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 No, I have had no problems playing competitive sport as a trans or non-binary person | 󠅣 Yes, I was told I had to play competitive sport based on my sex assigned at birth |
| 󠅣 Yes, I have not participated in competitive sport because I was worried about how I would be treated as a trans or non-binary person | 󠅣 Yes, I was told I must have hormone treatment before I could play competitive sport based on my gender |
| 󠅣 A response not listed above *(Please specify)*: | |

24.6 Is there anything else you would like to share about your experiences of participating in sport or physical activity?

|  |
| --- |
|  |

***Section 25****: You have reached the final section!*

25.1 How did you hear about this survey? *Mark all that apply.*

|  |  |
| --- | --- |
| 󠅣 Email from an organisation (including listserv, e-newsletter) | 󠅣 Flyer or print advertisement |
| 󠅣 Social networking site (such as Facebook) | 󠅣 Word of mouth (e-mail from a friend, a friend told me about it) |
| 󠅣 Organisation website | 󠅣 I was told by a health professional |
| 󠅣 I was told about it in person (at an organisation, event, or support group) | 󠅣 Not listed above *(Please specify)*: |

25.2 Do you have any additional comments? This is the final place to make comments within the survey.

|  |
| --- |
|  |

Thank you very much for your participation in the 2018 Counting Ourselves survey. Your responses have been anonymously recorded. If you would like to follow along with the results you can do so on:

* our website: <http://countingourselves.nz/>,
* our Facebook: <https://www.facebook.com/NZTransHealthSurvey/>,
* or you can add your email to the [Counting Ourselves Email List](https://waikato.qualtrics.com/jfe/form/SV_24VSKpTRD3XSryJ) to be kept up-to-date via e-mail. The link will take you to a seperate survey and email addresses will not be associated with your responses to this survey at all.

If you want to talk to someone about some of the sensitive issues raised in the survey, you can text or call 1737 to reach a counsellor 24 hours a day through the National Telehealth Service. You can also contact OUTLineNZ’s confidential Rainbow Helpline (Phone: 0800 688 5463; Email: [info@outline.org.nz](mailto:info@outline.org.nz)).    
  
If you would like to contact the project team we can be contacted at trans-survey@waikato.ac.nz or 021 048 1557  
  
Many thanks,  
Jaimie, Jack, Kyle, Sam, Tāwhanga, Laura, Huriana, Izzy, and all the Counting Ourselves team