



# COUNTING OURSELVES

AOTEAROA NEW ZEALAND TRANS AND NON-BINARY HEALTH SURVEY

Kia ora, mālō e lelei, talofa lava, namaste, kia orana, nisa bula vinaka, nǎ hǎo, 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](mailto: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 means 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: I8/NTB/66). If you have any ethical concerns about this research you may phone them on 0800 4 ETHICS or send an email to [hdec@moh.govt.nz](mailto:hdec@moh.govt.nz).

I.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.

I.2 Do you live in Aotearoa/New Zealand?

<input type="radio"/> Yes	<input type="radio"/> No
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I.3 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>

I.4 Which region of New Zealand do you live in?

<input type="radio"/> Northland Region	<input type="radio"/> Wellington Region (including Wairarapa)
<input type="radio"/> Auckland Region	<input type="radio"/> Tasman Region (including Nelson)
<input type="radio"/> Waikato Region	<input type="radio"/> Marlborough Region
<input type="radio"/> Bay of Plenty Region	<input type="radio"/> West Coast Region
<input type="radio"/> Gisborne/Tairāwhiti Region	<input type="radio"/> Canterbury Region (including Chatham Islands)
<input type="radio"/> Hawke's Bay Region	<input type="radio"/> Otago Region
<input type="radio"/> Taranaki Region (including New Plymouth)	<input type="radio"/> Southland Region
<input type="radio"/> Manawatu-Wanganui Region	<input type="radio"/> Other (Please specify):
<input type="radio"/> 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.

I.5 Which district or city do you live in?

<i>Northland Region</i>			
<input type="radio"/> Far North District	<input type="radio"/> Whangarei District	<input type="radio"/> Kaipara District	
<i>Auckland Region</i>			
<input type="radio"/> Hauraki Gulf Islands	<input type="radio"/> Rodney District	<input type="radio"/> North Shore	<input type="radio"/> East Auckland
<input type="radio"/> Waitakere (West Auckland)	<input type="radio"/> Manukau (excluding East Auckland)	<input type="radio"/> Franklin District	
<i>Waikato Region</i>			
<input type="radio"/> Thames-Coromandel District	<input type="radio"/> Hauraki District	<input type="radio"/> Waikato District	<input type="radio"/> Matamata-Piako District
<input type="radio"/> Hamilton City	<input type="radio"/> Waipa District	<input type="radio"/> Otorohanga District	<input type="radio"/> South Waikato District
<input type="radio"/> Waitomo District			

<i>Bay of Plenty Region</i>			
<input type="radio"/> Taupō District	<input type="radio"/> Western Bay of Plenty District	<input type="radio"/> Tauranga City	<input type="radio"/> Rotorua District
<input type="radio"/> Whakatāne District	<input type="radio"/> Kawerau District	<input type="radio"/> Opōtiki District	
<i>Hawke's Bay Region</i>			
<input type="radio"/> Wairoa District	<input type="radio"/> Hastings District	<input type="radio"/> Napier City	<input type="radio"/> Central Hawke's Bay District
<i>Taranaki Region (including New Plymouth)</i>			
<input type="radio"/> New Plymouth District	<input type="radio"/> Stratford District	<input type="radio"/> South Taranaki District	
<i>Manawatū-Wanganui Region</i>			
<input type="radio"/> Ruapehu District	<input type="radio"/> Wanganui District	<input type="radio"/> Rangitikei District	<input type="radio"/> Manawatū District
<input type="radio"/> Palmerston North City	<input type="radio"/> Tararua District	<input type="radio"/> Horowhenua District	
<i>Wellington Region (including Wairarapa)</i>			
<input type="radio"/> Kāpiti Coast District	<input type="radio"/> Porirua City	<input type="radio"/> Upper Hutt City	<input type="radio"/> Lower Hutt City
<input type="radio"/> Wellington City	<input type="radio"/> Masterton District	<input type="radio"/> Carterton District	<input type="radio"/> South Wairarapa District
<i>Tasman Region</i>			
<input type="radio"/> Tasman District	<input type="radio"/> Nelson City		
<i>Canterbury Region (including Chatham Islands)</i>			
<input type="radio"/> Kaikōura District	<input type="radio"/> Hurunui District	<input type="radio"/> Waimakariri District	<input type="radio"/> Christchurch City
<input type="radio"/> Selwyn District	<input type="radio"/> Ashburton District	<input type="radio"/> Timaru District	<input type="radio"/> Mackenzie District
<input type="radio"/> Waimate District	<input type="radio"/> Chatham Islands Territory		
<i>West Coast Region</i>			
<input type="radio"/> Buller District	<input type="radio"/> Grey District	<input type="radio"/> Westland District	
<i>Otago Region</i>			
<input type="radio"/> Waitaki District	<input type="radio"/> Central Otago District	<input type="radio"/> Queenstown-Lakes District	<input type="radio"/> Dunedin City
<i>Southland Region</i>			
<input type="radio"/> Clutha District	<input type="radio"/> Southland District	<input type="radio"/> Gore District	<input type="radio"/> Invercargill City

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

<input type="checkbox"/> Woman/Girl/Wahine	<input type="checkbox"/> Gender fluid	<input type="checkbox"/> Agender	<input type="checkbox"/> Fa'afatama
<input type="checkbox"/> Man/Boy/Tāne	<input type="checkbox"/> Gender diverse	<input type="checkbox"/> Tāhine	<input type="checkbox"/> Fakaleiti
<input type="checkbox"/> Trans woman	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Whakawahine	<input type="checkbox"/> Fakafifine
<input type="checkbox"/> Trans man	<input type="checkbox"/> Bi-gender	<input type="checkbox"/> Tangata ira wahine	<input type="checkbox"/> Akava'ine
<input type="checkbox"/> Transsexual	<input type="checkbox"/> Cross-dresser	<input type="checkbox"/> Tangata ira tāne	<input type="checkbox"/> Vakasalewalewa
<input type="checkbox"/> Transgender	<input type="checkbox"/> Pangender	<input type="checkbox"/> Takatāpui	<input type="checkbox"/> My gender(s) are not listed above (Please specify):
<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Demi-gender	<input type="checkbox"/> 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?

<input type="radio"/> Yes (Please specify):	<input type="radio"/> No	<input type="radio"/> I don't know
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**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?

<input type="radio"/> Yes, I identify more with my culturally-specific terms.
<input type="radio"/> I have no preference.
<input type="radio"/> No, I don't identify more prefer a culturally-specific term.
<input type="radio"/> This does not apply because I don't identify with any culturally-specific term.

1.9 Do you have an intersex variation?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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1.10 What sex were you assigned at birth?

<input type="radio"/> Male	<input type="radio"/> Female
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1.11 If people in your life get your gender wrong, how do you respond?

<input type="radio"/> I usually let them assume I am an incorrect gender > <b>Go to 1.12</b>
<input type="radio"/> I sometimes correct them > <b>Go to 1.12</b>
<input type="radio"/> I always correct them > <b>Go to 1.13</b>
<input type="radio"/> People in my life never get my gender wrong > <b>Go to 1.13</b>

I.12 What are the main reasons that you don't always tell people your correct gender?

Mark all that apply.

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

I.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.

<input type="checkbox"/> I think of myself as trans or as non-binary
<input type="checkbox"/> I identify as a gender different from the sex I was assigned at birth
<input type="checkbox"/> I identify as more than one gender or as no gender
<input type="checkbox"/> I live full-time in a gender that is different from the one assigned to me at birth
<input type="checkbox"/> Someday in the future I want to live in a gender that is different from the one assigned to me at birth
<input type="checkbox"/> I have seriously thought about living as a gender that is different from the one assigned to me at birth
<input type="checkbox"/> I live part of the time in one gender and part of the time in another gender/s
<input type="checkbox"/> 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 I.14 below if you selected *Man/Boy/Tāne* or *Trans man* as a gender you identify with, in question I.6.**

I.14 Do you currently live full-time as a man/boy/tāne?

<input type="radio"/> Yes, I started living full-time as a man at age: _____
<input type="radio"/> No

**Answer question I.15 below if you selected *Woman/Girl/Wahine* or *Trans woman* as a gender you identify with, in question I.6.**

I.15 Do you currently live full-time as a woman/girl/wahine?

<input type="radio"/> Yes, I started living full-time as a woman at age: _____
<input type="radio"/> No

I.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)?

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I.17 Since identifying as trans or non-binary, has your quality of life . . . . ?

<input type="radio"/> Got a lot better
<input type="radio"/> Got somewhat better
<input type="radio"/> Stayed about the same
<input type="radio"/> Got a lot better
<input type="radio"/> Got somewhat better

I.18 The March 2018 Census had this question, asking if you are male or female.



How did you respond to this question?

<input type="radio"/> I selected 'male' on the online version of the Census
<input type="radio"/> I selected 'female' on the online version of the Census
<input type="radio"/> I selected both 'male' and 'female' on the paper version of the Census
<input type="radio"/> I selected neither option on the paper version of the Census
<input type="radio"/> I didn't fill out the Census

I.19 How well did the response options to this question fit you?

<input type="radio"/> Not like me at all
<input type="radio"/> Not very much like me
<input type="radio"/> Somewhat like me
<input type="radio"/> Mostly like me
<input type="radio"/> Very much like me

I.20 Do you have any more comments or feedback about the 2018 Census question?

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I.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?*

<input type="radio"/> Male / Tāne
<input type="radio"/> Female / Wahine
<input type="radio"/> Gender diverse, please state: _____

I.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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could select multiple response options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I.23 Do you have any more comments or feedback about the question that was based on the Statistics New Zealand Standard for Gender Identity?

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I.24 What gender pronouns do you ask people to use to refer to you?

Mark all that apply.

<input type="checkbox"/> He, his	<input type="checkbox"/> No pronouns. I ask people only to use my name
<input type="checkbox"/> She, hers	<input type="checkbox"/> I don't ask people to use specific pronouns
<input type="checkbox"/> They, their	
<input type="checkbox"/> Ia	<input type="checkbox"/> Pronouns not listed above (Please specify):
<input type="checkbox"/> Ze, hir	

I.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.

<input type="checkbox"/> New Zealand European/Pākehā	<input type="checkbox"/> Niuean
<input type="checkbox"/> Māori	<input type="checkbox"/> Chinese
<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Other, e.g., Dutch, Japanese, Tokelauan (Please specify):
<input type="checkbox"/> Tongan	<input type="checkbox"/> Don't know

I.26 Which country were you born in?

<input type="radio"/> New Zealand > <b>Go to I.28</b>	<input type="radio"/> South Africa
<input type="radio"/> Australia	<input type="radio"/> Samoa
<input type="radio"/> England	<input type="radio"/> Cook Islands
<input type="radio"/> China (People's Republic of)	<input type="radio"/> Other (Please specify):
<input type="radio"/> India	<input type="radio"/> Don't know

I.27 In what year did you arrive to live in New Zealand?

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I.28 Have you ever applied to be a refugee or to seek asylum in New Zealand?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to I.30</b>
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I.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?

<input type="radio"/> Yes	<input type="radio"/> No
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*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.*

I.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.

I.31 What is the first letter of the city or town you were born in?

I.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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health assessment (usually by a psychologist or psychiatrist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair removal using laser or electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery to make breasts larger (breast augmentation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of testes (orchidectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial feminising surgeries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reshaping or removal of Adam's apple (tracheal shave or removal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest reconstruction surgery (mastectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of uterus / ovaries (hysterectomy / oophorectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.*

<input type="checkbox"/> I wanted to have this assessment.
<input type="checkbox"/> This assessment was useful.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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 somewhere else	I was concerned about my privacy	Another reason
Counselling support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health assessment (usually by a psychologist or psychiatrist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormone treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair removal using laser or electrolysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgery to make breasts larger (breast augmentation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of testes (orchidectomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial feminising surgeries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reshaping or removal of Adam's apple (tracheal shave or removal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest reconstruction surgery (mastectomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of uterus / ovaries (hysterectomy / oophorectomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>Please specify</i> ): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 <u>not</u> tried to get this
Counselling support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health assessment (usually by a psychologist or psychiatrist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair removal using laser or electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery to make breasts larger (breast augmentation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of testes (orchidectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial feminising surgeries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reshaping or removal of Adam's apple (tracheal shave or removal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest reconstruction surgery (mastectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of uterus / ovaries (hysterectomy / oophorectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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 ( <i>Please specify</i> ):	

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormone treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair removal using laser or electrolysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(Please specify)</i> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 (hysterectomy, oophorectomy)	Other (Please specify):
I cannot afford this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm afraid to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have confidence in the service provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I might be treated badly by the provider for being trans or non-binary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because this is not available in New Zealand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It takes too much time, including waiting lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not know what to expect or I'm not familiar with the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The process is too complicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctor(s) do not have enough knowledge about this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been told I not able to because of my age, body size, or another reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I might want to in the future, but I have not yet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?

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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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 2.15</b>
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2.14 What was your experience of moving to another part of New Zealand to access gender affirming healthcare?

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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)?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 2.18</b>	<input type="radio"/> Don't know > <b>Go to 2.18</b>
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2.17 At what age did you begin taking puberty blocking hormones?

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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 2.25</b>	<input type="radio"/> Don't know > <b>Go to 2.25</b>
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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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 2.22</b>	<input type="radio"/> Don't know > <b>Go to 2.22</b>
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2.21 Where do you currently get your hormones?

<input type="radio"/> I only go to licensed professionals (like a doctor, endocrinologist, or nurse practitioner) for hormones
<input type="radio"/> I only get hormones from friends, online, or other non-licensed sources
<input type="radio"/> 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.*

<input type="checkbox"/> Ginet (a combined oral contraceptive pill)	<input type="checkbox"/> Another combined oral contraceptive pill
<input type="checkbox"/> Ava (a combined oral contraceptive pill)	<input type="checkbox"/> Ethinyl oestradiol
<input type="checkbox"/> 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.*

<input type="checkbox"/> Ginet (a combined oral contraceptive pill)	<input type="checkbox"/> Another combined oral contraceptive pill
<input type="checkbox"/> Ava (a combined oral contraceptive pill)	<input type="checkbox"/> Ethinyl oestradiol
<input type="checkbox"/> 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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 2.36</b>
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2.26 Have you applied for gender-affirming surgeries through the High Cost Treatment Pool?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 2.33</b>	<input type="radio"/> Don't know > <b>Go to 2.35</b>
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2.27 What has been the response to your application to the High Cost Treatment Pool?

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

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?

<input type="radio"/> New Zealand	<input type="radio"/> United Kingdom
<input type="radio"/> Thailand	<input type="radio"/> United States
<input type="radio"/> Belgium	<input type="radio"/> Another country ( <i>Please specify</i> ):

**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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 2.35</b>	<input type="radio"/> Not sure > <b>Go to 2.35</b>
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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.*

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

<input type="radio"/> Extremely satisfied	<input type="radio"/> Slightly dissatisfied
<input type="radio"/> Moderately satisfied	<input type="radio"/> Moderately dissatisfied
<input type="radio"/> Slightly satisfied	<input type="radio"/> Extremely dissatisfied
<input type="radio"/> Neither satisfied nor dissatisfied	

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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 2.41</b>	<input type="radio"/> Don't know > <b>Go to 2.41</b>
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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 note 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.

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 2.41</b>	<input type="radio"/> Don't know > <b>Go to 2.41</b>
---------------------------	--	--

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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 2.46</b>	<input type="radio"/> Don't know > <b>Go to 2.46</b>
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2.45 Have you injected these substances in the last 12 months?

<input type="radio"/> Yes	<input type="radio"/> No
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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?

<input type="radio"/> Yes > <b>Go to 2.48</b>	<input type="radio"/> No	<input type="radio"/> Don't know > <b>Go to 3.1</b>
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2.47 Which of the following are true regarding your health or medical insurance cover in Aotearoa New Zealand? *Mark all that apply.*

<input type="checkbox"/> I have been covered by health or medical insurance in the past
<input type="checkbox"/> I don't have health or medical insurance because I know that my needs are excluded > <b>Go to 3.1</b>
<input type="checkbox"/> None of these > <b>Go to 3.1</b>

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

<input type="radio"/> Yes, I was covered for the following gender-affirming procedures:
<input type="radio"/> Yes, I tried but I was told I was excluded for the following gender-affirming procedures:
<input type="radio"/> No, I didn't try because I saw it was excluded
<input type="radio"/> 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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 3.3</b>	<input type="radio"/> Don't know > <b>Go to 3.3</b>
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3.2 Did this occur within the last 12 months?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

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

<input type="radio"/> Very uncomfortable	<input type="radio"/> Comfortable
<input type="radio"/> Uncomfortable	<input type="radio"/> Very comfortable
<input type="radio"/> Neither comfortable or uncomfortable	<input type="radio"/> 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?

<input type="radio"/> Very uncomfortable	<input type="radio"/> Comfortable
<input type="radio"/> Uncomfortable	<input type="radio"/> Very comfortable
<input type="radio"/> Neither comfortable or uncomfortable	<input type="radio"/> 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.*

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

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were asked unnecessary or invasive questions about being trans or non-binary that were not related to the reason for your visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A provider was physically rough or abusive when treating you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were refused care or had care ended because you are trans or non-binary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A provider used hurtful or insulting language about trans or non-binary people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A provider refused to discuss or address gender-affirming healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were told that you were not really trans or non-binary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were discouraged from exploring your gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were told they don't know enough about gender-affirming care to provide it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A provider belittled or ridiculed you for being trans or non-binary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A provider thought the gender listed on your ID or forms was a mistake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A provider knowingly referred to you by the wrong gender, either in person or in a referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A provider knowingly used an old name that you are no longer comfortable with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A provider examined your body when you thought it was inappropriate or it was not clear why it was necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused to provide you with a referral for gender-affirming care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You could not access an appropriate bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were placed in an incorrect hospital ward for your gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.*

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

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

**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?

<input type="radio"/> Endocrinologist	<input type="radio"/> Nurse practitioner
<input type="radio"/> General practitioner (GP)	<input type="radio"/> I haven't discussed gender-affirming care with any healthcare professionals
<input type="radio"/> Sexual health doctor	<input type="radio"/> Unsure
<input type="radio"/> Pediatrician	<input type="radio"/> Other ( <i>Please specify</i> ):

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?

<input type="radio"/> They know almost everything about trans/non-binary healthcare	<input type="radio"/> They know very little or nothing about trans/non-binary healthcare
<input type="radio"/> They know most things about trans/non-binary healthcare	<input type="radio"/> I don't have a trans-related doctor or healthcare provider right now
<input type="radio"/> 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.

<input type="checkbox"/> Endocrinologist	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> General surgeon	<input type="checkbox"/> Sexual health physician
<input type="checkbox"/> Plastic surgeon	<input type="checkbox"/> Other (Please specify):
<input type="checkbox"/> Urologist	<input type="checkbox"/> I have never seen any specialist for gender-affirming care > <b>Go to 4.5</b>
<input type="checkbox"/> Obstetrician or gynaecologist	<input type="checkbox"/> 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?

<input type="radio"/> Very good	<input type="radio"/> Poor
<input type="radio"/> Good	<input type="radio"/> Very poor
<input type="radio"/> Neither good or bad	<input type="radio"/> This does not apply
<input type="radio"/> 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?

<input type="radio"/> Very good	<input type="radio"/> Poor
<input type="radio"/> Good	<input type="radio"/> Very poor
<input type="radio"/> Neither good or bad	<input type="radio"/> This does not apply
<input type="radio"/> Don't know	

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

<input type="radio"/> Yes, definitely	<input type="radio"/> No, not at all
<input type="radio"/> Yes, to some extent	<input type="radio"/> 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)?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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**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?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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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.

<input type="radio"/> Within the last month	<input type="radio"/> More than 12 months ago
<input type="radio"/> More than 1 month ago and less than 3 months	<input type="radio"/> Don't know
<input type="radio"/> More than 3 months ago and less than 6 months	<input type="radio"/> I have never seen a GP > <b>Go to 5.6</b>
<input type="radio"/> 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?

<input type="radio"/> Very good	<input type="radio"/> Poor
<input type="radio"/> Good	<input type="radio"/> Very poor
<input type="radio"/> Neither good or bad	<input type="radio"/> This does not apply
<input type="radio"/> Don't know	

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

<input type="radio"/> Very good	<input type="radio"/> Poor
<input type="radio"/> Good	<input type="radio"/> Very poor
<input type="radio"/> Neither good or bad	<input type="radio"/> This does not apply
<input type="radio"/> Don't know	

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

<input type="radio"/> Yes, definitely	<input type="radio"/> No, not at all
<input type="radio"/> Yes, to some extent	<input type="radio"/> Don't know

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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 5.8</b>	<input type="radio"/> Don't know > <b>Go to 5.8</b>
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5.7 Did this occur within the last 12 months?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 5.10</b>	<input type="radio"/> Don't know > <b>Go to 5.10</b>
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5.9 Did this occur within the last 12 months?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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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.

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

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.*

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

*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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 5.16</b>
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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical (Pap Smear)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast (Mammogram)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.*

<input type="checkbox"/> 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
<input type="checkbox"/> I delayed or decided to not get a prostate cancer test because of another reason. <i>(Please explain further):</i> _____
<input type="checkbox"/> I have received a prostate cancer screening test
<input type="checkbox"/> I do not need prostate cancer screening

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

5.18 In 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.*

<input type="checkbox"/> 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
<input type="checkbox"/> I delayed or decided to not get a pap smear because of another reason. <i>(Please explain further):</i> _____
<input type="checkbox"/> I have received a pap smear
<input type="checkbox"/> 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.*

<input type="checkbox"/> 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
<input type="checkbox"/> I delayed or decided to not get a mammogram because of another reason. <i>(Please explain further):</i> _____
<input type="checkbox"/> I have received a mammogram
<input type="checkbox"/> 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 1 737 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?

<input type="radio"/> Very satisfied	<input type="radio"/> Dissatisfied
<input type="radio"/> Satisfied	<input type="radio"/> Very dissatisfied
<input type="radio"/> Neither satisfied nor dissatisfied	<input type="radio"/> Don't know

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

<input type="radio"/> Very worthwhile	<input type="radio"/> Not worthwhile
<input type="radio"/> Worthwhile	<input type="radio"/> Not at all worthwhile
<input type="radio"/> Neutral	<input type="radio"/> 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.

<input type="radio"/> Strongly agree	<input type="radio"/> Disagree
<input type="radio"/> Agree	<input type="radio"/> Strongly disagree
<input type="radio"/> Neither agree nor disagree	<input type="radio"/> 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you feel lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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?

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

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

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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 6.10</b>	<input type="radio"/> Don't know > <b>Go to 6.10</b>
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6.9 What treatments do you now have for depression? *Mark all that apply.*

<input type="checkbox"/> No treatment	<input type="checkbox"/> Exercise
<input type="checkbox"/> Medicines, tablets or pills	<input type="checkbox"/> Other treatment ( <i>Please specify</i> ):
<input type="checkbox"/> Counselling	<input type="checkbox"/> Don't know

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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 6.12</b>	<input type="radio"/> Don't know > <b>Go to 6.12</b>
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6.11 What treatments do you now have for bipolar disorder? *Mark all that apply.*

<input type="checkbox"/> No treatment	<input type="checkbox"/> Exercise
<input type="checkbox"/> Medicines, tablets or pills	<input type="checkbox"/> Other treatment ( <i>Please specify</i> ):
<input type="checkbox"/> Counselling	<input type="checkbox"/> 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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 6.14</b>	<input type="radio"/> Don't know > <b>Go to 6.14</b>
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6.13 What treatments do you now have for anxiety disorder? *Mark all that apply.*

<input type="checkbox"/> No treatment	<input type="checkbox"/> Exercise
<input type="checkbox"/> Medicines, tablets or pills	<input type="checkbox"/> Other treatment ( <i>Please specify</i> ):
<input type="checkbox"/> Counselling	<input type="checkbox"/> 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*)?

<input type="radio"/> Yes	<input type="radio"/> No
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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.*

<input type="checkbox"/> Exercise	<input type="checkbox"/> Vomit or throw up on purpose after eating
<input type="checkbox"/> Fast or skip meals	<input type="checkbox"/> Use laxatives
<input type="checkbox"/> Smoke cigarettes	<input type="checkbox"/> Other ( <i>Please specify</i> ):
<input type="checkbox"/> Use diet pills or speed	<input type="checkbox"/> 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*)?

<input type="radio"/> Not at all	<input type="radio"/> Yes - 3-5 times
<input type="radio"/> Yes - once	<input type="radio"/> More than 5 times
<input type="radio"/> Yes - 2 times	

6.17 Have you ever . . . .

	Yes	No
Seriously thought about killing yourself ( <i>attempting suicide</i> )?	<input type="radio"/>	<input type="radio"/>
Tried to kill yourself ( <i>attempted suicide</i> )?	<input type="radio"/>	<input type="radio"/>

**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 ( <i>attempting suicide</i> )?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to kill yourself ( <i>attempted suicide</i> )?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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?

<input type="radio"/> Yes	<input type="radio"/> No
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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

<input type="radio"/> Excellent	<input type="radio"/> Fair
<input type="radio"/> Very good	<input type="radio"/> Poor
<input type="radio"/> 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.

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 7.4</b>
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7.3 Was this in the last 12 months?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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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).

<input type="radio"/> Yes	<input type="radio"/> No
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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.

<input type="radio"/> Yes	<input type="radio"/> No
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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.

<input type="radio"/> Yes	<input type="radio"/> No
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7.7 Have you ever been told by a doctor that you have high cholesterol levels in your blood?

<input type="radio"/> Yes	<input type="radio"/> No
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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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty hearing, even if using a hearing aid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty walking or climbing steps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty remembering or concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty (with self-care such as) washing all over or dressing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Strongly	<input type="radio"/> Not at all
<input type="radio"/> Quite a lot	<input type="radio"/> I don't know
<input type="radio"/> A little bit	

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

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**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.

<input type="checkbox"/> Trans men	<input type="checkbox"/> Genderqueer or non-binary people
<input type="checkbox"/> Non-trans (cis) men	<input type="checkbox"/> None of the above
<input type="checkbox"/> Trans women	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Non-trans (cis) women	

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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 8.4</b>
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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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welcomed you into their family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliberately used a past name or pronoun you've said you don't use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopped you from telling others you are trans or non-binary, or threatened to leave you if you are "out"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stood up to people who put you down because you are trans or non-binary?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criticised, questioned, or tried to shame you about your gender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hidden or thrown away hormones, clothes or other items that you use to express your gender (e.g. a bra, binder, or packer)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped pay for things that are important to your identity as a trans or non-binary person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ended your relationship because you are trans or non-binary?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Said that they like being with you because you are trans or non-binary?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 8.7</b>
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8.5 Have you had sex within the last 12 months? However you choose to define sex.

<input type="radio"/> Yes	<input type="radio"/> No
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8.6 Who have you ever chosen to have sex with? Mark all that apply.

<input type="checkbox"/> Trans men	<input type="checkbox"/> Genderqueer or non-binary people
<input type="checkbox"/> Non-trans (cis) men	<input type="checkbox"/> None of the above
<input type="checkbox"/> Trans women	<input type="checkbox"/> Other (Please specify):
<input type="checkbox"/> 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could ask a sexual partner I haven't been using protective barriers with to start using them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could refuse sex when I don't have a protective barrier available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could get a sexual partner to use a protective barrier, even if I'm drunk or high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could get a sexual partner to use a protective barrier, even if they don't want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a sexual partner truly sees my gender identity, I could ask them to use a protective barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could ask a sexual partner who is cisgender (not trans or non-binary) to use a protective barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could ask a trans or non-binary sexual partner to use a protective barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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8.9 Apart from when you were donating blood, have you ever had a test for HIV, the virus that causes AIDS?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 8.12</b>	<input type="radio"/> Don't know > <b>Go to 8.12</b>
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8.10 Why were you tested for HIV?

<input type="radio"/> I was pregnant or my partner was pregnant	<input type="radio"/> A doctor advised me to have an HIV test
<input type="radio"/> As part of a sexual health check-up	<input type="radio"/> For an immigration medical test
<input type="radio"/> As part of a general health check-up	<input type="radio"/> Don't know
<input type="radio"/> I wanted to stop using condoms in a relationship	<input type="radio"/> Other reason (Please specify):
<input type="radio"/> 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?

<input type="radio"/> Yes	<input type="radio"/> No
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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP is now publicly funded in New Zealand, if you are "male or transgender" and meet other eligibility criteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Yes	<input type="radio"/> No
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**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).

<input type="radio"/> Yes > <b>Go to 8.16</b>	<input type="radio"/> No
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8.15 What are the reasons that are you not taking anti-retroviral therapy (ART)? *Mark all that apply.*

<input type="checkbox"/> I can't afford it.	<input type="checkbox"/> I don't know where to get it.
<input type="checkbox"/> I only recently found out I have HIV.	<input type="checkbox"/> I don't want to take anti-retroviral therapy (ART).
<input type="checkbox"/> My doctor or healthcare provider said I didn't need it.	<input type="checkbox"/> I don't feel sick enough to take anti-retroviral therapy (ART).
<input type="checkbox"/> I am afraid it would conflict with my hormones.	<input type="checkbox"/> My family, partner, or friends would find out I have HIV.
<input type="checkbox"/> I am afraid it would conflict with my other medications.	<input type="checkbox"/> A reason not listed above ( <i>Please specify</i> ):
<input type="checkbox"/> 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.

<input type="radio"/> Yes > <b>Go to 8.18</b>	<input type="radio"/> No
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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.*

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

<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> I have been told I have Hepatitis but I can't remember which type
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> None of the above
<input type="checkbox"/> Hepatitis C	

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

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

<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Syphilis
<input type="checkbox"/> Gonorrhoea	<input type="checkbox"/> Non Specific Urethritis (NSU)
<input type="checkbox"/> Genital or anal warts	<input type="checkbox"/> Human Papillomavirus (HPV)
<input type="checkbox"/> Genital or anal herpes	<input type="checkbox"/> I was told I had one or more of the above but can't remember which one(s)
<input type="checkbox"/> Trichomonas vaginalis (Trich, TV)	<input type="checkbox"/> 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.*

<input type="checkbox"/> Yes, from healthcare providers	<input type="checkbox"/> Yes, from school
<input type="checkbox"/> Yes, from trans or Rainbow/Takatāpui organisations	<input type="checkbox"/> Yes, from another source listed here:
<input type="checkbox"/> Yes, I got information from other organisations	
<input type="checkbox"/> Yes, I got information from my peers	<input type="checkbox"/> No, and I don't need it
<input type="checkbox"/> Yes, I looked it up myself	<input type="checkbox"/> 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?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
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8.23 Are you a parent, whatever this means to you?

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

<input type="radio"/> Yes	<input type="radio"/> No
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8.24 Which of these statements best describes the way you feel about having a child or more children?

<input type="radio"/> I would definitely like a child or more children, and I'm currently trying.	<input type="radio"/> I would definitely not like a child or more children.
<input type="radio"/> I would definitely like a child or more children, but I'm not currently trying.	<input type="radio"/> I don't know.
<input type="radio"/> 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?

<input type="radio"/> Information about options for trans and non-binary people to preserve their eggs or sperm to have children later
<input type="radio"/> Fertility services for trans and non-binary people to preserve their eggs or sperm to have children later
<input type="radio"/> None of these > <b>Go to 8.28</b>

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

	<u>Before</u> starting hormones	<u>After</u> starting hormones
Information about options for trans and non-binary people to preserve their eggs or sperm to have children later	<input type="radio"/>	<input type="radio"/>
Fertility services for trans and non-binary people to preserve their eggs or sperm to have children later	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fertility services for trans and non-binary people to preserve their eggs or sperm to have children later	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.*

<input type="checkbox"/> Lacked interest in having sex	<input type="checkbox"/> Did not reach a climax (experience an orgasm) or took a long time to reach a climax despite feeling excited / aroused
<input type="checkbox"/> Lacked enjoyment in sex	<input type="checkbox"/> Reached a climax (experienced an orgasm) more quickly than you would like
<input type="checkbox"/> Felt anxious during sex	<input type="checkbox"/> I did not experience any of these
<input type="checkbox"/> Felt physical pain as a result of sex	<input type="checkbox"/> Don't know
<input type="checkbox"/> 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender-affirming surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 9.1</b>
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8.33 Have you done this in the last 12 months?

<input type="radio"/> Yes	<input type="radio"/> No
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8.34 What type of sex work or work in the sex industry have you ever done? Mark all that apply.

<input type="checkbox"/> Indoor sex work in a brothel or with a manager	<input type="checkbox"/> Escort/call girl/rent boy with an agency
<input type="checkbox"/> Indoor sex work without a manager	<input type="checkbox"/> Pornography/picture or video
<input type="checkbox"/> Street-based sex work	<input type="checkbox"/> Phone sex
<input type="checkbox"/> Sex work advertised online	<input type="checkbox"/> Webcam work
<input type="checkbox"/> Sex work advertised in magazines or newspapers	<input type="checkbox"/> Erotic dancer
<input type="checkbox"/> Informal sex work through word of mouth, occasional hookups with dates in my networks, or things like that	<input type="checkbox"/> Fetish work (dom, sub, switch, BDSM)
<input type="checkbox"/> Indoor sex work in a brothel or with a manager	<input type="checkbox"/> 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.

<input type="checkbox"/> Indoor sex work in a brothel or with a manager	<input type="checkbox"/> Escort/call girl/rent boy with an agency
<input type="checkbox"/> Indoor sex work without a manager	<input type="checkbox"/> Pornography/picture or video
<input type="checkbox"/> Street-based sex work	<input type="checkbox"/> Phone sex
<input type="checkbox"/> Sex work advertised online	<input type="checkbox"/> Webcam work
<input type="checkbox"/> Sex work advertised in magazines or newspapers	<input type="checkbox"/> Erotic dancer
<input type="checkbox"/> Informal sex work through word of mouth, occasional hookups with dates in my networks, or things like that	<input type="checkbox"/> Fetish work (dom, sub, switch, BDSM)
<input type="checkbox"/> Indoor sex work in a brothel or with a manager	<input type="checkbox"/> 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.

<input type="checkbox"/> Food	<input type="checkbox"/> For alcohol
<input type="checkbox"/> For a place to sleep in someone's bed, at their home, or in their hotel room	<input type="checkbox"/> Not listed above (Please specify):
<input type="checkbox"/> For drugs	<input type="checkbox"/> 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.

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 9.4</b>	<input type="radio"/> Don't know > <b>Go to 9.4</b>
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9.2 How often do you now smoke?

<input type="radio"/> I don't smoke now > <b>Go to 9.4</b>	<input type="radio"/> At least once a month
<input type="radio"/> At least once a day	<input type="radio"/> Less often than once a month
<input type="radio"/> At least once a week	

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

<input type="radio"/> Less than 1 per day	<input type="radio"/> 16-20 per day
<input type="radio"/> 1-5 per day	<input type="radio"/> 21-25 per day
<input type="radio"/> 6-10 per day	<input type="radio"/> 26-30 per day
<input type="radio"/> 11-15 per day	<input type="radio"/> 31 or more a day

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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 9.12</b>	<input type="radio"/> Don't know > <b>Go to 9.12</b>
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9.5 How often do you have a drink containing alcohol?

<input type="radio"/> Monthly or less	<input type="radio"/> Up to 3 times a week
<input type="radio"/> Up to 4 times a month	<input type="radio"/> 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.

<input type="radio"/> 1 or 2	<input type="radio"/> 7 to 9
<input type="radio"/> 3 or 4	<input type="radio"/> 10 to 11
<input type="radio"/> 5 or 6	<input type="radio"/> 12 or more

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

<input type="radio"/> Never	<input type="radio"/> Weekly
<input type="radio"/> Less than monthly	<input type="radio"/> Daily or almost daily
<input type="radio"/> 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?

<input type="radio"/> Never	<input type="radio"/> Weekly
<input type="radio"/> Less than monthly	<input type="radio"/> Daily or almost daily
<input type="radio"/> Monthly	

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

<input type="radio"/> Never	<input type="radio"/> Weekly
<input type="radio"/> Less than monthly	<input type="radio"/> Daily or almost daily
<input type="radio"/> Monthly	

## Standard drinks picture showcard:



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?

<input type="radio"/> Never	<input type="radio"/> Weekly
<input type="radio"/> Less than monthly	<input type="radio"/> Daily or almost daily
<input type="radio"/> 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?

<input type="radio"/> Yes, but not in the last 12 months
<input type="radio"/> Yes, during the last 12 months
<input type="radio"/> 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.*

<input type="checkbox"/> Cannabis (marijuana, hash, hash oil)	<input type="checkbox"/> Hallucinogens, for example LSD, mushrooms, ketamine
<input type="checkbox"/> Ecstasy	<input type="checkbox"/> Cocaine
<input type="checkbox"/> Amphetamines, for example, 'P' ('pure' methamphetamine), ice (crystal methamphetamine), speed	<input type="checkbox"/> Heroin, opium, homebake
<input type="checkbox"/> Stimulants, for example Ritalin®	<input type="checkbox"/> Hallucinogens, for example LSD, mushrooms, ketamine
<input type="checkbox"/> Codeine, morphine, methadone, oxycodone, pethidine	<input type="checkbox"/> No, none of the above
<input type="checkbox"/> Sedatives, for example Valium, diazepam, temazepam	<input type="checkbox"/> Don't know
<input type="checkbox"/> Cannabis (marijuana, hash, hash oil)	<input type="checkbox"/> Other ( <i>Please specify</i> ):

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

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

I0.1 Do you currently go to secondary school/high school?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to I1.1</b>
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I0.2 How do you feel about school?

<input type="radio"/> I like school a lot	<input type="radio"/> I don't like school
<input type="radio"/> I like school a bit	<input type="radio"/> I don't like school at all
<input type="radio"/> It's OK	

I0.3 How much do you feel that people at school care about you (like teachers, coaches or other adults)?

<input type="radio"/> Not at all	<input type="radio"/> Some	<input type="radio"/> A lot
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I0.4 Do you feel like you are part of your school?

<input type="radio"/> Yes	<input type="radio"/> No
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I0.5 Do teachers at your school know your correct name, pronoun, or gender but refuse to use it?

<input type="radio"/> Never	<input type="radio"/> Most of the time
<input type="radio"/> Sometimes	<input type="radio"/> Always
<input type="radio"/> About half of the time	<input type="radio"/> This does not apply to me

I0.6 Do other students at your school know your correct name, pronoun, or gender but refuse to use it?

<input type="radio"/> Never	<input type="radio"/> Most of the time
<input type="radio"/> Sometimes	<input type="radio"/> Always
<input type="radio"/> About half of the time	<input type="radio"/> 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A gender neutral school uniform or dress code option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The choice of wearing either the girl's or boy's school uniform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A gender neutral clothing option for school sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A safe space to meet other trans and non-binary students (e.g., a school-based diversity group or other support group)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students can change their gender marker on school records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students can change their name on school records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students can bring a partner of any gender to the school ball / formal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trans and non-binary students can play competitive sport, in their gender, without having to be on hormones or hormone blockers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Yes (Please specify):
<input type="radio"/> 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)?

<input type="radio"/> Yes	<input type="radio"/> No
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10.10 Do you do activities to help others at school (e.g. peer support, tutoring, coaching, being a leader, helping others with work)?

<input type="radio"/> Yes	<input type="radio"/> No
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10.11 How supportive are your classmates of you being trans or non-binary?

<input type="radio"/> All of my classmates are supportive	<input type="radio"/> Most of my classmates are not supportive
<input type="radio"/> Most of my classmates are supportive	<input type="radio"/> All of my classmates are not supportive
<input type="radio"/> About half of my classmates are supportive	<input type="radio"/> 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](http://www.netsafe.org.nz).

<input type="radio"/> I haven't been bullied in school > <b>Go to 10.15</b>	<input type="radio"/> About once a week
<input type="radio"/> I haven't been bullied in the last 12 months > <b>Go to 10.15</b>	<input type="radio"/> Several times a week
<input type="radio"/> It has happened once or twice	<input type="radio"/> Most days

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

<input type="radio"/> Not bad	<input type="radio"/> Really bad
<input type="radio"/> A little bad	<input type="radio"/> Terrible
<input type="radio"/> Pretty bad	

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

<input type="checkbox"/> I was bullied because of my ethnic group or culture	<input type="checkbox"/> I was bullied because I am deaf or have a disability impairment
<input type="checkbox"/> I was bullied because of my religion	<input type="checkbox"/> I was bullied because I am smaller than the other people
<input type="checkbox"/> I was bullied because I am gay or because people thought I was gay	<input type="checkbox"/> I was bullied because my family is poor
<input type="checkbox"/> I was bullied because I am trans/non-binary or because people thought I was trans/non-binary	<input type="checkbox"/> I don't know why I was bullied
<input type="checkbox"/> 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?

<input type="radio"/> Not at all	<input type="radio"/> Four or more times
<input type="radio"/> Once	<input type="radio"/> Not in the last month
<input type="radio"/> 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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trans and non-binary students can participate in any school activity, including female only or male only events, based on their gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students at the school are educated about what it means to be trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school respects students' privacy and does not disclose if students are trans or non-binary, without their consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school makes it clear that it is does not tolerate bullying of students for being trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trans and non-binary students can participate in any school activity, including female only or male only events, based on their gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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.*

<input type="checkbox"/> I was detained or held in custody	<input type="checkbox"/> I have not been detained, held in custody, arrested or charged with an offence since identifying as trans or non-binary > <b>Go to 12.1</b>
<input type="checkbox"/> I was arrested	
<input type="checkbox"/> I was charged with an offence	<input type="checkbox"/> I have never been arrested or charged with an offence > <b>Go to 12.1</b>

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

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.*

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

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)?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 11.7</b>
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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prison staff explained that trans people can apply to move to a jail / detention facility that matches their gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prison staff knew your correct name, pronoun or gender but would not use it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You could choose whether you wanted a male or female officer to search you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prison staff put you in a cell with other people where you did not feel safe as a trans / non-binary person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You had access to a shower that was safe for you to use as a trans or non-binary person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The prison would not let you start taking prescribed hormones while you were in the detention facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you were already on hormones, you were allowed to continue them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The prison took your prescribed hormones away from you or stopped you from using them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were kept isolated from other people because you are trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prison staff harassed or assaulted you because you are trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were treated badly in other ways because you are trans or non-binary <i>(Please specify)</i> :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were treated well in other ways because you are trans or non-binary <i>(Please specify)</i> :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

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

Date	Description	Amount	Balance	Remarks

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parliament	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 12.3</b>
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12.2 What role, if any, has being trans or non-binary played in your experience of being homeless?

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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.

	<u>Yes</u> , this happened to me because of my gender	This happened to me but <u>not</u> because of my gender	This has never happened to me	This does not apply to me
I was evicted from my home/apartment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was denied a home/apartment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to move back in with family members or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to move into a less expensive home/apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was homeless because of violence from a partner or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.

<input type="checkbox"/> I was evicted from my home/apartment	<input type="checkbox"/> I had to move into a less expensive home/apartment.
<input type="checkbox"/> I was denied a home/apartment	<input type="checkbox"/> I was homeless because of violence from a partner or family member
<input type="checkbox"/> 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.

<input type="checkbox"/> Yes, and I stayed at one or more shelters or refuges > <b>Go to 12.7</b>	<input type="checkbox"/> No, for other reasons. (Please specify):  <b>&gt; Go to 13.1</b>
<input type="checkbox"/> Yes, but I was denied access to one or more shelters because I am trans or non-binary	
<input type="checkbox"/> No, because I feared I would be mistreated as a trans or non-binary person > <b>Go to 13.1</b>	<input type="checkbox"/> I have never needed to stay at a shelter or refuge > <b>Go to 13.1</b>

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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 13.1</b>
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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.

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

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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 13.6</b>	<input type="radio"/> Don't know > <b>Go to 13.6</b>
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**13.2 In the last 12 months have you been discriminated against?**

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 13.6</b>	<input type="radio"/> Don't know > <b>Go to 13.6</b>
---------------------------	--	--

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

<input type="checkbox"/> In a shop or restaurant	<input type="checkbox"/> Trying to get a job or at work
<input type="checkbox"/> On the street or in a public place	<input type="checkbox"/> Trying to rent housing
<input type="checkbox"/> Seeking medical care	<input type="checkbox"/> At school
<input type="checkbox"/> Dealing with the police	
<input type="checkbox"/> 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.**

<input type="checkbox"/> In a shop or restaurant	<input type="checkbox"/> Trying to get a job or at work
<input type="checkbox"/> On the street or in a public place	<input type="checkbox"/> Trying to rent housing
<input type="checkbox"/> Seeking medical care	<input type="checkbox"/> At school
<input type="checkbox"/> Dealing with the police	
<input type="checkbox"/> Other (Please specify):	

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

<input type="checkbox"/> Age	<input type="checkbox"/> Gender
<input type="checkbox"/> Skin colour	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> The way I dress or my appearance	<input type="checkbox"/> Religious beliefs
<input type="checkbox"/> Race or ethnic group	<input type="checkbox"/> Disability or health issues
<input type="checkbox"/> My accent or the language I speak	<input type="checkbox"/> Don't know
<input type="checkbox"/> 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driver licensing services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work and Income to apply for a benefit or entitlement (including StudyLink, Senior Services, and Heartland Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gym / pool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services from a lawyer, clinic, or legal professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court / courthouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports clubs or team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aged care (e.g. rest home, retirement village, or home care services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transport (such as bus, train, taxi, Uber)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retail store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant, hotel, theatre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.*

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

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.

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 13.12</b>
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13.10 Please explain how well these aged care 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?

<input type="radio"/> Yes (Please specify):
<input type="radio"/> 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.*

<input type="checkbox"/> Concerns about having problems with my name or gender on my identification documentation
<input type="checkbox"/> Concerns about going through airport security
<input type="checkbox"/> No, I have not avoided traveling through an airport in the last 12 months
<input type="checkbox"/> 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?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 13.15</b>
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone at the airport deliberately did not use my correct name, pronoun, or title (such as Mr. or Ms.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport security patted me down due to gender-related clothing or items (such as a binder, packer, or padded bra)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was patted down by an airport security officer whose gender was not appropriate for doing this search on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport security searched my bag due to a gender-related item (such as a packer or prescribed hormones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I missed my flight due to problems with screening or questioning the name or gender on my ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was not allowed to fly due to problems with screening or questioning the name or gender on my ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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.*

<input type="checkbox"/> Told or asked you if you were using the wrong bathroom
<input type="checkbox"/> Stopped you entering a bathroom
<input type="checkbox"/> Verbally harassed you when you tried to use a public bathroom
<input type="checkbox"/> Physically attacked you when you tried to use a public bathroom
<input type="checkbox"/> 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.*

<input type="checkbox"/> Told or asked you if you were using the wrong bathroom
<input type="checkbox"/> Stopped you entering a bathroom
<input type="checkbox"/> Verbally harassed you when you tried to use a public bathroom
<input type="checkbox"/> Physically attacked you when you tried to use a public bathroom
<input type="checkbox"/> 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior to the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.*

<input type="checkbox"/> Not going when needed (“holding it”)	<input type="checkbox"/> Longer term loss of bladder control / incontinence
<input type="checkbox"/> Avoided drinking or eating	<input type="checkbox"/> Kidney infection or other kidney-related problems
<input type="checkbox"/> Loss of bladder control at the time	<input type="checkbox"/> Not listed above ( <i>Please specify</i> ):
<input type="checkbox"/> Stress or anxiety from worrying about the bathroom	
<input type="checkbox"/> Urinary tract infection	<input type="checkbox"/> 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?

<input type="radio"/> Yes, I think we are all protected
<input type="radio"/> I think only some of us are protected
<input type="radio"/> No, I do not think any trans or non-binary people are protected
<input type="radio"/> 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?

<input type="radio"/> Not at all confident	<input type="radio"/> Moderately confident	<input type="radio"/> Very confident	<input type="radio"/> Completely confident
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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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 14.3</b>	<input type="radio"/> Don't know > <b>Go to 14.3</b>
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14.2 Was there more than one crime committed against you in the last 12 months?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking alone in your neighbourhood after dark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting for or using public transport such as buses and trains at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the internet for online transactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dating and socialising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

I4.4 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was sent unwanted sexual messages, designed to harm or upset me (such as pornographic pictures, videos, or words)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

I4.5 Since the age of 13, has anyone tried to make you have sex with them, against your will?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to I4.9</b>	<input type="radio"/> Don't know
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I4.6 Since the age of 13, has anyone actually made you have sex with them, against your will?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to I4.9</b>	<input type="radio"/> Don't know > <b>Go to I4.9</b>
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I4.7 Was this person . . . . ?

<input type="radio"/> Someone you were, or had been, in a relationship with
<input type="radio"/> Someone known to you as a family member or friend
<input type="radio"/> Someone known to you but not as a family member or friend
<input type="radio"/> Someone you didn't know
<input type="radio"/> Other (Please specify): _____
<input type="radio"/> Don't know

I4.8 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 <u>later</u>	No
Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A rape or sexual abuse service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family / whānau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other trans or non-binary people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another person or service (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company or organisation I work the most hours for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ethnic group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trans or non-binary community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The LGBTIAQ+ / rainbow or takatāpui community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="checkbox"/> In political activism	<input type="checkbox"/> In support groups
<input type="checkbox"/> Socialising in person	<input type="checkbox"/> I don't socialise with other trans or non-binary people
<input type="checkbox"/> Socialising on-line (such as Facebook or Twitter)	<input type="checkbox"/> Not listed above ( <i>Please specify</i> ):

**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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong sense of belonging to my own ethnic group(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand pretty well what belonging to my ethnic group(s) means to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have often done things that will help me understand my ethnic background better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have often talked to other people in order to learn more about my ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a strong attachment towards my own ethnic group(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a strong attachment to the land that underpins my ethnic or cultural identity or identities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Answer question 16.2 if you strongly or somewhat agreed that you have a strong attachment to the land that underpins your ethnic 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.*

<input type="checkbox"/> kāinga / home	<input type="checkbox"/> mara / garden
<input type="checkbox"/> moana / ocean	<input type="checkbox"/> whenua
<input type="checkbox"/> roto / lake	<input type="checkbox"/> tūrangawaewae
<input type="checkbox"/> maunga / mountain	<input type="checkbox"/> Others ( <i>Please specify</i> ):
<input type="checkbox"/> awa / river	

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

<input type="checkbox"/> Māori	<input type="checkbox"/> New Zealand Sign Language
<input type="checkbox"/> English > <b>Go to 16.5</b>	<input type="checkbox"/> Other language(s) ( <i>Please specify</i> ):
<input type="checkbox"/> Samoan	<input type="checkbox"/> 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.

<input type="radio"/> Very well	<input type="radio"/> Not very well
<input type="radio"/> Well	<input type="radio"/> No more than a few words or phrases
<input type="radio"/> Fairly well	

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

<input type="radio"/> None	<input type="radio"/> Once	<input type="radio"/> Twice	<input type="radio"/> 3–5 times
<input type="radio"/> 6–10 times	<input type="radio"/> 11–20 times	<input type="radio"/> More than 20 times	<input type="radio"/> 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?

<input type="radio"/> Very easy	<input type="radio"/> Hard
<input type="radio"/> Easy	<input type="radio"/> Very hard
<input type="radio"/> Sometimes easy	<input type="radio"/> This does not apply to me
<input type="radio"/> 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My connection to the environment is a part of my spirituality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship to the environment is an important part of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel very connected to all living things and the earth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ideal vacation spot would be a remote, wilderness area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take notice of wildlife wherever I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time with animals makes me feel good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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?

<input type="radio"/> Christian	<input type="radio"/> Muslim
<input type="radio"/> Buddhist	<input type="radio"/> Other religion (Please specify):
<input type="radio"/> Hindu	
<input type="radio"/> Jewish	<input type="radio"/> 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?

<input type="radio"/> Very important	<input type="radio"/> Somewhat	<input type="radio"/> Not important > <b>Go to 18.5</b>
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18.3 Are you currently a member of a spiritual or religious community?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 18.5</b>
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18.4 The 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do adults at your church, mosque, or temple respect you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

<input type="radio"/> Yes	<input type="radio"/> No
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18.6 Have you ever left a spiritual/religious community because they did reject you because you are trans or non-binary?

<input type="radio"/> Yes	<input type="radio"/> No
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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?

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**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.

<input type="radio"/> 0	<input type="radio"/> I don't have a whānau / family > <b>Go to 19.8</b>
<input type="radio"/> 1	<input type="radio"/> I can't define my whānau / family > <b>Go to 19.8</b>
<input type="radio"/> 2	<input type="radio"/> I don't know > <b>Go to 19.8</b>
<input type="radio"/> 3	
<input type="radio"/> 4	
<input type="radio"/> 5	
<input type="radio"/> 6	
<input type="radio"/> 7	
<input type="radio"/> 8	
<input type="radio"/> 9	
<input type="radio"/> 10	

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

<input type="checkbox"/> Parents, partner / spouse, brothers and sisters, brothers / sisters / parents in law, children
<input type="checkbox"/> Grandparents, grandchildren
<input type="checkbox"/> Aunts and uncles, cousins, nephews and nieces, other in-laws
<input type="checkbox"/> Close friends, others
<input type="checkbox"/> Don't know

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

<input type="radio"/> Very well	<input type="radio"/> Well	<input type="radio"/> Neither well nor badly	<input type="radio"/> Badly	<input type="radio"/> Very badly	<input type="radio"/> Don't know
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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.)?

<input type="radio"/> All of my whānau / family are supportive	<input type="radio"/> None of them know that I am trans/non-binary > <b>Go to 19.7</b>
<input type="radio"/> Most of my whānau / family are supportive	<input type="radio"/> I have no people like this in my life > <b>Go to 19.7</b>
<input type="radio"/> About half of my whānau / family are supportive	
<input type="radio"/> Most of my whānau / family are unsupportive	
<input type="radio"/> 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.*

<input type="checkbox"/> Stopped speaking to me for a long time or ended our relationship	<input type="checkbox"/> Sent me to a therapist, counselor, or religious advisor to stop me from being trans/non-binary
<input type="checkbox"/> Were violent towards me	<input type="checkbox"/> None of the above
<input type="checkbox"/> Kicked me out of the house	<input type="checkbox"/> I did not grow up with a whānau / family
<input type="checkbox"/> 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.*

<input type="checkbox"/> Told me that they respect and/or support me
<input type="checkbox"/> Used my preferred name
<input type="checkbox"/> Used your correct pronouns (such as he / she / they / ia)
<input type="checkbox"/> Lent or gave me money to help with any part of my gender transition
<input type="checkbox"/> 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
<input type="checkbox"/> Did research to learn how to best support me (such as reading books, using online information, or attending a conference)
<input type="checkbox"/> Stood up for me with whānau, family, friends, or others
<input type="checkbox"/> Supported me in another way not listed above ( <i>Please specify</i> ):
<input type="checkbox"/> 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?

<input type="radio"/> Too much contact	<input type="radio"/> Not enough contact
<input type="radio"/> About the right amount of contact	<input type="radio"/> Don't know

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

<input type="radio"/> Yes	<input type="radio"/> No
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19.9 How much do you feel your friends care about you?

<input type="radio"/> A lot	<input type="radio"/> Not at all
<input type="radio"/> Some	<input type="radio"/> 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?

<input type="radio"/> Too much contact	<input type="radio"/> Not enough contact
<input type="radio"/> About the right amount of contact	<input type="radio"/> 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?

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

<input type="radio"/> Very easy	<input type="radio"/> Hard
<input type="radio"/> Easy	<input type="radio"/> Very hard
<input type="radio"/> Sometimes easy, sometimes hard	<input type="radio"/> I would not ask to stay with anyone
<input type="radio"/> 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been rejected or distanced from my friends because of my gender identity or expression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can always rely on a friend or family or whānau member for support if I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can always rely on other trans or non-binary people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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**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?

<input type="radio"/> Yes, I have changed it > <b>Go to 20.4</b>
<input type="radio"/> I am currently changing it > <b>Go to 20.4</b>
<input type="radio"/> No

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

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 20.4</b>	<input type="radio"/> Not sure > <b>Go to 20.4</b>
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20.3 What are the reasons why you have *not* legally changed your name? *Mark all that apply.*

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

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?

<input type="radio"/> All of my IDs and records list the name I prefer
<input type="radio"/> Most of my IDs and records list the name I prefer
<input type="radio"/> About half of my IDs and records list the name I prefer
<input type="radio"/> Most of my IDs and records do NOT list the name I prefer
<input type="radio"/> 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.

<input type="radio"/> My birth certificate is from Aotearoa/New Zealand
<input type="radio"/> My birth certificate is from overseas
<input type="radio"/> I do not know which country my birth certificate is from.
<input type="radio"/> I do not have a birth certificate

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

<input type="radio"/> I have a passport from Aotearoa New Zealand
<input type="radio"/> I have a passport from an overseas country
<input type="radio"/> 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Zealand Passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An overseas passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Health Index (NHI) record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student records (for your current institution or the last one you attended)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.*

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

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.*

<input type="checkbox"/> I have been verbally harassed	<input type="checkbox"/> I have been denied services or benefits
<input type="checkbox"/> I have been asked to leave	<input type="checkbox"/> I have had none of these problems > <b>Go to 20.11</b>
<input type="checkbox"/> I have been assaulted/attacked	<input type="checkbox"/> This has never happened to me - I have only shown IDs that match > <b>Go to 20.11</b>

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.*

<input type="checkbox"/> I have been verbally harassed	<input type="checkbox"/> I have been assaulted/attacked
<input type="checkbox"/> I have been asked to leave	<input type="checkbox"/> 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?

<input type="radio"/> None > <b>Go to 22.1</b>	<input type="radio"/> Level 6 Diploma
<input type="radio"/> Level 1 Certificate	<input type="radio"/> Bachelor's Degree or Level 7 qualification
<input type="radio"/> Level 2 Certificate	<input type="radio"/> Bachelor's Honours Degree or Postgraduate Certificate / Diploma
<input type="radio"/> Level 3 Certificate (including School Certificate)	<input type="radio"/> Master's Degree
<input type="radio"/> Level 4 Certificate (including Sixth Form Certificate)	<input type="radio"/> Doctoral degree
<input type="radio"/> Level 5 Diploma (including University Entrance / Bursary)	<input type="radio"/> Other ( <i>Please specify</i> ):

21.2 Does your highest qualification accurately reflect your current name and gender?

*Mark all that apply.*

	Yes	No	Unsure
My correct name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My correct gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**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?

<input type="radio"/> Loss	<input type="radio"/> \$35,001 – \$40,000
<input type="radio"/> Zero income	<input type="radio"/> \$40,001 – \$50,000
<input type="radio"/> \$1 – \$5,000	<input type="radio"/> \$50,001 – \$60,000
<input type="radio"/> \$5,001 – \$10,000	<input type="radio"/> \$60,001 – \$70,000
<input type="radio"/> \$10,001 – \$15,000	<input type="radio"/> \$70,001 – \$100,000
<input type="radio"/> \$15,001 – \$20,000	<input type="radio"/> \$100,001 – \$150,000
<input type="radio"/> \$20,001 – \$25,000	<input type="radio"/> \$150,001 or more
<input type="radio"/> \$25,001 – \$30,000	<input type="radio"/> Don't know
<input type="radio"/> \$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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postponed or put off visits to the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done without, or cut back on, trips to the shops or other local places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spent less on hobbies or other special interests than I would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put up with feeling cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delayed replacing, or repairing, broken or damaged appliances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Mark all that apply.

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

22.4 Have you ever worked at a job or business?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 22.12</b>
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22.5 Which of these statements best describes your current work situation?

<input type="radio"/> Working in paid employment (includes self-employment)	<input type="radio"/> Other (Please specify)
<input type="radio"/> Not in paid work and looking for a job	
<input type="radio"/> Not in paid work and not looking for a job (for any reason, such as being retired, a homemaker, caregiver, or full-time student)	<input type="radio"/> 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?

<input type="radio"/> Number of hours (Please specify):
<input type="radio"/> Don't know

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

<input type="radio"/> All of my co-workers are supportive	<input type="radio"/> Most of my co-workers are not supportive
<input type="radio"/> Most of my co-workers are supportive	<input type="radio"/> All of my co-workers are not supportive
<input type="radio"/> About half of my co-workers are supportive	<input type="radio"/> 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.

<input type="radio"/> Very satisfied	<input type="radio"/> Dissatisfied
<input type="radio"/> Satisfied	<input type="radio"/> Very dissatisfied
<input type="radio"/> No feeling either way	<input type="radio"/> 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your manager/supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people you work with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.*

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

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

<input type="checkbox"/> Household work, cooking, repairs, gardening, etc, for my own household	<input type="checkbox"/> Help or voluntary work for or through any takatāpui/LGBTIAQ+ community organisation or group
<input type="checkbox"/> Looked after a child who is a member of my household	<input type="checkbox"/> Other voluntary work for or through any organisation, group or marae
<input type="checkbox"/> Looked after a member of my household who is ill or has a disability	<input type="checkbox"/> Studied for 20 hours or more per week at school or any other place
<input type="checkbox"/> Looked after a child (who does not live in my household)	<input type="checkbox"/> Studied for less than 20 hours per week at school or any other place
<input type="checkbox"/> Helped someone who is ill or has a disability (who does not live in my household)	<input type="checkbox"/> None of these
<input type="checkbox"/> Other help or voluntary work for or through any trans/non-binary community organisation or group	<input type="checkbox"/> 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud to be a trans or non-binary person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I choose not to disclose my trans or non-binary identity, I am still proud of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable revealing to others that I am trans or non-binary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel part of a community of trans or non-binary people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to other trans or non-binary people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that being trans or non-binary is a personal shortcoming for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish that I could identify more closely with the sex I was assigned at birth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe some people are too 'out' about being trans or non-binary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I express my gender, most people would think less of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because I don't want others to know I am trans or non-binary, I pay special attention to my appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are trans or non-binary people who I admire or look up to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have worked to make things better for the trans and non-binary community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any exercise or training by yourself, such as walking, running or weight training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any active recreation, such as kicking a ball or cycling in the park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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?

<input type="radio"/> Yes	<input type="radio"/> No
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24.3 Do you take part in sport teams or clubs outside of school time (before / after school or in the weekend)?

<input type="radio"/> No	<input type="radio"/> Yes, 3-4 times a week
<input type="radio"/> Yes, less than once a week	<input type="radio"/> Yes, 5 or more times a week
<input type="radio"/> Yes, 1-2 times a week	

24.4 Are you interested in playing competitive sports?

<input type="radio"/> Yes	<input type="radio"/> No > <b>Go to 24.6</b>
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24.5 Has being trans or non-binary affected your ability to participate in competitive sport in Aotearoa New Zealand? *Mark all that apply.*

<input type="checkbox"/> No, I have had no problems playing competitive sport as a trans or non-binary person	<input type="checkbox"/> Yes, I was told I had to play competitive sport based on my sex assigned at birth
<input type="checkbox"/> 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	<input type="checkbox"/> Yes, I was told I must have hormone treatment before I could play competitive sport based on my gender
<input type="checkbox"/> A response not listed above ( <i>Please specify</i> ):	

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

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

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

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

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](#) to be kept up-to-date via e-mail. The link will take you to a separate 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](mailto: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